Form **990-EZ**

SCANNED DEC 1 8 2019

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Activate change Activate Acti	\overline{A}	For the :	2018 calenda	ar year, or tax year beginning , 2018, and e	nding		_	, 20	18				
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Corporation of organization Corporation Trust Association Other				eck only one) - ☐ 501(c)(3) ☐ 501(c) (☐) ◀ (insert no.) ☐ 4947(a)(1) or ☐ (insert no.) ☐ 4947(a)(1) or ☐ (insert no.) ☐ (in	527				•				
Part II, column (B) are \$50,000 or more, file Form \$90 instead of Form \$90-E2. Part II, column (B) are \$500,000 or more, file Form \$90 instead of Form \$90-E2. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, grifts, grants, and similar amounts received. 1 Program service revenue including government fees and contracts 2 7,032 3 Membership dues and assessments. 3 Investment income 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses. 5 Caming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from gaming and fundraising events (not including \$ from fundraising events reported on file 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 66). 7 Gross sales of inventory, less returns and allowances 7 b Less: cost of goods sold 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1.2, 3.4, 5.6, 6d, 7c, and 8 9 Total revenue. Add lines 1.2, 3.4, 5.6, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent expenses (describe in Schedule O). 14 Occupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). 17 Total expenses (describe in Schedule O). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported													
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16 Other expenses (describe in Schedule O)	Expense	13	Profession	al fees and other payments to independent contractors 1 8 2019	Θ			<u>.</u>					
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20 Other changes in net assets or fund balances (explain in Schedule O)	Net Ass	"					19		52 795				
Z 21 Net assets or fund balances at end of year. Combine lines 18 through 20		20		•		-	-	-	JE,133				
		21					21		53,435				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2018)

Pa	rt II Balance Sheets (see the instructions	for Part II)				<u> </u>
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> 🗆</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			1	25	1
26					26	
27	Net assets or fund balances (line 27 of column			52,795	27	53,436
Par	t III Statement of Program Service Accom					Expenses
\ A / L /	Check if the organization used Schedule				(Req	uired for section
	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the	t its three largest p e services provided	rogram services, , the number of	other	nizations, optional for 's)
	To enhance and promote an enriched quality of life f		sidents To foster or	ommunication.		
	education and information concerning youth and/or	•••••				
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	28a	
29	A					
	(Grants \$) If this amount		ints, check here .	▶ □_	29a	
30						
		includes foreign gra			<u>30a</u>	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	-
	Total program service expenses (add lines 28a				32	tions for Dort IVA
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule					_
	Check if the organization used Schedule	T	(c) Reportable			· · · · <u> </u>
			i ici nebonable	i idi meziti benents.	1	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Estimated amount of ther compensation
Lında	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and	0	
	Marmara	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and deferred compensation	0	
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	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	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
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		
С	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	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<u> </u>		لِــــــــــــــــــــــــــــــــــــ
b	Did the organization file Form 1120-POL for this year?	37b		<u> ✓</u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		√
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	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	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	_	<u> </u>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		V	
Б	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and]	
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year \Delta 43		. !	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
b	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		7
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
=:	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did 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	AEL		
	Form 990-EZ. See instructions	45b	L	▼

Form 99	0-22 (2	118)				-		Ι.		age v	
	D 1.11		و امویلیات سر براند	anno an antivition	on bobalf	of or in oppos	ıtıon [-1	es	No	
46		ne organization engage, directly or in ndidates for public office? If "Yes," o						- 6			
Dout		Section 501(c)(3) Organizations		Taiti		<u> </u>	. 4	<u> </u>	i		
Part	VI	All section 501(c)(3) Organizations	s Olliy e muet anewer due	etione 47_49h ar	nd 52 and	l complete th	ne table	s for	· lıne	20	
		50 and 51.	s must answer que	5110115 41 -430 at	iu Jz, aric	Complete ti	ic table	3 101	III IC	23	
			nodulo O to recoond	l to any guestion i	n thic Dart	· 1/I					
		Check if the organization used Scl	requie O to respond	to any question i	ii iiiis Fari	VI	· · · ·	Ė	es .	No	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II								es	NO	
47											
	-	•						7			
48		organization a school as described in						l8 9а		<u> </u>	
49a		Did the organization make any transfers to an exempt non-charitable related organization?									
b	If "Ye	s," was the related organization a se plete this table for the organization's	ection 527 organization	on!				9b	20	d kov	
50	Com	olete this table for the organization s oyees) who each received more than	tive nignest compens	saled employees (nanization	officers, direc	ne enter	"No	, aiii	u ney	
	empi	byees) who each received more than	Ta 100,000 of compet	Isation from the or		ealth benefits,	Te, enter	110			
	(0)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		tions to employee	(e) Estin	nated	amou	unt of	
	(a)	Name and title of each employee	devoted to position	(Forms W-2/1099-MIS		lans, and deferred Impensation	d other	comp	ensat	ion	
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51	\$100	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	's five highest compounization. If there is no	ensated independe one, enter "None."			ch receiv			than	
	(a)	Name and business address of each independ	ent contractor	(b) Type of	Service		c) Compen	Salioi			
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	T-4-1	and a the independent control	notore each recovers	0.407 \$100 000							
52		number of other independent contra the organization complete Schedu			nanization	e must attac	-h a				
32		bleted Schedule A	ile A! Note. All Se				์ ⊳ ๊⊟ ง	/es		No	
Llador p		of perjury, I declare that I have examined this	return including accompan	· · · · · · · · · · · · · · · · · · ·		to the best of my					
true, co	rrect, an	of perjury, I declare that I have examined this domplete. Declaration of preparer (other than	n officer) is based on all info	ormation of which prepa	rer has any kr	nowledge			201,		
	1 Hind of re										
Sign		Signature of officer				Date	Date				
Here		Linda Marmora - President									
		Type or print name and title						-			
		Print/Type preparer's name	Preparer's signature		Date	Check [7 ,F PTI	IN			
Paid							self-employed				
Prep				Firm's EIN ▶							
Use (Only	Firm's address ▶	***************************************			Phone no					
May th	ne IRS	discuss this return with the prepare	r shown above? See	instructions			▶ □ 1	es_		No	