

.....TgcT] STS' c^ \Ph' @F; ' A?A@

Yd[ ' @; ' A?@H

Yd] ' B?; ' A?A?

dbU' aTbTPaRW U^d] SPcX^]; ' X] R=

DH<AHDHDH?

BG?A' b\_TRcad\ ' Q^d[ TePaS

@??

7G@B8' HFC<@?GA

@C; GA?; @@D=

cP\\_P; ' U[ ' ' BBE@A

]XRZ' caXed] ^eXRW

g

bP\T' Pb' R' PQ^eT

g  
fff=aTbTPaRW=dbU=TSd>aU

@HGH

U[

T] WP] RT' aTbTPaRW PRcXeXcXTb' Pc' cW' d] XeTabXch' ^U' b^dcW U[ ^aXSP=

c^' \_a^ \^cT; ' T] R^daPVT' P] S

@F

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<G; B@C=

? =

? =

@B; BFG; FED= @A; HAC; ?DC=

@; GE@; BHF= @; GH?; EDD=

<H; BD? = <F; B@C=

@D; AB?; G@A= @C; G?F; BHD=

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@@; EGA; GGE= @@; CA?; EDD=

@@; EGA; GGE= @@; CA?; EDD=

B; DCF; HAE= B; BGE; FC? =

HE; ADD; AAC= HE; DEB; GFB=

AH; FEF; B?A= AE; EBF; EHH=

EE; CGF; HAA= EH; HAE; @FC=

]XRZ' caXed] ^eXRW' caTPbdaTa

P\] SP' PSP\b

RW\aaah' QTZPTac' [ [ \_  
C?@' TPbc' YPRZb^] ' bc; ' bdXcT' @A??  
cP\\_P; ' U[ ' BBE?A

\_??FCG?BG

DE<?DFCCCC

G@B<AD@<@? @?

g

Check if Schedule O contains a response or note to any line in this Part III

9

@ Briefly describe the organization's mission:

c^ \_a^ \^ cT; ' T] R^ daPVT' P] S' T] WP] RT' aTbTPaRW PRcXeXcXTb' Pc' cWf  
d] XeTabXch' ^U' b^ dcW U[ ^aXSP=

A Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ~ ~ ~ ~ ~ ht, 9 ] -

If "Yes," describe these new services on Schedule O.

B Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~ ~ ~ ~ ~ ht, 9 ] -

If "Yes," describe these changes on Schedule O.

C Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Cp (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ G; B@?; BFB= including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_ H; EEG; HDG= )

cWf' aTbTPaRW U^d] SPcX^] ' PbbXbcb' X] ' STeT[ ^\_X] V' WXVW<cTRW] ^[ ^Vh  
QdbX] TbbTb' P] S' aTbTPaRW \_Pac] TabWX\_b' cWPc' Q^ ^bc' cWf' TR^] \^ h' P] S' RaTPcT  
WXVW<\_PhX] V' Y^ Qb' X] ' cWf' cP\ \_P' QPh' PaTP' Qh' STeT[ ^\_X] V' Xcb' dbU' aTbTPaRW  
\_PaZ' ^U' cP\ \_P' QPh' X] c^ ^ P' WdQ' U^ a' QX^ cTRW] ^[ ^Vh' P] S' [ XUT' bRXT] RTb  
aTbTPaRW P] S' T] caT\_aT] TdabWX\_ =

Cq (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ @; FHD; DFH= including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_ A; EEE; ?F@= )

cWf' aTbTPaRW U^d] SPcX^] ' \_a^ eXSTb' P' \TRWP] Xb\ ' Qh' f WXRW SXbR^eTaXTb;  
X] eT] cX^] b; ' \_a^ RTbbTb' P] S' f ^aZ' \_a^ SdRcb' ^U' dbU' UPRd[ ch; ' bcPUU' P] S  
bcdST] cb' RP] ' QT' caP] bUTaaTS' Ua^ \ ' cWf' d] XeTabXch' [ PQ^ aPc^ ah' c^ ^ QT] TUXc  
cWf' \_dQ[ XR= X] R^ \ T' Xb' P[ [ ^RPcTS' X] ' PRR^ aSP] RT' f XcW dbU' \_^ [ XRh' ^]  
X] eT] cX^] b' P] S' f ^aZb' c^ ^ X] eT] c^ ab' P] S' cWfXa' aTbTPaRW bd\_\_ ^ac' Ud] Sb; ' P] S  
U^ a' SXaTRc' bd\_\_ ^ac' ^U' aTbTPaRW Pc' cWf' d] XeTabXch=

Cr (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ C@G; EFF= including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_ DGH; ?AD= )

cWf' aTbTPaRW U^d] SPcX^] ' aTRTXeTb' P] S' PS\X] XbcTab' RTacPX] ' QPbXR' aTbTPaRW  
P] S' R[ X] XRP[ ' caXP[ ' R^] caPRcb' P] S' VaP] cb' b\_ ^] b^ aTS' Qh' cWf' \_aXePcT' bTRc^ a  
P] S' U^ d] SPcX^] b= ' cWf' VaP] c' bcdSXTb' PaT' \_TaU^ a\ TS' Qh' d] XeTabXch' UPRd[ ch;  
bcPUU' P] S' bcdST] cb=

Cs Other program services (Describe on Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

