990-EZ

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)

SAMB No. 1545-0047

2019

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

AF	or the	2019 calend	ar year, or tax year beginning July 1 , 2019, and ending	June 3	0 , 20					
BC	heck if ap	pplicable	D Employer i	dentification number						
	Address c	change 🛼	!	57-0939073						
Q	Name cha	inge '	E Telephone							
=	niual retu		(8	43) 342-4850						
=	Final retur Amended		Group Exemption							
==	Applicatio	Number	▶ 🔯							
G A	if the organization is not									
G Accounting Method ☑ Cash ☐ Accrual Other (specify) ► H Check ► ☑ if the organization required to attach Schedule B										
J T	Website: ► required to attach Schedule B									
KF	orm of	organization:	☐ Corporation ☐ Trust ☐ Association ☑ Other Fraternal Organic	anization						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total							
(Par	rt II, col	umn (B)) are 9	500,000 or more, file Form 990 instead of Form 990-EZ	. •	\$					
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruction	s for Part I) 😰					
		Check if	the organization used Schedule O to respond to any question in this Part I	· · · ·	<u> </u>					
?	1	Contribution	ns, gifts, grants, and similar amounts received	1	9,585					
?	2	Program s	ervice revenue including government fees and contracts	2	<u> </u>					
?	3	Membersh	ip dues and assessments	3	8,313					
?	4	Investmen		4						
	5a		unt from sale of assets other than inventory 5a							
	b		or other basis and sales expenses		125					
	C	•	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	/ 5c'						
	6	-	d fundraising events:	/∯/	LIVED					
0	а		ome from gaming (attach Schedule G if greater than	/₹/	VUI 10					
Revenue	١.	\$15,000)	L <u></u>		UL 19 2021 8					
eve	b		me from fundraising events (not including \$ of contribution	s 🛴 O(FDFN, UT					
ď			aising events reported on line 1) (attach Schedule G if the the gross income and contributions exceeds \$15,000) 6b							
	_			30,687						
	d		t expenses from gaming and fundraising events <u>[6c]</u> e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	5,195	7					
	"	line 6c)	or (1055) from gaining and fortunations events (add lines of and ob and suc	6d	25 402					
	7a	•	s of inventory, less returns and allowances	64	25,492					
	b		of goods sold		•					
	C		t or (loss) from sales of inventory (subtract line 7b from line 7a)	7c						
	8		nue (describe in Schedule O)	8	9,913					
	.9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶ 9	53,303					
_	10		similar amounts paid (list in Schedule O)	10	40,708					
	11		aid to or for members	11						
S	12	Salanes, o	ther compensation, and employee benefits 🕜	12						
Expenses	13		al fees and other navments to independent contractors 📵	. 13						
ed.	14	Occupancy	r, rent, utilities, and maintenance	. 14						
ũ	15	Printing, pi	ublications, postage, and shipping	15	953					
	16		nses (describe in Schedule O) 🔯 RECEIVED ENTITY	/.DFP 16	9,950					
	17		nses. Add lines 10 through 16	. ▶ 17	51,611					
S)	18		deficit) for the year (subtract line 17 from line 9)	18	1,692					
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	with						
AS		end-of-yea	r figure reported on prior year's return)	· · 19	13,057					
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	20	-					
<u> </u>	21		or fund balances at end of year. Combine lines 18 through 20	. > 21	14,749					
For	Paper	work Reduct	ion Act Notice, see the separate instructions. Cat. No 106421	_	Form 990-EZ (2019)					

	99Č, EZ (2019)					Page 2
Pa	rt II Balance Sheets (see the instructions t	•				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year	(B) E	nd of year
22	Cash, savings, and investments		[22	14,749
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[25	14,749
26	Total liabilities (describe in Schedule O)			<u>.</u>	26	
27	Net assets or fund balances (line 27 of column		_		27	14,749
Par	t III Statement of Program Service Accom			Part III)		14,14
	Check if the organization used Schedule				Ex	oenses
Wha	t is the organization's primary exempt purpose?		, , , , , , , , , , , , , , , , , , , ,	·	(Required	
		ahmanta far asah a	f its three levest a			nd 501(c)(4) ons; optional for
as n	cribe the organization's program service accomplishessured by expenses. In a clear and concise m	anner, describe the			others.)	ins, optional for
	ons benefited, and other relevant information for ea Columbus Hope Foundation			,,,,,	ļ	
20	Columbus Hope Foundation					
7	(Grants \$) If this amount	includes foreign gra	ants, check here .	• 🗇	28a	23,405
29	Special Olympics					20,40.
Description as in person 28 29 29						
	(Grants \$) If this amount	ıncludes foreign gra	ants, check here .	▶ 🗆	29a	1,500
30			•••••••	~~~~		
			ants, check here .		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	31a	15,80
32	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule	O to respond to a				<u> L</u>
	(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-)	contributions to employ benefit plans, and	other c	ated amount o
Villia	am Taylor Grand Knight				 	
		15				
Vich	ael Rudy Deputy Grand Knight					
		15				
Seor	ge Salemi Financial Secretary					
		10		<u></u>		
enr	ils Lauzon Treasurer	8				
obe	ert Morris Chancellor	8				
					 	
