Form 9900-EZ Name source of experiments of the form income Tax Under socies for (c), 527, or 4947(a)(1) of the Internal Revenue Code (score) private foundations. Own No. 1946-0047 Development of the Yearaw Development of the Yearaw The come of Code (score) private foundations. Development of the Yearaw The Code (score) private foundations. Development of the Yearaw The Yea	Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.							
Fam 990-EZ Case and the second S0(6), 527, or 4497(8(1)) of the Internal Revenue Code (except private foundation). Out or extent social security numbers on this form, sait it may be made public. To be own. If the output it is a second to be exceeded to the second to the se		1						
Intercent of of galaxies of the internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Open to Public Respective Do to www.ike.gov/Form9906ZZ for instructions and the latest information. A For the 2232 calendar year, or tax year beginning _2023, and ending _202 Check if application Number and street (or PO. box if mail is not delivered to street address) Permitter internation. Permitter internation. _202 Check if application Check if application Check if application Permitter internation. Permitter interna	Form 990-EZ				mo 1	Γον		
Description of the Treasury Iman Revolus Service Do not enter social security numbers on this form, as it may be made public. Open to Public Inspection A For the 2022 calcendar year, or tax year beginning								2023
Department to the Teasury immunit Neural Sec. One to www.ris.gov/FormB0EZ for instructions and the latest information. Inspection A For the 2023 calendar year, or tax year beginning , 2023, and ending 2023, and ending </th <th></th> <th></th> <th></th> <th></th> <th>Open to Public</th>					Open to Public			
A For the 2023 calendar year, or tax year beginning , 202, 3and ending , 20 B Cinck apploader C Name of organization D Employer identification number Nations conveg Number and attest (or P.O. tox if mail is not delivered to streat address) Room/sule E Telephone number International City or town, state or province, country, and 2P or foreign postal code F Group Exemption Number Case of the converse								
B Creat septencies C Nume of organization D Employer identification number International interational international international international international i								
Image change Number and street or P.O. box if mail is not delivered to street address) Recommended Image change Number and street or P.O. box if mail is not delivered to street address) Recommended Image change City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Acetester ream City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Vebster Data-exempt status (heek only one) Sol (c)(3) Sol (c) (1) (inset no.) 4947(a)(1) or City ZIP Image change c	_				laing		er iden	,
Image: Neuroscience City or town, state or province, country, and 2IP or foreign postal code F Group Exemption Applicative result City or town, state or province, country, and 2IP or foreign postal code I F Group Exemption Applicative result Cash Accrual Other (specify): II III Check [if the organization is not required to attach Schedule B (Form 990). X Form of organization: Corporation Trust Association Other: \$ 2 Add lines 50, 6, and 7 to line 9 to determine gross receipts. If gross receipts at S200,000 or more, or if total assets \$ (Form 990). \$ 2 Portigram service revenue including gross receipts. If gross receipts at S200,000 or more, or if total assets \$ \$ 2 Program service revenue including government fees and contracts 2 \$ \$ 3 Membership dues and assessments. 3 \$ \$ \$ b Less: cost or other basis and sales expenses. \$ \$ \$ \$ 6 Ganing and fundraising events: 6 \$ \$ \$ \$ 6 Ganse gross income from fundraising events (not including \$ \$ of contributions \$ \$ 6 Ganor (loss) from gaming and fundraising events (add lines 6 as and						p.c,		
Image: Second		Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telepho	ne num	ber
Image: and the second secon								
G Accounting Method: Cash Account (specify): H Check If the organization is not required to attach Schedule B I Website: J Tax-exempt status (check only one) 501(c)(3) 501(c)(1) (meet no.) 4947(a)(1) or 527 Form 900. X Form of organization: Corporation Trust Association Other: Form 900. X Add lines 56.co. and 7b to line 9 to determine gross receipts: Brows receives are \$200.000 or more, or If total assets Form 900. S Part II, column (B) are \$500.000 or more, file Form 990 instead of Form 990.F2. \$ \$ S Part II, column (B) are \$500.000 or more, file Form 990 instead of Form 990.F2. \$ \$ \$ 2 Program service revenue including government fees and contracts 1 1 \$ 1 3 Membership dues and assets other than inventory \$ \$ \$ \$ \$ 5 Gross income from sale of assets other than inventory (subtract line 5b from line 5a) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				City or town, state or province, country, and ZIP or foreign postal code		F Group	Exem	otion
Website: required to attach Schedule B J Tat-example status (check only one) 501(c)(3) 501(c)(1) (meet no.) 4947(a)(1) or 527 K Form of organization: Corporation Trust Association Other: L Add lines 5b, 6c, and 7b to line 9to determine gross receipts. If gross receipts are \$200,000 or more, fiel orm 990: Ez. \$ Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check If the organization used Schedule 0 to respond to any question in this Part I . 1 Contributions, grits, grants, and similar amounts received . 1 2 Program service revenue including government fees and contracts . 1 2 Program service revenue including government fees and contracts . . 3 Membership dues and assessments . . . 4 Investment income 5 Dess: cost or other basis and asle sexpenses 6 Ganing and fundraising events 6 Gaming and fundraising events (cost	<i>4</i>	Applicatio	on pending					
J Tax-exempt status (check only one) 601(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 (Form 990). K Form of organization Corporation Trust Association Other L Add lines 55, 6c, and 7 be time 9 to determine gross receipts. If gross receipts are \$200,000 rm oree, or if total assets \$ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			0	Cash Accrual Other (specify):	_			-