Ct Total program service expenses | @?; DAC; EAH=



pf..Xe Rwrtrz{x...uat, txfst brwtst{t, zzyey, po4

	ht,	]-
AA Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? Tq-dp-7 nzx { wfp ^nspo, w T[ I ]E- Tl yo III ~ ~ ~ ~ ~	AA	g
AB Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? Tq-dp-7 nzx { wfp ^nspo, w U ~ ~ ~ ~ ~	AB	g
ACp Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? Tq-dp-7 l y~, p) wfp-=?m(s)z, r s =?o l yo nzx { wfp ^nspo, w V9Tq-Yz 7 rz @ wfp =@ ~ ~ ~ ~ ~	ACp	g
q Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~ ~ ~ ~ ~	ACq	
r Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~ ~ ~ ~ ~	ACr	
s Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~ ~ ~ ~ ~	ACs	
ADp b tr .x-) 'D?@T 8B8' D?@T 8C8'p) s 'D?@T 8AH8-fvp) x p.x-) , = Did the organization engage in an excess benefit transaction with a disqualified person during the year? Tq-dp-7 nzx { wfp ^nspo, w W[ I ]ET ~ ~ ~ ~ ~	ADp	g
q Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Tq-dp-7 nzx { wfp ^nspo, w W[ I ]ET ~ ~ ~ ~ ~	ADq	g
AE Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? Tq-dp-7 nzx { wfp ^nspo, w W[ I ]ET ~ ~ ~ ~ ~	AE	g
AF Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? Tq-dp-7 nzx { wfp ^nspo, w W[ I ]ET ~ ~ ~ ~ ~	AF	g
AG Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
p A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? Tq-dp-7 nzx { wfp ^nspo, w W[ I ]ET ~ ~ ~ ~ ~	AGp	g
q A family member of any individual described in line 28a? Tq-dp-7 nzx { wfp ^nspo, w W[ I ]ET ~ ~ ~ ~ ~	AGq	g
r A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? Tq-dp-7 nzx { wfp ^nspo, w W[ I ]ET ~ ~ ~ ~ ~	AGr	g
AH Did the organization receive more than \$25,000 in non-cash contributions? Tq-dp-7 nzx { wfp ^nspo, w X ~ ~ ~ ~ ~	AH	g
B? Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? Tq-dp-7 nzx { wfp ^nspo, w X ~ ~ ~ ~ ~	B?	g
B@ Did the organization liquidate, terminate, or dissolve and cease operations? Tq-dp-7 nzx { wfp ^nspo, w Y 7[ I ]ET ~ ~ ~ ~ ~	B@	g
BA Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Tq-dp-7 nzx { wfp ^nspo, w Y 7[ I ]ET ~ ~ ~ ~ ~	BA	g
BB Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? Tq-dp-7 nzx { wfp ^nspo, w ] 7[ I ]ET ~ ~ ~ ~ ~	BB	g
BC Was the organization related to any tax-exempt or taxable entity? Tq-dp-7 nzx { wfp ^nspo, w ] 7[ I ]ET ~ ~ ~ ~ ~	BC	g
BDp Did the organization have a controlled entity within the meaning of section 512(b)(13)? ~ ~ ~ ~ ~	BDp	g
q If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? Tq-dp-7 nzx { wfp ^nspo, w ] 7[ I ]ET ~ ~ ~ ~ ~	BDq	
BE b tr .x-) 'D?@T 8B8-fvp) x p.x-) , = Did the organization make any transfers to an exempt non-charitable related organization? Tq-dp-7 nzx { wfp ^nspo, w ] 7[ I ]ET ~ ~ ~ ~ ~	BE	g
BF Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? Tq-dp-7 nzx { wfp ^nspo, w ] 7[ I ]ET ~ ~ ~ ~ ~	BF	g
BG Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? ~ ~ ~ ~ ~	BG	g

pf..e b.p.t| t) ., 'a tvpfs) v ^ .wt fXab U(x) v, 'p) s'cp%R-| €(p) rt

Check if Schedule O contains a response or note to any line in this Part V

	ht,	]-
@p Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~ ~ ~ ~ ~	@p	@? G
q Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~ ~ ~ ~ ~	@q	?
r Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	@r	g

Ap	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return p ~ ~ ~ 2 ~ ~ ~ ~ ~	Ap		
q	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~ ~ ~ ~ ~	Aq		
Bp	Did the organization have unrelated business gross income of \$1,000 or more during the year? ~ ~ ~ ~ ~	Bp		
q	If "Yes," has it filed a Form 990-T for this year? Tq-Yz-6 vwp > n7 { } z f b p l y p. { wyl 6z y z y ^ n s p o, w Z ~ ~ ~ ~ ~	Bq		
Cp	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)? ~ ~ ~ ~ ~	Cp		
q	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Dp	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~ ~ ~ ~ ~	Dp		
q	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~ ~ ~ ~ ~	Dq		
r	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~ ~ ~ ~ ~	Dr		
Ep	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~ ~ ~ ~ ~	Ep		
q	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ~ ~ ~ ~ ~	Eq		
Fp	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ~ ~ ~ ~ ~	Fp		
q	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~ ~ ~ ~ ~	Fq		
r	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ~ ~ ~ ~ ~	Fr		
s	If "Yes," indicate the number of Forms 8282 filed during the year ~ ~ ~ ~ ~	Fs		
t	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~ ~ ~ ~ ~	Ft		
u	~ ~ ~ ~ ~	Fu		
v	~ ~ ~ ~ ~	Fv		
w	~ ~ ~ ~ ~	Fw		
Gp	bE-}, -fX v' -fvp) x p.x},   pX .pX X v's -} -fps tx ts' uf } s, =	G		
Hp	bE-}, -fX v' -fvp) x p.x},   pX .pX X v's -} -fps tx ts' uf } s, =	Hp		
Hq	bE-}, -fX v' -fvp) x p.x},   pX .pX X v's -} -fps tx ts' uf } s, =	Hq		
@p	btr.x} 'D?@T 8F8-fvp) x p.x}, =	@p		
@q	btr.x} 'D?@T 8A8-fvp) x p.x}, =	@q		
@Ap	btr.x} 'CHCF p8@B -} <t %b  €..r v p f x p q (t ' .f t , , , =	@Ap		
@Bp	btr.x} 'D?@T 8AHS, t p { u t s } -} € f - u . w t p { . w X , t f p } r t ' x , t t f , =	@Bp		
@Bq	btr.x} 'D?@T 8AHS, t p { u t s } -} € f - u . w t p { . w X , t f p } r t ' x , t t f , =	@Bq		
@Br	btr.x} 'D?@T 8AHS, t p { u t s } -} € f - u . w t p { . w X , t f p } r t ' x , t t f , =	@Br		
@Cp	btr.x} 'D?@T 8AHS, t p { u t s } -} € f - u . w t p { . w X , t f p } r t ' x , t t f , =	@Cp		
@Cq	btr.x} 'D?@T 8AHS, t p { u t s } -} € f - u . w t p { . w X , t f p } r t ' x , t t f , =	@Cq		
@D	btr.x} 'D?@T 8AHS, t p { u t s } -} € f - u . w t p { . w X , t f p } r t ' x , t t f , =	@D		
@E	btr.x} 'D?@T 8AHS, t p { u t s } -} € f - u . w t p { . w X , t f p } r t ' x , t t f , =	@E		



