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| o.m | 99 | Short Form O-EZ Return of Organization Exempt From Income Ta | ax | |
|------------|----------------------|--|--------------------------|---------------------------|
| eaw | ment at | ► Do not enter social security numbers on this form as it may be made publi | | Open to Public Inspection |
| | | because Information about Form 990-EZ and its instructions is at www.irs.gov/form | 990. | |
| | | 2015 calendar year, or tax year beginning July 1 , 2015, and ending | June 3 | 0 , 20 16 |
| _ | ock i" upy | |) Employer is | dentification number |
| =; | ktress (क्रे | - INDIGNATIONAL - ROTART CLUB OF COLUMBIA MO | | 43-0669424 |
| = | uno char Kalvetur | The state of the s | Telephano | ramber . |
| = | | PO BOX 88 | | |
| =; | nended r | City of fown, erors or province, country, and ZiP or formion postal code | Group Ex | noitame |
| م | s.Acata.n | ponding CULUMBIA, MISSOURI 65205-0088 | Number | <u> </u> |
| A | counti | ng Method ☑ Cash ☐ Accrual Other (specify) ► H. Cl | heck 🕨 🔲 | If the organization is no |
| | bsite. | | quired to at | tach Schedule B |
| Ta | -exam | ipt status (check only one) — ☐ 501(c)(3) 2 501(c)(4) < (insert no) ☐ 4947(a)(1) or ☐ 527 (F | orm 990, 99 | 90-EZ, or 990-PF). |
| | | organization Corporation Trust Association Other | | |
| | | 5b, 6c and /b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more or if total a | ssets | |
| | | ımn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | <u>. ▶</u> | 5 |
| Pa | rt I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in | struction | s for Part I) |
| | | Check if the organization used Schedule O to respond to any question in this Part I. | ·• | |
| 1 | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 386 |
| Į | 2 | Program service revenue including government fees and contracts | . 2 | |
| 1 | 3 | Membership dues and assessments | 3 | 2740 |
| - 1 | 4 | Investment income | 4 | 17 |
| ı | 5a | Gross amount from sale of assets other than inventory 5a | | |
| | р | Less cost or other basis and sales expenses | | ł |
| 1 | C | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | . 5c | <u></u> |
| 1 | 6 | Gaming and fundralsing events | | |
| | а | Gross income from gaming (attach Schedula G if greater than | 1 | 1 |
| ž | | \$15,000) | 4243 | |
| Revenue | b | Gross income from fundraising events (not including \$ 3559nof contributions | 1 | } |
| 8 | | from fundraising events reported on line 1) (attach Schedule G if the | ł | i |
| - 1 | | sum of such gross income and contributions exceeds \$15 000) . 6b | | |
| | | Less direct expenses from gaming and fundraising events . 6c | 31408 | İ |
| 1 | d | | ract | |
| - 1 | | line 6c) | · 6d | 8434 |
| - 1 | | Gross sales of inventory, less returns and allowances | | 1 |
| | b | Less cost of goods sold | _ | |
| - 1 | С | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | <u>7c</u> | |
| - 1 | 8 | Other revenue (describe in Schedule 0) | 8 | <u> </u> |
| _ | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | ▶ 9 | 39719 |
| - | 10 | Grants and similar amounts paid (list in Schedule O) | 7 10 | 14782 |
| - | 11 | Benefits paid to or for members Salaries, other compensation, and employee benefits | 1 11 | |
| 98 | 12 | | g 12 | 1727 |
| Expense | 13 | Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance FEB 21 2017 | $\Omega = \frac{13}{13}$ | 1500 |
| × | 14 | Occupancy, rent, utilities, and maintenance | 2 14 | |
| ш | 15 | Printing publications postage and chipping | 15 | 238 |
| - 1 | 16 | Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 | 16 | 15450 |
| | 17 | | . 17 | 33695 |
| _ | | Excess or (deficit) for the year (Subtract line 17 from line 9) | [18 | 6024 |
| £ | 18 | | | |
| sets | 18 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree | 1 | |
| Assets | 19 | end-of-year figure reported on prior year's return) | . 19 | 20708 |
| Net Assets | | | 1 | 20708 |

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| 23 Land and buildings | Page 2 | | | | | | | | | 90-EZ (2015) | form 9 |
|---|---------|---------------|---------------|--------------------------------|--|---------------------------------------|---|--------------------------|--|--------------------------|--------------|
| Cash, savings, and investments Cash, savings, and savin | | | | | | | • | | • | | Par |
| 22 Cash, savings, and investments 270st 22 2 23 Land and buildings 22 24 Other assets (describe in Schedule O) 100 24 25 Total assets | | | | | | | O to respond to an | ised Schedule (| k if the organization i | Che | |
| 23 Land and buildings | | (B) End of ye | | | A) Beg | 1_0 | | | | _ | |
| 24 Other assets (describe in Schedule O) 100 24 27 Total assets . 27161 25 26 Total assets . 27161 25 26 27 Net assets or fund balances (tine 27 of column (B) must agree with line 21) 20708 27 27 27 27 27 27 27 27 27 27 27 27 27 | 28/8 | | | | | · · | | | • | | |
| Total lassets. 2716; 25 Total lasbeltiles (describe in Schedule O) | | | \rightarrow | | | · · · | | | • | | |
| Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization used Schedule O to respond to any question in this Part III Check if the organization used Schedule O to respond to any question in this Part III Expenses What is the organization's primary exempt purpose? provide humanishan services, encourage high efficial standards in provided by expenses. In a clear and concise manner, describe the services provided, the number of operiors benefited, and other relevant information for each program title 28 Provided 9 local charities with \$1,500 contributions (Grants \$) If this amount includes foreign grants, check here | | | | | | · · · | | • | • | | |
