

Return of Organization Exempt From Income Tax**2022**Department of the Treasury
Internal Revenue Service

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

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**

A For the 2022 calendar year, or tax year beginning		TaxPeriodBeginDt	, 2022, and ending		TaxPeriodEndDt	, 20	
B Check if applicable:		C Name of organization				D Employer identification number	
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<input type="checkbox"/> BusinessName <input type="checkbox"/> InCareOfNm				<input type="checkbox"/> EIN	
<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <input type="checkbox"/> USAddress <input type="checkbox"/> ForeignAddress City or town, state or province, country, and ZIP or foreign postal code				E Telephone number <input type="checkbox"/> PhoneNum <input type="checkbox"/> ForeignPhoneNum	
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending					F Group Exemption Number <input type="checkbox"/> GroupExemptionNum	
G Accounting method:		H Check if					
<input type="checkbox"/> Method of Accounting Cash	<input type="checkbox"/> Method of Accounting Accrual	<input type="checkbox"/> Schedule B Not Required					
I Website:		WebsiteAddressText				required to attach Schedule B (Form 990).	
J Tax-exempt status (check only one)		K Form of organization:					
<input type="checkbox"/> Organization 501(c)(3)	<input type="checkbox"/> Organization 501(c)(4)	<input type="checkbox"/> Organization 501(c)(29)	<input type="checkbox"/> Organization 4947(a)(1) Not a PFI	<input type="checkbox"/> Organization 527	<input type="checkbox"/> Type of Organization Other <input type="checkbox"/> Type of Organization Other Desc		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.						GrossReceiptsAmt	

Part I 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 <input type="checkbox"/>	
		InfoInScheduleOPartIInd	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	ContributionsGiftsGrantsEtcAmt
	2 Program service revenue including government fees and contracts	2	ProgramServiceRevenueAmt
	3 Membership dues and assessments	3	MembershipDuesAmt
	4 Investment income	4	InvestmentIncomeAmt
	5a Gross amount from sale of assets other than inventory	5a	SaleOfAssetsGrossAmt
	b Less: cost or other basis and sales expenses	5b	CostOrOtherBasisExpenseSaleAmt
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	GainOrLossFromSaleOfAssetsAmt
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	GamingGrossIncomeAmt
b Gross income from fundraising events (not including fundraising event contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	FundraisingGrossIncomeAmt	
c Less: direct expenses from gaming and fundraising events	6c	SpecialEventsDirectExpensesAmt	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	SpecialEventsNetIncomeLossAmt	
7a Gross sales of inventory, less returns and allowances	7a	GrossSalesOfInventoryAmt	
b Less: cost of goods sold	7b	CostOfGoodsSoldAmt	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	GrossProfitLossSlIsOfInvntryAmt	
8 Other revenue (describe in Schedule O)	8	OtherRevenueTotalAmt	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	TotalRevenueAmt	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	GrantsAndSimilarAmountsPaidAmt
	11 Benefits paid to or for members	11	BenefitsPaidToOrForMembersAmt
	12 Salaries, other compensation, and employee benefits	12	SalariesOtherCompEmplBnftAmt
	13 Professional fees and other payments to independent contractors	13	FeesAndOtherPymtToIndCntrctAmt
	14 Occupancy, rent, utilities, and maintenance	14	OccupancyRentUtillsAndMaintAmt
	15 Printing, publications, postage, and shipping	15	PrintingPublicationsPostageAmt
	16 Other expenses (describe in Schedule O)	16	OtherExpensesTotalAmt
17 Total expenses. Add lines 10 through 16	17	TotalExpensesAmt	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	ExcessOrDeficitForYearAmt
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	NetAssetsOrFundBalancesBOYAmt
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	OtherChangesInNetAssetsAmt
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	NetAssetsOrFundBalancesEOYAmt

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . [InfoInScheduleOPartIIInd](#) ☐

				(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	CashSavingsAndInvestmentsGrp		BOYAmt	22	EOYAmt
23	Land and buildings	LandAndBuildingsGrp		BOYAmt	23	EOYAmt
24	Other assets (describe in Schedule O)	OtherAssetsTotalDetail		BOYAmt	24	EOYAmt
25	Total assets	Form990TotalAssetsGrp		BOYAmt	25	EOYAmt
26	Total liabilities (describe in Schedule O)	SumOfTotalLiabilitiesGrp		BOYAmt	26	EOYAmt
27	Net assets or fund balances (line 27 of column (B) must agree)	NetAssetsOrFundBalancesGrp		BOYAmt	27	EOYAmt

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III) InfoInScheduleOPartIIIInd