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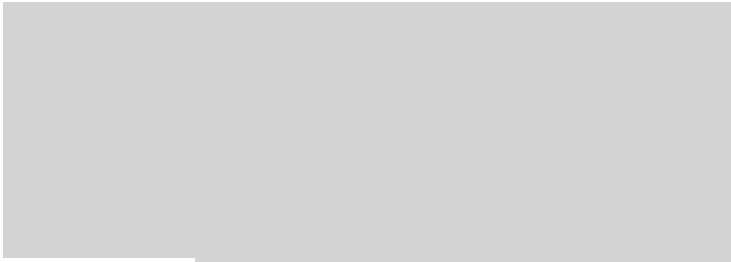
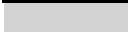
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DF9G=89BH / ' 8=F97HCF  
fI&L'' B=7? HF=JI BCJ=7<  
HF95GI F9F / ' 8=F97HCF  
fI L'' A5F7' 6@ A9BHk5@  
8=F97HCF  
f(I L'' BCFA5' 5@75BH5F  
8=F97HCF  
fI) L'' ; 9B9' 9B; @9  
8=F97HCF  
f\* L'' FC69FH 8'' : F=G=B5  
8=F97HCF  
fH L'' FC69FH ; 5F7=5  
8=F97HCF  
f\ L'' >9. : F9M<57?A5B  
8=F97HCF  
fI L'' 85J=8' @7<B9F  
8=F97HCF  
fP&L' AC9N' @=A5M9B  
8=F97HCF  
fP&L' 7<5F@9G' @C7?K008  
8=F97HCF  
fP&L' A5HHk9K' @0K9@@  
8=F97HCF  
fP% L' ; K9B' A=H7<9@@  
8=F97HCF  
fP%( L' >C<B' ACFFCK  
8=F97HCF  
fP) L' @=B85' CfFQ F?9  
8=F97HCF  
fP% L' <5FFMJ9B9N=5  
8=F97HCF  
fP% L' F5@<' K=@7CL  
8=F97HCF





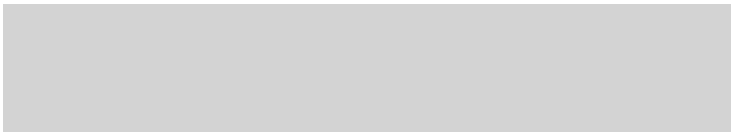


DFCD9FHMf9BH5@ F9J9BI 9	-\$\$\$-	-ž' *%ā-), "	-ž' *%ā-), "
FCM5@H=9G#@=79BG9G#CDH=CB: 99G	-\$\$\$-	&ž- +' ž\$+%'	&ž- +' ž\$+%'
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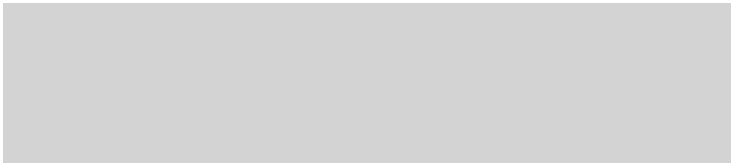
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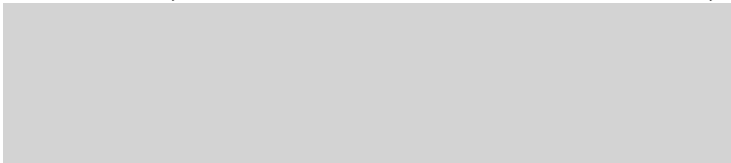
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Check if Schedule O contains a response or note to any line in this Part X

		P8 Beginning of year		Q8 End of year
P	@ Cash - non-interest-bearing ~ ~ ~ ~ ~	B; FD?; DBG=	@	? =
	A Savings and temporary cash investments ~ ~ ~ ~ ~	@; @A?; GBC=	A	ECD; GBB=
	B Pledges and grants receivable, net ~ ~ ~ ~ ~		B	
	C Accounts receivable, net ~ ~ ~ ~ ~	F @G; ECB=	C	@; D? B; H? H=
	D Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ~ ~ ~ ~ ~		D	
	E Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ~ ~		E	
	F Notes and loans receivable, net ~ ~ ~ ~ ~	BF; D?? =	F	? =
	G Inventories for sale or use ~ ~ ~ ~ ~		G	
	H Prepaid expenses and deferred charges ~ ~ ~ ~ ~	@DG; ?HG=	H	AAC; ADD=
	@p Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~ ~ ~	@p FB; BGG; FFB=		
	q Less: accumulated depreciation ~ ~ ~ ~ ~	@q BA; B?G; D?? =		
	@@ Investments - publicly traded securities ~ ~ ~ ~ ~	CA; GDB; DE? =	@r	C@; ?G?; AFB=
	@A Investments - other securities. See Part IV, line 11 ~ ~ ~ ~ ~	@B; @EE; D?C=	@@	@D; A?G; HBF=
	@B Investments - program-related. See Part IV, line 11 ~ ~ ~ ~ ~	AE; D@B; DAE=	@A	AF; CC?; BFB=
	@C Intangible assets ~ ~ ~ ~ ~	G@@; @F? =	@B	HDB; ?CD=
@D Other assets. See Part IV, line 11 ~ ~ ~ ~ ~	F; @?H; ACB=	@C	E; HHB; BB@=	
@E c~ p( p... t... =Add lines 1 through 15 (must equal line 33)	@D; E?G=	@D	A; D@B; H@F=	
L	@F Accounts payable and accrued expenses ~ ~ ~ ~ ~	HE; ADD; AAC=	@E	HE; DEB; GFB=
	@G Grants payable ~ ~ ~ ~ ~	A; AFC; G?F=	@E	@; EBF; DAE=
	@H Deferred revenue ~ ~ ~ ~ ~		@G	
	A? Tax-exempt bond liabilities ~ ~ ~ ~ ~	@GH; B?E=	@H	AHA; CHB=
	A@ Escrow or custodial account liability. Complete Part IV of Schedule D ~ ~ ~	@; ???; ??? =	A?	
	AA Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ~ ~ ~ ~ ~		A@	
	AB Secured mortgages and notes payable to unrelated third parties ~ ~ ~ ~ ~		AA	
	AC Unsecured notes and loans payable to unrelated third parties ~ ~ ~ ~ ~	@E; @DD; ??? =	AB	@D; C@?; ??? =
	AD Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~ ~ ~ ~ ~		AC	
	AE c~ p( p... t... =Add lines 17 through 25	@?; @CG; @GH=	AD	H; AHF; EG? =
] t . P . . t . . ~ f ( U ) s ( O p ( p ) r t ,	^ f p } x p . x } , . w p . . u { ( ~ ' U P b O ' P b R ' H D G ; r w t r z ' w t f t   9	AH; FEF; B?A=	AE	AE; EBF; EHH=
	p} s' r ~   € ( t . t ' x } t , ' A F ; ' A G ; ' B A ; ' p } s' B B =		AF	EE; CGF; HAA=
	AF Net assets without donor restrictions ~ ~ ~ ~ ~		AG	EF; C@A; ADF=
	AG Net assets with donor restrictions ~ ~ ~ ~ ~			A; D@B; H@F=
	^ f p } x p . x } , . w p . . s ~ } ~ . u { ( ~ ' U P b O ' P b R ' H D G ; r w t r z ' w t f t			
	p} s' r ~   € ( t . t ' x } t , ' A H . w f ~ t v w B B =			
	AH Capital stock or trust principal, or current funds		AH	
	B? Paid-in or capital surplus, or land, building, or equipment fund		B?	
B@ Retained earnings, endowment, accumulated income, or other funds		B@		
BA P	FE; CGF; HAA=	2BA	EH; HAE; @FC=	
BB	HE; ADD; AAC=	BB	HE; DEB; GFB=	