Form of organization: Corporation Trat Association Other: 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 \$300,000 or more, file Form 990 instead of Form 990-EZ \$ (Part II, column (B), are \$300,000 or more, file Form 990 instead of Form 990-EZ \$ (Part II, column (B), are \$300,000 or more, file Form 990 instead of Form 990-EZ \$ (Part II, column (B), are \$300,000 or more, file Form 990 instead of Form 990-EZ \$ (Part II, column (B), are \$300,000 or more, file Form 990 instead of Form 990-EZ \$ (Part II, column (B), are \$300,000 or more, file Form 990 instead of Form 990-EZ \$ (Part II, column (B), are \$300,000 or more, file Form 990 instead of Form 990-EZ 1 (Part II, column (B), are \$300,000 or more, file Form 990 instead of Form 990-EZ 1 (Part II, column (B), are \$300,000 or more, form sale of assets other than inventory (subtract line 5b form line 5a) 1 (Part II, column (B), are \$300,000 or more, form faming (attach Schedule G if greater than \$15,000) 5c (Part II, column (B), are \$300,000 or more, and contributions from fundraising events (add lines 6a and 6b and subtract line 6c) 6c (Part II, column (B), are \$300,000 or more, and contributions exceeds \$15,000) 1 (Part II, column (B), are \$310,000,000 10 (Part II, column (B), are \$310,000,000,000 <th></th> <th></th> <th></th> <th>$a_{a}(x, a_{b}(x), a_{b}(x)) =$</th> <th>- </th> <th>•</th> <th></th> <th>n Schedule B</th>				$a_{a}(x, a_{b}(x), a_{b}(x)) =$	-	•		n Schedule B
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-E2s PartII 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 Chrothibutions, gifts, grants, and similar amounts received 1 Contributions for revenue including government fees and contracts 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events 6 Gaming and fundraising events: 7 a Gross sincome from fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross profit or (loss) from sales of assets other than inventory (subtract line 75,000) 5 a b Less: cost of goods sold 7 a Gross sold on the fundraising events and allowances 7 a Gross profit or (loss) from gales of inventory (subtract line 7b form line 7a) 7 b Tob 8 Other reveue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 7, 4c, 7c, and 8 9 Total revenue. Add lines 1, 2, 7 a, 4c, 7c, and 8 9 Total revenue. Add lines 1, 2, 7 a, 4c, 7c, and 8 9 Tota					27	(10111 330).	
(Part IL column (B)) are \$\$00,000 or more, file Form 990 instead of Form 990-E2. \$ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gain or fundraising events: 6a 6c a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: cost or goods sold 7a 7b 7 Gross as ales of inventory, less returns and allowances 7a 7c 7 Gross stop for gaing and fundraising events 10 11 11 1 Gross as ales of i			0		r if tota	lassets		
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5b b Less: cost or other basis and sales expenses 5b 5c c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c a Gross income from gaming (attach Schedule G if greater than \$15,000)							\$	
1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gaming and fundraising events: a of contributions a Gross income from gaming (attach Schedule G if greater than \$15,000) 5c c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d c Less: cost of goods sold 7a 7b c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c d Other revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 d Grants and similar amounts paid (list in Schedule 0) 10 11 Exelements and antemployee benefits 13 d Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 14 <th>Pa</th> <th>art I</th> <th>Revenu</th> <th>e, Expenses, and Changes in Net Assets or Fund Balances (se</th> <th>e the</th> <th>instructi</th> <th>ons f</th> <th>or Part I)</th>	Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (se	e the	instructi	ons f	or Part I)
2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5a Gross income from garning (attach Schedule G if greater than \$15,000) 5c 6 Garning and fundraising events: a a Gross income from garning (attach Schedule G if freater than \$15,000) of contributions from fundraising events (not including \$ of contributions from fundraising events (not including \$ c Less: direct expenses from garning and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7b E 7b c Gross sold 7b c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 10 11 Esenfets paid to or for members 11 12 Salaries, other compensation, and employee benefits 13 13 Occupancy, rent, utilities, and maintenance 14 14 Occupanc			Check if	the organization used Schedule O to respond to any question in this	Part I			🗌
3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5b Sa Sa c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6c c Less: clirect expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross scales of inventory, less returns and allowances 7a b Less: cost of goods sold 7c a Other revenue (describe in Schedule O) 10 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Escense or (locs), from members 11 12 Salaries, other compensation, and employee benefits 12 1		1						
4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5a Gross amount from sale of assets other than inventory 5a 5b 5b c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gaming and fundraising events: a a Gross income from gaming (attach Schedule G if greater than st15,000) 6d b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: circe texpenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7b c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 9 Total revenue (Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 11 Ease and the payments paid (list in Schedule O) 10 11 12 Salaries, other compensation, and employee benefits 12 13 14 12 Salaries, other compensation, an			-					
Sa Gross amount from sale of assets other than inventory 5a 5b b Less: cost or other basis and sales expenses 5b 5c c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c a Gross income from gaming (attach Schedule G if greater than \$15,000) 5c b Gross income from fundraising events (not including \$					• •	–	-	