					-	
					<u> </u>	
		İ	E .	I	ı	

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 detailed description of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions a description of the description		Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
33			modedate to the trace of the trace of the trace of the tespond to any question in the	31 ait		No	
verte any significant charities make to the organization for composition of the amended documents if they reflect a change to the organization is name. Otherwise, explain the change on Schodule O. See instructions 35. 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)? bit "Yes" to line 35a, has the organization field a Form 990-17 the year? If "Yes," organization in Schodule O. c Was the organization as ection 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 applicable parts of Schedule N. 36. Did the organization if Form 1120-PG for this year? 37. Enter amount of political expenditures, direct or indirect, as described in the instructions ≥ [37a] 38. Did the organization beform 1120-PG for this year? 39. Did the organization beform 1120-PG for this year? 39. Did the organization beform 1120-PG for this year? 39. Did the organization beform 1120-PG for this year? 39. Did the organization beform 1120-PG for this year? 39. Did the organization beform 1120-PG for this year? 39. Did the organization beform 1120-PG for this year? 39. Did the organization beform 1120-PG for this year? 39. Did the organization beform 1120-PG for this year? 39. Did the organization before the form 1120-PG for this year? 39. Did the organization before the form 1120-PG form 112		33		33		~	teriori.
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)? 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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete splicable parts of Schedule N. Did the organization file Form 1120-POL for this year? The splication of the organization file Form 1120-POL for this year? Be first amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a or any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b or secepts, included on line 9, for public use of club facilities 198b or secepts in the split of the second split of	2	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
b If "Yes" to line \$5s, has the organization fled a Form 990-T for the year? If "No, "provide an explanation in Schedule O Was the organization a section \$01(c)(4), 501(c)(5), or 501(c)(6) organization subject to section \$033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business				
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6034(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Splicable parts of Schedule N 37a Enter amount of political expenditures, ciract or indirect, as described in the instructions ■ 37a ■ 37b 37b 37c SaB. Did the organization brown 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? 37b 37c SaB. Did the organization orrow 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? 38b III "Section 501(c)(7) organizations, Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations, Enter amount of tax imposed on the organization during the year under: section 4911 ▶ is section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40a reminused by the organization have an interest in or a signature or other authority over at fanancial account of the organization should a section 4911 ▶ is section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax being the vary of the organization fo		h				-	
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete splicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b			Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,				
Did the organization file Form 1120-POL for this year? 38a Did the organization file Form 1120-POL for this year? 38b 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? 38b Fires, "complete Schedulle L, Part II, and enter the total amount involved. 38b Section 501(c)(7) organizations. Enter: 38c Initiation fees and capital contributions included on line 9. 38a Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: 38c section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 38c 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 the engage in any section 4958 excess benefit transaction during the year, or did the engage in any section 4958 excess benefit transaction during the year, or did the engage in any section 4958 excess benefit transaction during the year, or did the engage in any section 4958 excess benefit transaction of the year under sections 4912, 4955, and 4958. 4 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. 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization shooks are in care of Part and the year under sections 4912, 4955, and 4958. 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization that any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed Part any time during the calendar year, did the organization have an int		36				\ \	72
aysuch loans made in a prior year and still outstanding at the end of the tax year covered by this return? b if "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 . 39a Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 . 39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4915 ▶ ; section 4916 ★ ; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization with a copy of this return is filed ★		37a				Ť	uzi
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b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 39 Section 501 (c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a 40a Section 501 (c)(3) conjunctations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 5 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 4958 sexcess 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 5 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. 4 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. 4 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 4 All organization's books are in care of ▶ 4 List the states with which a copy of this return is filed ▶ 4 List the states with which a copy of this return is filed ▶ 4 It is the states with which a copy of this return is filed ▶ 4 It is the states with which a copy of this return is filed ▶ 4 It is the states with which a copy of this return is filed ▶ 4 It is the states with which a copy of this return is filed ▶ 4 It is the states with which a copy of this return is filed ▶ 4 It is the states with which a copy of this return is filed ▶ 4 It is the states with which a copy of this return is filed ▶ 4 It is the states with which a copy of this return is filed ▶ 4 It is the states with which a copy of this return is filed ▶ 4 It is the states with which a copy of this return is filed ▶ 4 It is the states with		38a					
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► section 4912 ► section 4912 ► section 4912 ► section 4918 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 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 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 1. List the states with which a copy of this return is filed ► 2. Telephone no. ► Located at ► 3. A any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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). c 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 ► 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c D		_		1			
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 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 pnor year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I c 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 . 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 . 1 List the states with which a copy of this return is filed ▶ Located at ▶				1			
excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," completed Schedule L, Part I c 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 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 886-T List the states with which a copy of this return is filed Telephone no. Located at b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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). c 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 3 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 445a Did						1	
c 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. 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. 41 List the states with which a copy of this return is filed ▶ Telephone no. ▶ Located at ▶ Diff + 4 ▶ Diff the organization is books are in care of ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country by See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 by 42c life "Yes," enter the name of the foreign country by 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ		b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
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Financial Accounts (FBAR). c 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 43 Section 4947(a)(1) nonexempt charitable trusts filling 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			· · · · · · · · · · · · · · · · · · ·				
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and enter the amount of tax-exempt interest received or accrued during the tax year		43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □	
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ						_	
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					Yes	No	
completed instead of Form 990-EZ		44a	completed instead of Form 990-EZ	44a		_	
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		b		44b		7	
explanation in Schedule O		C		44c			
 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 		d					
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							
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		_		45a		<u> </u>	
FORM 990-EZ, See Instructions		b		45b			