**Part XI** Check if Schedule O contains a response or note to any line in this Part XI g

@ Total revenue (must equal Part VIII, column (A), line 12) ~ ~ ~ ~ ~	@	@C; G? F; BHD=
A Total expenses (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~	A	@@; CA?; EDD=
B Revenue less expenses. Subtract line 2 from line 1 ~ ~ ~ ~ ~	B	B; BGE; FC? =
C Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~ ~ ~ ~ ~	C	EE; CGF; HAA=
D Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	D	CC; @HG=
E Donated services and use of facilities ~ ~ ~ ~ ~	E	
F Investment expenses ~ ~ ~ ~ ~	F	
G Prior period adjustments ~ ~ ~ ~ ~	G	
H Other changes in net assets or fund balances (explain on Schedule O) ~ ~ ~ ~ ~	H	F; B@C=
@? Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	@?	EH; HAE; @FC=

**Part XII** Check if Schedule O contains a response or note to any line in this Part XII

@ Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			ht,	J ~
Ap Were the organization's financial statements compiled or reviewed by an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Ap	<input checked="" type="checkbox"/>		g
Aq Were the organization's financial statements audited by an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Aq	<input checked="" type="checkbox"/>		
Ar If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~ ~ ~ ~ ~ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	Ar	<input checked="" type="checkbox"/>		
Bp As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ~ ~ ~ ~ ~	Bp	<input type="checkbox"/>		g
Bq If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	Bq	<input type="checkbox"/>		

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Department of the Treasury  
Internal Revenue Service

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^Et) .:.' \_tq(x  
X, €tr.x-}

] p| t' ~u.wt ~fvp) x p.x-}

dbU' aTbTPaRW U^d] SPcX^]; ' X] R=

T| €(-Stfxst) .xrp.x-} } t| qt f  
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(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- A church, convention of churches, or association of churches described in „ tr.x-} @F? 78@8P 878-
- A school described in „ tr.x-} @F? 78@8P 878- (Attach Schedule E (Form 990 or 990-EZ).)
- A hospital or a cooperative hospital service organization described in „ tr.x-} @F? 78@8P 878-
- A medical research organization operated in conjunction with a hospital described in „ tr.x-} @F? 78@8P 878- Enter the hospital's name, city, and state: \_\_\_\_\_
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in „ tr.x-} @F? 78@8P 878- (Complete Part II.)
- A federal, state, or local government or governmental unit described in „ tr.x-} @F? 78@8P 878-
- An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in „ tr.x-} @F? 78@8P 878- (Complete Part II.)
- A community trust described in „ tr.x-} @F? 78@8P 878- (Complete Part II.)
- An agricultural research organization described in „ tr.x-} @F? 78@8P 878- operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See „ tr.x-} D?H 78A8 (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See „ tr.x-} D?H 78C8-
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in „ tr.x-} D?H 78E8 or „ tr.x-} D?H 78A8 See „ tr.x-} D?H 78B8- Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

u \_\_\_\_\_ @

(i) L_kc md qsnmprcb mpe_lgx_rgml	(ii) CGL	(iii) Rwno md mpe &bcqapg'cb ml jgtdq 7+7]. _mtc &qcc glqrp safgmlq	(iv) Is the organization listed in your governing document?	(v) ?kmslr md kml qsnmpr &qcc glq	(vi) w?kmslr md mrfcp qsnmpr mlq &qcc glqrp sarg
d] XeTabXch' ^U' b^dcW U[ ^aXSP	DH<B@? A@@A	A	g	? =	? =
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(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in)	2015	2016	2017	2018	2019	Total
11 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
12 A Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
13 B The value of services or facilities furnished by a governmental unit to the organization without charge						
14 C Add lines 1 through 3						
15 D The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
16 E Subtract line 5 from line 4						

Calendar year (or fiscal year beginning in)	2015	2016	2017	2018	2019	Total
17 F Amounts from line 4						
18 G Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
19 H Net income from unrelated business activities, whether or not the business is regularly carried on						
20 I Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
21 J Add lines 17 through 20						

22 K Gross receipts from related activities, etc. (see instructions)

23 L If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and explain why

24 M Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  %

25 N Public support percentage from 2018 Schedule A, Part II, line 14  %

26 O If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and explain why  The organization qualifies as a publicly supported organization

27 P If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and explain why  The organization qualifies as a publicly supported organization

28 Q If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

29 R If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and explain in Part VI how the organization meets the "facts-and-circumstances" test

30 S If the organization is a public charity, check this box  If the organization is a private operating foundation, check this box

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(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

- @ Are all of the organization's supported organizations listed by name in the organization's governing documents?  Yes  No
- A Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  Yes  No
- Bp Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  Yes  No
- q Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  Yes  No
- r Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  Yes  No
- Cp Was any supported organization not organized in the United States ("foreign supported organization")?  Yes  No
- q Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  Yes  No
- r Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  Yes  No
- Dp Did the organization add, substitute, or remove any supported organizations during the tax year?  Yes  No
- q cŠēt X-fcŠēt X-}Šš mported org ak sjo ot n iihøn as` i ,chonhi 2 hb 2 ppn` 1) or (2)ported organiza`
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- F  Yes  No
- G  Yes  No
- Hp  Yes  No
- q  Yes  No
- r  Yes  No
- @p  Yes  No
- q  Yes  No

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Part III. Other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).

