

## 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



Form	990-EZ (2015)					Page 2
Pa	rt II ' Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			974	22	(4,577)
23	Land and buildings		[		23	0
24	Other assets (describe in Schedule O)			0	24	
25	Total assets			974	25	(4,577)
26	Total liabilities (describe in Schedule O)		[		26	0
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree wit	h line 21)	974		(4,577)
Par						
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲		Expenses
Wha	t is the organization's primary exempt purpose?					quired for section
	cribe the organization's program service accompli	shments for each o	of its three largest n	rogram services		(c)(3) and 501(c)(4) anizations, optional for
	neasured by expenses. In a clear and concise m				•	ers)
	ons benefited, and other relevant information for ea		5 55. 1.000 p. 5.1.200	,		
28		<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·		T
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	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ □	28a	1
29					-	Atlly is
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	(Grants \$ ) If this amount	includes foreign ara	ants, check here .	▶ □	29a	
30	(Clarits 4) Il this amount	includes foreign gre	into, check here	· · · · ·		-
00						}
	(Grants \$ ) If this amount	inaludae fereign are	ants, check here .		30a	.1
24					<u> </u>	<del>'</del>
31	Other program services (describe in Schedule O)				<b>04</b> -	.1
22	(Grants \$ ) If this amount Total program service expenses (add lines 28a t	includes foreign gra	ints, check here .	<del></del>	31a	<del></del>
					32	
Par						·
	Check if the organization used Schedule	O to respond to a	(c) Reportable	Part IV	<del></del>	<u>····</u>
	A-Maria and Maria	(b) Average	compensation	contributions to employe	e (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)			other compensation
		<u> </u>	(If not paid, enter -0-)	deferred compensation	+-	
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