b Less: cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c a Gross income from gaming (attach Schedule G if greater than \$15,000) 5c b Gross income from fundraising events: (not including \$ of contributions from fundraising events (not including \$ of contributions b Gross income from fundraising events (not including \$ of contributions of contributions c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d c Less: cost of goods sold 7a fb c Gross sales of inventory, less returns and allowances 7a fb b Less: cost of goods sold 7b fc c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c fc a Other revenue (describe in Schedule O) 10 fi fi fi Grants and similar amounts paid (list in Schedule O) 10 fi fi fi Grants and similar amounts paid (list in Schedule O) fi fi fi fi Other revenue (adscribe and other payments to					• •	· ·	4	
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gaming and fundraising events: a a Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) db b Gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) b c Less: colrect expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross sales of inventory, less returns and allowances 7a 7b Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Ess and ther payments to independent contractors 13 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Fride expenses. (Add lines 10 throu								
6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6c c Less: direct expenses from gaming and fundraising events 6c 6d d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7a b Less: cost of goods sold 7b 6d c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 11 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 12 13 14 Occupancy, rent, utilities, and maintenance 14 15 15 Total expenses. Add lines 10 through 16 17 17		-					ōc	
\$15,000) 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7a c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 <th></th> <th>_</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		_						
sum of such gross income and contributions exceeds \$15,000)	•	а						
sum of such gross income and contributions exceeds \$15,000)	nue			- Cu				
sum of such gross income and contributions exceeds \$15,000)	eve	b		3 1 1 1	tributio	ns		
c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Frinting, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 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)	æ							
line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 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 20 Other changes in net assets or fund balances (explain in Sch		с	Less: direc					
7a Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold 7b 7c c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 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 20 Other changes in net assets or fund balances (explain in Schedule O) 2		d			and sul	otract		
b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 12 11 12 Salaries, other compensation, and employee benefits 12 13 12 13 14 12 13 15 14 16 0ther expenses (describe in Schedule O) 15 16 Other expenses (describe in Schedule O) 15 16 Other expenses (describe in Schedule O) 16 17 15 16 18 17 18 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 20 Other changes in net assets or fund balances (explain in Schedule O) 20			,		• •	· · •	òd	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 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 20 Other changes in net assets or fund balances (explain in Schedule O) 20								
8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 10 12 Salaries, other compensation, and employee benefits 11 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 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 20 Other changes in net assets or fund balances (explain in Schedule O) 20							70	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 11 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 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 20 Other changes in net assets or fund balances (explain in Schedule O) 20								
10 Grants and similar amounts paid (list in Schedule O) 1 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 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 20 Other changes in net assets or fund balances (explain in Schedule O) 20							-	
set 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 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 20 Other changes in net assets or fund balances (explain in Schedule O) 20		10	Grants and	I similar amounts paid (list in Schedule O)			10	
13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 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 20 Other changes in net assets or fund balances (explain in Schedule O) 20								
16 Other expenses (describe in Schedule O) 16 16 17 Total expenses. Add lines 10 through 16 17 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 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 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20	ses							
16 Other expenses (describe in Schedule O) 16 16 17 Total expenses. Add lines 10 through 16 17 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 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 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20	ens						-	
16 Other expenses (describe in Schedule O) 16 16 17 Total expenses. Add lines 10 through 16 17 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 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 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20	Хp							
17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 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 20 Other changes in net assets or fund balances (explain in Schedule O) 20								
18Excess or (deficit) for the year (subtract line 17 from line 9)1819Net 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)1820Other changes in net assets or fund balances (explain in Schedule O)20								
 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 	6		Excess or ((deficit) for the year (subtract line 17 from line 9)				
iv end-of-year figure reported on prior year's return) 19 iv 20 Other changes in net assets or fund balances (explain in Schedule O) 20 iv 21 Net assets or fund balances at end of year. Combine lines 18 through 20 1 20	set		Net assets	or fund balances at beginning of year (from line 27, column (A)) (mus	t agree	e with		
20 Other changes in net assets or fund balances (explain in Schedule O)	As						9	
121 Net assets or fund balances at end of year. Combine lines 18 through 20	let							
	<u> </u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		2	21	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2023)