	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain		
Recoveries of prior-year distributions		
Other gross income (see instructions)		
Add lines 1 through 3		
Depreciation and depletion		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
Other expenses (see instructions)		
Subtract lines 5, 6, and 7 from line 4		

	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
Average monthly value of securities		
Average monthly cash balances		
Fair market value of other non-exempt-use assets		
Subtract (add lines 1a, 1b, and 1c)		
Factors claimed for blockage or other factors (explain in detail in Part III):		
Acquisition indebtedness applicable to non-exempt-use assets		
Subtract line 2 from line 1d		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)		
Net value of non-exempt-use assets (subtract line 4 from line 3)		
Multiply line 5 by .035		
Recoveries of prior-year distributions		
Subtract line 7 from line 6		

		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)		
Enter 85% of line 1		
Minimum asset amount for prior year (from Section B, line 8, Column A)		
Enter greater of line 2 or line 3		
Income tax imposed in prior year		
Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		
Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Part III. Other Type III non-functionally integrated supporting organizations must complete Sections A through E.

pf.e c\$Et XX] ~} <U†} r.x} p{{S^X}.tvfp.ts D?H78B8b†€€~f.X v^ fvp} x p.x}, (continued)

btr.x} S<Sx.fqt.x},	Rtfft).htpf
@ Amounts paid to supported organizations to accomplish exempt purposes	
A Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
B Administrative expenses paid to accomplish exempt purposes of supported organizations	
C Amounts paid to acquire exempt-use assets	
D Qualified set-aside amounts (prior IRS approval required)	
E Other distributions (describe in pf.eX). See instructions.	
F c~.p{p}†p{sx.fqt.x}, =Add lines 1 through 6	
G Distributions to attentive supported organizations to which the organization is responsive (provide details in pf.eX). See instructions.	
H Distributable amount for 2019 from Section C, line 6	
@? Line 8 amount divided by line 9 amount	

btr.x} T<Sx.fqt.x} P{(-rp.x}, (see instructions)	78 T%ot,, 'Sx.fqt.x},	78 d}stfsx.fqt.x}, _ft<A?@H	78 Sx.fqt.pqt P  ~†}..u-fA?@H
@ Distributable amount for 2019 from Section C, line 6			
A Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in pf.eX). See instructions.			
B Excess distributions carryover, if any, to 2019			
p From 2014			
q From 2015			
r From 2016			
s From 2017			
t From 2018			
u c~.p{of lines 3a through e			
v Applied to underdistributions of prior years			
w Applied to 2019 distributable amount			
x Carryover from 2014 not applied (see instructions)			
y Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
C Distributions for 2019 from Section D, line 7: \$			
p Applied to underdistributions of prior years			
q Applied to 2019 distributable amount			
r Remainder. Subtract lines 4a and 4b from 4.			
D Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in pf.eX. See instructions.			
E Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in pf.eX. See instructions.			
F T%ot,, 'Sx.fqt.x}, r pffS~†tf..-A?A? =Add lines 3j and 4c.			
G Breakdown of line 7:			
p Excess from 2015			
q Excess from 2016			
r Excess from 2017			
s Excess from 2018			
t Excess from 2019			

brwst†(t P'U~f] 'HH?'~fHH?<Ti 8A?@H

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SCHEDULE D

Supplemental Financial Statements

OMB No. 1545-0047

2019

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Department of the Treasury Internal Revenue Service

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pf.X ^ fvp} x p.x-} , \ px} .px} x v S~} ~fPsix ts 'Ut} s, ~f^ .wt fbx} xpfUt} s, ~fPrr ~t} ..= Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: Donor advised funds, Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

pf.X R~} , t ffp.x-} T p, t | t} ..= Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year; Total number of conservation easements; Total acreage restricted by conservation easements; Number of conservation easements on a certified historic structure included in (a); Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; Number of states where property subject to conservation easement is located; Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?; Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?; In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items; If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X; If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X.

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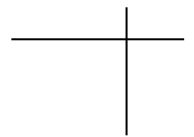
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**Part III** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

8 Description of security or category (including name of security)	8 Book value	8 Method of valuation: Cost or end-of-year market value
8 Financial derivatives		
8 Closely held equity interests		
8 Other		
(A) dbU` X] eTbc\T] c` _^^[	AF; CC?; BFB=	T] S<^U<hTPa` \PaZTc` eP[ dT
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B), line 12.)	AF; CC?; BFB=	

**Part IV** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

8 Description of investment	8 Book value	8 Method of valuation: Cost or end-of-year market value
8		
8		
8		
8		
8		
8		
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8		
8		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B), line 13.)		

**Part V** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

8 Description	8 Book value
8	
8	
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8	
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B), line 15.)	