28	DescriptionProgramSrvAccomTxt		
	(Grants \$ GrantsAndAllocationsAmt) If this amount includes foreign grants, check here ForeignGrantsInd <input type="checkbox"/>	28a	ProgramServiceExpensesAmt
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	TotalProgramServiceExpensesAmt

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 ☐ [InfoOnScheduleOPartIVInd](#) ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question ☐ **InfoInScheduleOPartVInd**

	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 <input type="checkbox"/> ActivitiesNotPreviouslyRptInd	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 <input type="checkbox"/> ChgMadeToOrgnzngDocNotRptInd	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)? <input type="checkbox"/> OrganizationHadUBIInd	35a	
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation <input type="checkbox"/> OrganizationFiled990TInd	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 5033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part II <input type="checkbox"/> SubjectToProxyTaxInd	35c	
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 <input type="checkbox"/> OrganizationDissolvedEtcInd	36	
37a Enter amount of political expenditures, direct or indirect, as described <input type="checkbox"/> DirectIndirectPtlclExpendAmt	37a	
b Did the organization file Form 1120-POL for this year? <input type="checkbox"/> Form1120PolFiledInd	37b	
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? <input type="checkbox"/> MadeLoansToFromOfficersInd	38a	
b If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="checkbox"/> LoansToFromOfficersAmt	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 <input type="checkbox"/> InitiationFeesAndCapContriAmt	39a	
b Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> GrossReceiptsForPublicUseAmt	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 <input type="checkbox"/> TaxImposedUnderIRC4911Amt section 4912 <input type="checkbox"/> TaxImposedUnderIRC4912Amt section 4955: <input type="checkbox"/> TaxImposedUnderIRC4955Amt		
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 <input type="checkbox"/> EngagedInExcessBenefitTransInd	40b	
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 <input type="checkbox"/> TaxImposedOnOrganizationMgrAmt		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> TaxReimbursedByOrganizationAmt		
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 <input type="checkbox"/> ProhibitedTaxShelterTransInd	40e	
41 List the states with which a copy of this return is filed: <input type="checkbox"/> StatesWhereCopyOfReturnsFldCd		
42a The organization's book <input type="checkbox"/> BooksInCareOfDetail Telephone no. <input type="checkbox"/> PhoneNum		
Located at: <input type="checkbox"/> PersonNm <input type="checkbox"/> BusinessNm <input type="checkbox"/> USAddress <input type="checkbox"/> ForeignAddress ZIP + 4		
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) or other financial interest? If "Yes," enter the name of the foreign country: <input type="checkbox"/> ForeignFinancialAccountCntryCd	42b	
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: <input type="checkbox"/> ForeignOfficeInd <input type="checkbox"/> ForeignOfficeCountryCd	42c	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> NECTFilingForm990Ind and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> InterestAmt	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <input type="checkbox"/> DonorAdvisedFndsInd	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 <input type="checkbox"/> OperateHospitalInd	44b	
c Did the organization receive any payments for indoor tanning services during the year? <input type="checkbox"/> TanningServicesProvidedInd	44c	
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 <input type="checkbox"/> Form720FiledInd	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? <input type="checkbox"/> RelatedOrganizationCtrlEntInd	45a	
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 Form 990-EZ. See instructions <input type="checkbox"/> TransactionWithControlEntInd	45b	

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

PoliticalCampaignActyInd

46

Yes	No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

InfoInScheduleOPartVIInd

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- 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

LobbyingActivitiesInd

47

Yes	No

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

SchoolOperatingInd

48

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

TrnsfrExmptNonChrtblRltdOrgIn

49a

Yes	No

- b** If "Yes," was the related organization a section 527 organization?

RelatedOrgSect527OrgIn

49b

Yes	No

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

CompensationHighestPaidEmplGrp (a) Name and title of each employee	(b) Average hours per week devoted to position	PartVIOfCompOfHghstPdEmplTxt (Forms W-2/1099-MISC/1099-NEC) compensation to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PersonNameType TitleTxt	AverageHoursPerWeekRt	CompensationAmt	EmployeeBenefitsAmt ExpenseAccountAmt

- f** Total number of other employees paid over \$100,000

OtherEmployeePaidOver100kCnt

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

CompensationOfHghstPdCntctGrp (a) Name and business address of each independent contractor	PartVIHghstPdCntctProfSvcTxt Type of service	(c) Compensation
BusinessName USAddress PersonNm ForeignAddress	ServiceTypeTxt	CompensationAmt

- d** Total number of other independent contractors each receiving over \$100,000

CntctRcvdGreaterThan100KCnt

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

FiledScheduleAInd

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature L	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No