| Net assets or fund balances (line 27 of column (B) must agree with line 21) 20708 27 | 2878- | | | | | · · · - | • • • • • | | | | |
| Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization promary exempt purpose? Describe the organization's program service accomplishments for each of its three largest program services, 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 28 Provided 9 local chantes with \$1,500 contributions (Grants \$) If this amount includes foreign grants, check here | 2795- | | | | | hno 213 | | | | | |
| Check if the organization used Schedule O to respond to any question in this Part III | 2193 | | | 20100 | art III | metrictions for Pa | dichments (see the | enice Accomp | s or fund balances (iii | Net asse | |
| What is the organization's primary exempt purpose? provide humanitarian services, encourage high ethical standards Society Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, in a clear and concise manner, describe the services provided. The number of soften persons benefited, and other relevant information for each program title 28 Provided 9 local chanties with \$1,500 contributions (Grants \$) If this amount includes foreign grants, check here | 5 | Expenses | | ml | | | | | | | e II. |
| Describe the organization's program service accomplishments for each of its three largest program services, 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 28 Provided 9 local chantles with \$1,500 contributions (Grants \$) If this amount includes foreign grants, check here | | | | andards I | | | | | | | What |
| (Grants \$) If this amount includes foreign grants, check here . ▶ ☐ 28a 29 4 High School Scholarships Awardod (Grants \$) If this amount includes foreign grants check here . ▶ ☐ 29a 30 Grant provided to Youth Empowement Zone to help low income, at risk youth (Grants \$) If this amount includes foreign grants, check here . ▶ ☐ 30a 31 Other program services (describe in Schedule O) . (Grants \$) If this amount includes foreign grants, check here . ▶ ☐ 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 . (G) Average hours per week devoted to position (G) Average (list each one even if not compensation (G) Reportable Compensation (G) Repor | | nizations, op | organ | services. | ogran | its three largest pro | hments for each of inner, describe the | ervice accomplished | anization's program se expenses, in a clear | ribe the or easured b | Desc as m |
| 4 High School Scholarships Awarded (Grants \$) If this amount includes foreign grants, check here | | | | | | | | | | | |
| 4 High School Scholarships Awarded (Grants \$) If this amount includes foreign grants, check here | 1454 | | 28a | ▶ [] | | its, check here | ncludes fore on gra |) If this amount (| , | (Grante ¢ | |
| (Grants \$) If this amount includes foreign grants check here . ▶ □ 29a 30 Grant provided to Youth Empowerment Zone to help low Income, at risk youth (Grants \$) If this amount includes foreign grants, check here . ▶ □ 30a 31 Other program services (describe in Schedule O) | | | | | | | | | ., | | 29 |
| Grant provided to Youth Empowerment Zone to help low Income, at risk youth (Grants \$) If this amount includes foreign grants, check here | 400 | | 20a | ▶ □ | | ite chack hara | neluder forego are |) If the amount | | | |
| (Grants \$) If this amount includes foreign grants, check here | 400 | | 200 | | <u>.</u> | its check here | | | | | 30 |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 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 (b) Average hours per week devoted to position (Forms W-2/1089-M-SC) (d) Health benefits compensation (enhancious to employee benefit plans and other compensation) Ketly Upham - President 15 0 000 0 000 Allon Tacker Secretary 25 1500 0 Kann Bell - Treasurer | | | | 1 | | | , | cond to marp to the most | at to rodal corponation a | Citalit picti | • |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 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 (a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (forms W-2/1089-M/SC) (d) Health benefits compensation (e) Follows and other compensation (forms W-2/1089-M/SC) (d) Health benefits compensation (forms W-2/1089-M/SC) (d) Health benefits compensation other compensation (forms W-2/1089-M/SC) (d) Health benefits compensation of the replacement of th | | | | | | | | | | | |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 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 (b) Average hours per week devoted to position (Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee benefit plans and other compensation (Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee benefit plans and other compensation (Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee benefit plans and other compensation (Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee benefit plans and other compensation (Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee benefit plans and other compensation (Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee benefit plans and other compensation (Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee benefit plans and other compensation (Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee benefits plans and other compensation (Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee benefits plans and other compensation (Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee benefits plans and other compensation (forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee (e) Follows (e) Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee (e) Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee (e) Forms W-2/1098-M-SC) (d) Health benefits confinibilities to employee (e) Forms W-2/1098-M-SC) (d) Health benefits (e) Forms W-2/1098-M-SC) (d) Health benefits (e) Forms W-2/1098-M-SC) (e) Forms W-2/1098-M-SC) (e) Forms W-2/1098-M-SC) (e) Forms W-2/1098-M-SC) (e) Forms W-2/1098-M-S | 784 | | 30a | ▶ 🗆 | | nts, check here | includes foreign gra |) If this amount i | | (Grants \$ | |
| If this amount includes foreign grants, check here 31a 32 | | | | | | | | in Schedule O) | am services (describe | | 31 |
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| Check if the organization used Schedule O to respond to any question in this Part IV (b) Average (b) Average hours per week devoted to position (Forms W-2/1089-M-SC) (f) Reportable compensation (compensation (Forms W-2/1089-M-SC) (f) not paid, enter -0-) Ketly Upham - President 15 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 2788 | <u> </u> | | | | | | | | | 32 |
| (a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (d) Health benefits continuations to employee benefit plans and defended compensation (Format Paid, enter -0-) (f) not paid, enter -0-) Allon Tacker Secretary (a) Name and title (b) Average hours are (d) Health benefits continuations to employee benefit plans and defended compensation (d) Health benefits continuations to employee benefits and other compensation of their compensat | ant IV) | ctions for I | nstruc | -see the in | | | | | | | Par |
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| 15 0 00 0 00 Allen Tacker Secretary 25 1500 0 Karin Bell - Treasurer | | | | ons to employ: ht plans and | contra | compensation (Forms W-2/1099-M:SC) | hours per week | | (s) Name and title | | |
| <u>25</u> 1500 0 Karin Bell - Treasurer | 0.0 | | 00 | 0.0 | | 0 00 | 15 | | ident | Upham - Pro | Kelly |
| | | | 0 | | | 1500 | 25 | | ctary | Tacker Se | Allen |
| 20 000 000 | | | | | | | | | er | Bell - Treas | Kori; |
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| Form 990-Ea | | | | | ــــــــــــــــــــــــــــــــــــــ | | 1 | | | | |

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| _ | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part | | |
|----------|---|-------|------------------|-------------|
| 3 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | Yes | No |
| | detailed description of each activity in Schedule O | 33 | | √ |
| 1 | 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) | | | _ |
| 5a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | 34 | - | √ |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | 4 |
| 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 | 35b | | |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | | |
| 6 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | 35c | | * |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | 1 |
| 7 a | | | | |
| b la | Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 37b | ļ | |
| - | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | |
| h | If "Yes," complete Schedule L, Part II and enter the total amount involved | - | -010 | |
| 1 | Section 501(c)(7) organizations. Enter | | 11 -G | 2.2 |
| | Initiation fees and capital contributions included on line 9 | F . " | | - |
| tı la | Gross receipts, included on line 9, for public use of club facilities | - | | |
| _ | section 4911 ▶, section 4912 ▶, section 4955 ▶ | ŀ | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958. | L | | |
| | 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 | 40ъ | | |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | 400 | | ¥ |
| | on organization managers or disqualified persons during the year under sections 4912, | ł | , , | - ` |
| | 4955, and 4958 | | | İ |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| e | 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 | | |
|) }_ | List the states with which a copy of this return is filed > | | | |
| a | The organization's books are in care of ► Kann Bell Telephone no. ► Located at ► 2240 Bennett Springs Dr. Columbia MO. ZIP + 4 ► | | 191627 1-7288 | |
| ь | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 0320 | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | 4 |
| | If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and | 4 % | | ر اخي را |
| | Financial Accounts (FBAR) | 4 | 1 | |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | <u> </u> | Ź |
| ^ | if "Yes," enter the name of the foreign country. | | | |
| 3 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fileu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | • | | - L. |
| | | | Yes | No |
| 4a | | | | |
| | completed instead of Form 990-EZ | 448 | | 1 |
| ь | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | - |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | 7 |
| d | If "Yes' to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | |
| _ | explanation in Schodulo O | 44d | <u> </u> | 4 |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 450 | | - 4 |