**Part VI** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

8 Description of liability	8 Book value
(1) Federal income taxes	
(2) SdT` c` ^` d] XeTabXch` ^U` b` ^dcW U[ ^aXSP	E; ? DB; CEG=
(3) RP_XcP[ ` [ TPbT` ^Q[ XVPcX^	B; ACC; A@A=
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B), line 25.)	H; AHF; EG? =

A= Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

@ Total revenue, gains, and other support per audited financial statements ~~~~~			@ @C; GDG; H? F =
A Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
p Net unrealized gains (losses) on investments ~~~~~	Ap	CC; @HG=	
q Donated services and use of facilities ~~~~~	Aq		
r Recoveries of prior year grants ~~~~~	Ar		
s Other (Describe in Part XIII.)	As		
t Ap' As	At	CC; @HG=	
B At' @	B	@C; G@C; F? H=	
C			
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dbU' bc=' \_TcTabQdaV' X] RdQPc^a' bd\_\_^ac; ' dbU' eTcTaP] b' aTX] cTVaPcX^]' ^UUXRT;



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UX] P] RXP[ ' aT\_ ^acX] V' \_da\_ ^bTb=' Rdbc^SXP[ ' Ud] Sb' PaT' Rdbc^SXP[ ' X] ' ] PcdaT' P] S

S^'] ^c' X] e^[ eT' \TPbdaT\T] c' ^U' aTbd[ cb' ^U' ^\_TaPcX^] b=' cW' QTVX] ] X] V

QP[ P] RT; ' PSSXcX^] b' P] S' ST[ TcX^] b' SdaX] V' cW' cPg' hTPa; ' P] S' T] SX] V' QP[ P] RT

PaT' bW^f] ' X] ' \_Pac' Xe='

\_Pac' gX; ' [ X] T' CQ' <' ^cW'a' PSYdbc\T] cbl

\_Pac] TabW^\_ X] eTbc\T] c' [ ^bb' ] ^c' aTR^aSTS' ^] ' Q^^Zb' ..... <F; B@C=

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| R - | € ( t . t x i . w t ~ f v p ) x p . x - } p ) , ^ t f t s ' h t , 1 ~ } U - f | ' H H ? ; \_ p f . X e ; { x t ' A B =  
| P . . p r w . : U - f | ' H H ? =  
' V - : : ^ ^ ^ x y - t x j - f | H H ? u - f x . f r x - } p ) s ' w t ' ( p t . x u - f | p . x - } =

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Name of the organization

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Ⓐ Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| First-class or charter travel             | Housing allowance or residence for personal use   |
| Travel for companions                     | Payments for business use of personal residence   |
| Tax indemnification and gross-up payments | Health or social club dues or initiation fees     |
| Discretionary spending account            | Personal services (such as maid, chauffeur, chef) |

q If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~ ~ ~ ~ ~

A Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ~ ~ ~ ~ ~

B Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                     |   |
|-------------------------------------|---|
| Compensation committee              | Written employment contract                     |
| Independent compensation consultant | Compensation survey or study                    |
| Form 990 of other organizations     | Approval by the board or compensation committee |

C During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- p Receive a severance payment or change-of-control payment? ~ ~ ~ ~ ~
- q Participate in, or receive payment from, a supplemental nonqualified retirement plan? ~ ~ ~ ~ ~
- r Participate in, or receive payment from, an equity-based compensation arrangement? ~ ~ ~ ~ ~
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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D For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- p The organization? ~ ~ ~ ~ ~
- q Any related organization? ~ ~ ~ ~ ~
- If "Yes" on line 5a or 5b, describe in Part III.

E For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- p The organization? ~ ~ ~ ~ ~
- q Any related organization? ~ ~ ~ ~ ~
- If "Yes" on line 6a or 6b, describe in Part III.

F For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonth)

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p		g
q		g
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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

] -.tI The sum of columns (B)(i)-(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

P8Name and Title	Q8Breakdown of W-2 and/or 1099-MISC compensation			R8Retirement and other deferred compensation	S8Nontaxable benefits	T8Total of columns (B)(i)-(D)	U8Compensation in column (B) reported as deferred on prior Form 990
	78Base compensation	78Bonus & incentive compensation	78Other reportable compensation				
fP^L` D5l @ F" G5B69F; DF9G=89BH / 8=97HCF	78 ? =	? =	? =	? =	? =	? =	? =
	78 D@D; E DA =	? =	@; EA ? =	AE; FDB =	AC; F @@ =	DEG; F BE =	? =
f1&L` B=7? HF=Jl BCJ=7< HF95G F9F / 8=97HCF	78 ? =	? =	? =	? =	? =	? =	? =
	78 AG@; AA ? =	? =	@; ? A ? =	@F; GAE =	A@; ABH =	BA@; B ? D =	? =
f1 L` FC69FH 8` : F=G=B5 8=97HCF	78 ? =	? =	? =	? =	? =	? =	? =
	78 AHC; @@G =	? =	? =	@B; HBG =	A@; BCD =	BAH; C ? @ =	? =
f(L` 85J=8 @97<B9F 8=97HCF	78 ? =	? =	? =	? =	? =	? =	? =
	78 BHF; H ? C =	? =	@; ? A ? =	AB; HG@ =	G; CD ? =	CB@; BDD =	? =
f() L` AC9N @=A5M9B 8=97HCF	78 ? =	? =	? =	? =	? =	? =	? =
	78 CBC; FHC =	? =	G; CHG =	@F; HEF =	@C; @A ? =	CFD; BFH =	? =
f* L` 7<5F@G @C7?K008 8=97HCF	78 ? =	? =	? =	? =	? =	? =	? =
	78 BCG; ADF =	@A ? ; ??? =	EFB; HFA =	@G; A ? B =	A ? ; HEF =	@; @G@; BHH =	? =
fH L` F5@D< K=@7Q 8=97HCF	78 ? =	? =	? =	? =	? =	? =	? =
	78 CFD; ? H@ =	? =	@ ? ; F ? A =	AF; HED =	H; DBD =	DAB; AHB =	? =
f  L` 5@@-GCB A5889B G97F9H5FM	78 ? =	? =	? =	? =	? =	? =	? =
	78 @BD; HGA =	? =	@; ? BA =	G; G ? ? =	A ? ; FGG =	@EE; E ? A =	? =
fL L` D5HF=7=5` 5A6@9 7: C	78 ? =	? =	? =	? =	? =	? =	? =
	78 @DE; E CA =	? =	? =	@ ? ; @E ? =	@@; D@@ =	@FG; B@B =	? =
fP\$ L` >C<B @CB : CFA9F 8=97HCF	78 ? =	? =	? =	? =	? =	? =	? =
	78 FE; @DF =	? =	EH; EBG =	@ ? ; CC ? =	D; @FE =	@E @; C@@ =	? =
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

\_Pac` X; ` [ X] T` BI`

cWU` U^d] SPcX^] ` WPb` ] ^` T\\_ [ ^hTTb` ^U` Xcb` ^f ] = `Xc` WPb` P` bWPaTS` bTaeXRTb

PVaTT\T] c` fXcW cWU` d] XeTabXch` ^U` b^dcW U[ ^aXSP` P] S` aTX\QdabTb` cWU`

d] XeTabXch` U^a` cWU` dbT` ^U` Xcb` T\\_ [ ^hTTb=` X] ` TbcPQ[ XbWX] V` cWU` R^\\_T] bPcX^]

U^a` cWU` U^d] SPcX^] 6b` \_aTbXST] c; ` cWU` d] XeTabXch` dbTS` P` faXccT] ` T\\_ [ ^h\T] c

R^] caPRc=

\_Pac` X; ` [ X] T` CQI`

RWPa[ Tb` [ ^RZf^^S; ` SXaTRc^a; ` aTRTXeTS` P` \_Ph^dc` X] ` cWU` P\^d] c` ^U` 3EFB; HFA

Ua^\` P` ] ^] <` dP[ XUXTS` STUTaaTS` R^\\_T] bPcX^] ` \_[ P] = ` cWU` \_Ph\T] c` fPb` \PST` Qh` P

SXaTRc` bd\_\_^ac` ^aVP] Xi PcX^] ` ^U` cWU` d] XeTabXch` ^U` b^dcW U[ ^aXSP; ` P` aT[ PcTS

^aVP] Xi PcX^] =

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Internal Revenue Service

R-| €{t.t.:€f-tst}u-f| p.x} u-ft, €-), t, :.€, €trxr, tt, x-), :-)  
U-f| HH?~fHH?<Ti ~f.:€f-tst p) S pssxx-)p(x)u-f| p.x)=  
' P..prw.:U-f| HH?~fHH?<Ti =

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DH<AHDHDH?

U^a\` HH?; ' \_Pac` XXX; ' [ X] T` CS; ' ^cW^a` \_a^VaP\` bTaeXRTbl`

cW^` cP\`\_P` QPh` cTRW^ [ ^Vh` X] RdQPc^a` 7cQcX8` Xb` ^] T` eTWXR[ T` cW^adVW f WXRW

dbU` R^] ] TRc` Va^fb` bDRRTbbUd[ ` R^ \` \_P] XTb= ` cQcX` bd\_\_^ac b` cTRW^ [ ^Vh`

aTbTPaRW Pb` P` RPcP[ hbc` U^a` TR^] ^\XR` STeT[ ^\_ \T] c` P] S` PSe^RPcTb` cW^

RaTPcX^] ` P] S` STeT[ ^\_ \T] c` ^U` UPRX[ XcXTb` U^a` WXVW<cTRW^ [ ^Vh` R^ \` \_P] XTb

P] S` aT[ PcTS` bd\_\_^ac` Ud] RcX^] b= ` ^] T` fPh` cQcX` Xb` PQ[ T` c^` PbbXbc` Xb` Qh

\_a^eXSX] V` PRRTbb` c^` RaXcXRP[ ` R^bc[ h` aTbTPaRW T` dX\_ \T] c= ` \P] h` R^ \` \_P] XTb

^aXVX] PcT` X] ` cW^` R^ \` \d] Xch` P] S` bTTZ` ^da` bd\_\_^ac` c^` Te^ [ eT` cW^Xa

R^] RT` \_cb` c^` R^ \` \TaRXP[ Xi PcX^] =

cW^` aTeT] dT` P] S` Tg\_ T] SXcdaTb` aT[ PcTS` c^` UXSdRXPa h` PRcXeXcXTb` U^a` cW^

cP\`\_P` QPh` cTRW^ [ ^Vh` X] RdQPc^a` \_a^VaP\` WPeT` QTT] ` TgR[ dSTS` Ua^ \` cW^

\_a^VaP\` bTaeXRTb` aTeT] dT` P] S` Tg\_ T] bTb` Pb` aT` dXaTS` Qh` cW^` PS^\_cX^] ` ^U

VPbQ` GC; ` UXSdRXPa h` PRcXeXcXTb` = ` cW^` dbU` aTbTPaRW U^d] SPcX^] ` WPb

R^] cX] dTS` c^` \_a^RTbb` cW^` QdbX] Tbb` caP] bPRcX^] b` ^] ` QTWP[ U` ^U` cW^

d] XeTabXch=

U^a\` HH?; ' \_Pac` eX; ` bTRcX^] ` P; ' [ X] T` @l`

cW^` TgTRdcXeT` R^ \` \XccTT` 7R^] bXbcX] V` ^U` RTacPX] ` \T\QTab` ^U` cW^` Q^PaS` ^U

SXaTRc^ab8` WPb` P] S` \Ph` TgTaRXbT` P[ [ ` ^U` cW^` PdcW^aXch` ^U` cW^` Q^PaS` ^U

SXaTRc^ab` X] ` cW^` \P] PVT\T] c` ^U` cW^` aTbTPaRW U^d] SPcX^] ; ` TgRT` \_c` cWPc` bDRW

TgTRdcXeT` R^ \` \XccTT` bWP[ [ ` ] ^c` WPeT` PdcW^aXch` c^` 7P8` STbXV] PcT` X] SXeXSdP[ b

U^a` cW^` ^UUXRT` ^U` SXaTRc^a` ^a` \T\QTabWX` \_` ^] ` cW^` TgTRdcXeT` R^ \` \XccTT; ` 7Q8

P\T] S` cW^` PacXR[ Tb` ^U` X] R^a` \_aPcX^] ` ^a` Qh[ Pf b; ` ^a` 7R8` P` \_a^eT` cW^` P] ] dP[

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Name of the organization

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Name of the organization dbU`aTbTPaRW U^d] SPcX^];`X] R= T| €{-Stf}st}.xrp.x} }†| qtf DH<AHDHDH?

U^a\`HH?;`\_Pac`eX;`bTRcX^];`Q;`[X]T`@ARI`  
cWf`R^] U[ XRCb`^U`X] cTaTbc`\_^[ XRh`aT`dXaTb`P] ] dP[ `SXbR[ ^bdaT;`\_a^eXSTb`U^a`P  
WfPaX] V`\_a^RTbb`U^a`bdb`TRcTS`eX^[ PcX^] b`P] S`R^aaTRcXeT`^a`SXbRX\_[ X] Pah  
PRcX^] `bW^d[ S`cWpc`WfPaX] V`\_a^RTbb`STcTa\X] T`P`eX^[ PcX^] =`\_aX^a`c^`cPZX] V`P  
bTPc`Pb`P`SXaTRc^a`^a`P`R^\\XccTT`\\T\\QTa;`P] S`P] ] dP[ [ h`cWfATPUcTa`Pb`[ ^] V  
Pb`bdRW`\_Tab^] `R^] cX] dTb`c^`bTaeT`Pb`P`SXaTRc^a`^a`R^\\XccTT`\\T\\QTa;`bdRW  
\_Tab^] `bWP[ [ `R^`\_[ TcT;`bXV] `P] S`ST[ XeTa`c^`cWf`\_aTbXST] c`^U`cWf  
^aVP] Xi PcX^] `P`SXbR[ ^bdaT`bcPcT\\T] c`PUUXa\X] V`cWpc`bdRW`\_Tab^] `7P8`WPb  
aTRTxeTS`P`R^`h`^U`cWf`^aVP] Xi PcX^] 6b`R^] U[ XRCb`^U`X] cTaTbc`\_^[ XRh;`7Q8`WPb  
aTPS`P] S`d] STabcP] Sb`cWf`\_^[ XRh;`7R8`WPb`PVaTTS`c^`R^`\_[ h`fXcW`cWf`\_^[ XRh;  
P] S`7S8`d] STabcP] Sb`cWpc`cWf`^aVP] Xi PcX^] `Xb`P`RWPaXcPQ[ T`^aVP] Xi PcX^] `P] S  
cWpc`X] `^aSTa`c^`PX] cPX] `Xcb`UTSTaP[ `cPg`TgT\`\_cX^] `Xc`dbc`T] VPVT  
\_aX\PaX[h`X] `PRcXeXcXTb`fWXRW`PRR^`\_[ XbW`^] T`^a`^aT`^U`Xcb`cPg<TgT\`\_c  
\_da`^bTb=`X] `cWf`TeT] c`^U`P`R^] U[ XRC;`cWpc`\_Tab^] `fX[ [ `aTRdbT  
WX\bT[ U>WfAbT[ U`Ua^`P[ [ `SXbRdbbX^] b`P] S`e^cTb=

U^a\`HH?;`\_Pac`eX;`bTRcX^];`Q;`[X]T`@DI`  
cWf`U^d] SPcX^] `PSWfATb`c^`P] `^dc[X] TS`\_WX[ ^b^`Wh`P] S`bcaPcTVh`fXcW`aTVPaSb  
c^`Wf`Xc`STcTa\X] Tb`R^`\_T] bPcX^] `U^a`Xcb`\_aTbXST] c=`cWf`QPbXR`\_aX] RX\_[ Tb  
PaT`c^`T] bdaT`\_Ph`Xb`R^`\_TcXcXeT;`Xb`T] WP] RTS`U^a`cWf`PR`dXbXcX^] `P] S  
P`\_[ XRPcX^] `^U`R^`\_TcT] RXTb>R^] caXQdcX^] b`eP[ dTS`Qh`dbU;`P] S`Xb`T] WP] RTS  
U^a`bdRRTbbUd[ `^dcR^`Tb=

cWf`dbU`aTbTPaRW U^d] SPcX^] `S^Tb`] ^c`WPeT`P`U^a\`P[ `a^RTbb`U^a`STcTa\X] X] V  
R^`\_T] bPcX^] `^U`^cWfa`^UUXRTab`Pb`Xc`S^Tb`] ^c`R^`\_T] bPcT`P] h`^U`Xcb`Q^PaS  
\\T\\QTa;`P] S`cWf`^UUXRTab`PaT`R^`\_T] bPcTS`cWa^dVW`P`aT[ PcTS`cPg`TgT\`\_c  
^aVP] Xi PcX^] `7cWf`d] XeTabXch`^U`b^dcW`U[ ^aXSP8=`ZTh`\_Tab^] ] T[ `X] `bd`\_^ac  
^U`cWf`U^d] SPcX^] `PaT`bdQYTRc`c^`R^`\_T] bPcX^];`R[ PbbXUXRPcX^] `P] S`P[ [ `^cWfa

Name of the organization

T | €{-Štf}st} .xrp.x} }†| qtf

\_Tab^] ] T[ ' \_^[ XRXTb' ^U' cW' d] XeTabXch' c^' T] bdaT' aTPb^] PQ[ T] Tbb='

U^a\ ' HH?; ' \_Pac' eX; ' bTRcX^] ' R; ' [ X] T' @HI '

Xc' Xb' cW' aTbTPaRW U^d] SPcX^] 6b' \_^[ XRh; ' d\_ ^] ' aTRTX\_c' ^U' P' aTPb^] PQ[ T' P] S





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Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- p Receipt of ~~78~~interest, ~~78~~annuities, ~~78~~royalties, or ~~78~~rent from a controlled entity ~ ~ ~ ~ ~
- q Gift, grant, or capital contribution to related organization(s) ~ ~ ~ ~ ~
- r Gift, grant, or capital contribution from related organization(s) ~ ~ ~ ~ ~
- s Loans or loan guarantees to or for related organization(s) ~ ~ ~ ~ ~
- t Loans or loan guarantees by related organization(s) ~ ~ ~ ~ ~
  
- u Dividends from related organization(s) ~ ~ ~ ~ ~
- v Sale of assets to related organization(s) ~ ~ ~ ~ ~
- w Purchase of assets from related organization(s) ~ ~ ~ ~ ~
- x Exchange of assets with related organization(s) ~ ~ ~ ~ ~
- y Lease of facilities, equipment, or other assets to related organization(s) ~ ~ ~ ~ ~
  
- z Lease of facilities, equipment, or other assets from related organization(s)
- { Performance of services or membership or fundraising solicitations for related organization(s)
- | Performance of services or membership or fundraising solicitations by related organization(s)
- } Sharing of facilities, equipment, maili : ~
  
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@		g
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@r		g
@s		g
@t		g
@u		g
@v		g
@w		g
@x		g
@y	g	
@z		g
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Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for providing additional information.