								
							Yes	No
6 Did th	he organization engage, directly or in	idirectly, in political c	ampaign activities or	behalf of or	in oppositie	on		
to car	indidates for public office? If "Yes," c	omplete Schedule C	, Part I			46		V
	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.		stions 47–49b and	52, and con	nplete the	tables fo	or line	es
	Check if the organization used Sch	nedule O to respond	to any question in t	his Part VI				
	Check if the organization used Sci	leddie O to respond	to any question in	IIIS FAIT VI			Yes	No
	the organization engage in lobbying? If "Yes," complete Schedule C, Part		section 501(h) election		uring the t	ax 47	105	NO V
ls the	e organization a school as described in	section 170(b)(1)(A)(i)? If "Yes." complete	Schedule E		48		~
	he organization make any transfers to					49a		1
	es," was the related organization a se	•	-			49b		<u> </u>
	plete this table for the organization's						25 20	d key
	loyees) who each received more than							u ncy
Citipi	oydes) who each received more than	Ψ100,000 01 0011120	T	(d) Health b				
(8)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to	nd deferred	(e) Estimate other com		
		·						
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				1				
								
			1	1				
f Total	I number of other employees paid over	er \$100,000	. >					
Com; \$100	plete this table for the organization' 0,000 of compensation from the orga	s five highest comp inization. If there is n	ensated independent one, enter "None."					than
Com; \$100	plete this table for the organization'	s five highest comp inization. If there is n	ensated independent			received		than
Com; \$100	plete this table for the organization' 0,000 of compensation from the orga	s five highest comp inization. If there is n	ensated independent one, enter "None."					than
Com; \$100	plete this table for the organization' 0,000 of compensation from the orga	s five highest comp inization. If there is n	ensated independent one, enter "None."					than
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d Total Did comper penalties	I number of other independent contrattle organization complete Schedule A	s five highest compunization. If there is no dent contractor actors each receiving ale A? Note: All so return, including accompar	ensated independent one, enter "None." (b) Type of ser over \$100,000 ection 501(c)(3) organization schedules and statem	ents, and to the t	ust attach	a ▶□ Yes	on .	No.
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d Total Did comper penalties, correct, an	I number of other independent contratte organization complete Schedule A soft complete. Declaration of preparer (other than Signature of officer Dennis A Lauzon - Treasurer Type or print name and titte Print/Type preparer's name	s five highest companization. If there is no dent contractor sectors each receiving the A? Note: All sectors is based on all informations.	ensated independent one, enter "None." (b) Type of ser over \$100,000 ection 501(c)(3) organization of which preparer	anizations mu	ust attach pest of my kno	a Yesowledge and	on .	No