| ø | Old 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 | | | ١ |
| | Form 990-EZ (see instructions) | 45b | | ~ |
| _ | | | | _ |

| | Z (2015) | | | | | | | 399 |
|---|--|--|---|--|---------------------------------|--|---------------|------------------|
| 5 Dec | d the organization engage, directly or i | ndraatly is solitical a | ampaign setestice es | hehalf of or | in apparella | <u>, </u> | Yes | N |
| | candidates for public office? If "Yes." | | | | in obbosino | 46 | | _ |
| ert VI | Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51. | s only | | | nplete the | | or lin | |
| | Check if the organization used So | chedule O to respond | I to any question in th | nis Part VI | | | | [|
| | Orteon is the organization according | | | | | | Yes | N |
| | d the organization engage in lobbying ar? If "Yes," complete Schedule C, Pa | | section 501(h) election | n in effect d | turing the ta | 3X 47 | | |
| B Is | the organization a school as described | in section 170(b)(1)(A)(| i)? If "Yes." complete \$ | Schedule E | | 48 | | |
| | d the organization make any transfers | | | | | 49a 49b | | L |
| 0 Cc | "Yes," was the related organization a somplete this table for the organization inployees) who each received more that | s five highest comper | isated employees (oth | er than offic nzation. If th | iere is rione, | rs, truste | es an | d k |
| | (a) Name and tille of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health controlations (benefit plans ; compan | to employee and deferred | (a) Estimate other corr | | |
| | | | | | | | · | |
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| | | <u> </u> | | | | | | |
| | | | | | | | | |
| 1 C | otal number of other employees paid o omplete this table for the organization 100,000 of compensation from the org | n's five highest comp | ensated independent | contractors | who each | received | mar | - t |
| 1 C | | n's five highest comp panization. If there is n | ensated independent | | | received Compensal | | - t |
| 1 C | omplete this table for the organization 100,000 of compensation from the organization | n's five highest comp panization. If there is n | ensated independent one, enter "None" | | | | | ין ב |
| 1 C | omplete this table for the organization 100,000 of compensation from the organization | n's five highest comp panization. If there is n | ensated independent one, enter "None" | | | | | - t |
| 1 C | omplete this table for the organization 100,000 of compensation from the organization | n's five highest comp panization. If there is n | ensated independent one, enter "None" | | | | | • t/ |
| 1 C | omplete this table for the organization 100,000 of compensation from the organization | n's five highest comp panization. If there is n | ensated independent one, enter "None" | | | | | - t ¹ |
| 1 C \$1 | omplete this table for the organization 100,000 of compensation from the organization fr | n's five highest comp janization. If there is n indent contractor | ensated independent one, enter "None" (b) Type of sen | nce | | | | · t |
| d To 52 D co | omplete this table for the organization 100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Scheompleted Schedule A | n's five highest companization. If there is no indent contractor tractors each receiving dule A? Note: All s | ensated independent one, enter "None " (b) Type of sen (c) Type of sen g over \$100,000 | ▶ anizations n | nust attach | Compensal | s [] | N |
| d Ti | omplete this table for the organization 100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete. Scheil | n's five highest companization. If there is no indent contractor indent contractor indent contractor each receiving dule A? Note: All size institute, including accompanies return, including accompanies return, including accompanies. | ensated independent one, enter "None" (b) Type of sean (c) Type of sean g over \$100,000 section 501(c)(3) organized and statem | anizations in | nust attach | Compensal | s [] | N |
| d Triber Conder pension | omplete this table for the organization 100,000 of compensation from the organization from the organization from the organization of the independent control of the organization complete Schedule A | tractors each receiving dule A? Note: All seriors in the serior of the s | ensated independent one, enter "None" (b) Type of sean (c) Type of sean g over \$100,000 section 501(c)(3) organized and statem | anizations in | nust attach | Compensal | s [] | No |
| d To 52 D Conder pensue correct sign lere | omplete this table for the organization 100,000 of compensation from the organization from the organization from the organization from the organization of each independent conflict the organization complete Schedule A | tractors each receiving dule A? Note: All seriors in the serior of the s | g over \$100,000 . section 501(c)(3) organization of which preparer | anizations in | nust attach | 2. ► Ve: | s [] | No |
| d To | omplete this table for the organization 100,000 of compensation from the organization from the organization from the organization of the independent conflict the organization complete Schedule A | tractors each receiving dule A? Note: All se return, including occumpan officer) is based on all in | g over \$100,000 . section 501(c)(3) organization of which preparer | anizations of the has any knowled | nust attach | 2. ► Ve: | s [] | No |

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