

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



Pa	rt II	Balance Sheets (see the instructions f					
		Check if the organization used Schedule	O to respond to ar	y question in this	Part II	: - :	(B) End of year
22	Cook	n, savings, and investments		}		Ь.	· · · · · · · · · · · · · · · · · · ·
22 23		d and buildings			57323	23	67570
24		er assets (describe in Schedule O)				24	
25		assets				25	
26		Il liabilities (describe in Schedule O)				26	
27		assets or fund balances (line 27 of column	(B) must agree with	line 21)	57323		67570
	t III	Statement of Program Service Accomp				=:	
		Check if the organization used Schedule	•		•	(Pos	Expenses uired for section
Wha	t is the	organization's primary exempt purpose?	·······················				c)(3) and 501(c)(4)
as n pers	neasure	e organization's program service accomplised by expenses. In a clear and concise mefited, and other relevant information for ea	anner, describe the			4947	nizations and section (a)(1) trusts, optional thers.)
28							
	(Grant:	s \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	
29	(Grant		includes foreign gra		• 🗆	29a	
	(Grants		includes foreign gra	nts, check here .	▶ 🗅	30a	
31	Other (Grants	program services (describe in Schedule O)	includes foreign gra			24-	
32		program service expenses (add lines 28a t	hrough 31a)	nts, check here .	· · · ·	31a 32	
	t IV	List of Officers, Directors, Trustees, and Key					tions for Part I\A
		Check if the organization used Schedule					
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	0	Estimated amount of ther compensation
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