	990-EZ (2023)					Page 2
Ра	t II Balance Sheets (see the instructions	-	ny question in this	Dort II		
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		_	() Dogining of your	22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[25	
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of colum	., .	,		27	
Par Wha	Statement of Program Service Accon Check if the organization used Schedule is the organization's primary exempt purpose?					Expenses quired for section
as n pers	ribe the organization's program service accompl leasured by expenses. In a clear and concise r ons benefited, and other relevant information for e	manner, describe the				(c)(3) and 501(c)(4) anizations; optional for ers.)
28						
29	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	🗌	28 a	1
ZJ						
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	🗌	29 a	1
30						
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	🔲	30a	1
31	Other program services (describe in Schedule O)					
20		t includes foreign gra			31a	
32 Dar	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke				32	
T al	Check if the organization used Schedule					
	<u> </u>		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
					_	
					_	

Form 99	90-EZ (2023)		Р	age 3
Part	V 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		ν.	
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	Yes	No
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 c	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 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 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	36		
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Did the organization file Form 1120-POL for this year?	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?	38a		
b 39 a b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(2) organizations. Enter: 39b			
40a b	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:; section 4912:; section 4955:; 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		
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			
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: The organization's books are in care of: Located at: 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)? If "Yes," enter the name of the foreign country:	42b	Yes	No
	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			
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	Yes	No
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	44a 44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a 45b		

			Yes
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	46	

Part VI	Section 501(c)(3) Organizations Only		
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tab	les fo	or lines
	50 and 51.		

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation			
	_				
	_				
	_				
	_				
	_				
d Total number of other independent contractors each receiving over \$100,000					

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

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	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN		
Use Only	Firm's name			Firm's EIN				
	Firm's address			Phone no.				
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions							