



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
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 ☐

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| | | | |
|-----------------|--|--------|--|
| Part III | Statement of Program Service Accomplishments (see the instructions for Part III.) | 12,120 | 12,000 |
| | Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/> | | Expenses (Required for section |

| | | | |
|-----------------|--|--------|--|
| Part III | Statement of Program Service Accomplishments (see the instructions for Part III.) | 12,120 | 12,000 |
| | Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/> | | Expenses (Required for section |

Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section

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.

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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 ☐

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Check if the organization used Schedule O to respond to any question in this Part IV ☐

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Form **990-EZ** (2010)