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Form **990-EZ**

Department of the Treasury

Short Form

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information

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Ladd lines 5b, 6c, and 7b to line 5vo determine gross receipts. If gross receipts are \$2400,000 or micre, or if total assers Part Coumn (8) below/are \$500,000 or more, file Form \$90 instead of Form \$10 instead \$90 instead of Form \$90 instead of Form \$10 instead \$90 instead \$9	J	Ta	Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (19) (insert no.) ☐ 4947(a)(1) or ☐ 527 (For)-EZ, or 99	0-PF).			
Part II Column (8) below/sere \$500,000 or more, file Form 990 instead of Form 990-E2. Section Part II 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 Contributions, gifts, grants, and similar amounts received 1 2 0																		
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16 Other expenses (describe in Schedule O)		ses									· · · · · ()	3/ · ·	$\overline{}$	101				
16 Other expenses (describe in Schedule O)		ű								S & 6	$\gamma 3 W_{-} \gamma$: []/.			<u> </u>			
16 Other expenses (describe in Schedule O)	5	ğ	14	•	•			\cdots	J	110 6 3	!	,∵}		300	<u> </u>			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	ם כ	Ŵ,	l	Printing, publications, postage, and shipping							. } .		10					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	>		16	Other exp	enses (descri	ibe in Schedi	,(O elu		. ` . 6 50	استالان	N. 121-	. بسد.		r				
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)	<u> </u>		17						<u> </u>		<u> </u>	<u> ▶</u>	17	10 %	7			
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)		S	18	Excess or	(deficit) for the	ne year (Subt	ract line 17 fr	om line 9)						- 19	7/			
21 Net assets of full obalatices at end of year, combine lines to through 20	5	šet	19	Net assets	s or fund bal	ances at be	ginning of ye	ar (from line	27, col	umn (A))) (must agre	ee with	13.5		0.02			
21 Net assets of full obalatices at end of year, combine lines to through 20		A.S.s		end-of-ye	ar figure repo	rted on prior	year's return)						46	27			
21 Net assets of full obalatices at end of year, combine lines to through 20		ot)	20	Other cha	nges in net a	ssets or fund	balances (ex	plain in Sch	edule O)				20					
	,	ž	1									▶	21	9.4	38			
	•	For									. No 10642I	·						

Pai	Balance Sheets (see the instructions for Part II)			
	Check if the organization used Schedule O to respond to any question in this	Part II		. \Box
		(A) Beginning of year	T	(B) End of year
22	Cash, savings, and investments	9699	22	9438
23	Land and buildings	- y - y y - y - y y -	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 column (B) must agree with line 21)		27	
Par		Part III)	1	
	Check if the organization used Schedule O to respond to any question in this	•	il .	Expenses
What	t is the organization's primary exempt purpose?	<u></u>		quired for section
				(c)(3) and 501(c)(4) anizations optionalism
	ribe the organization's program service accomplishments for each of its three largest neasured by expenses. In a clear and concise manner, describe the services provide		othe	
	ons benefited, and other relevant information for each program title.	a, and manned or		
28		<u> </u>	†	
	Honor All Caller Willetonia		1	
	- T. S. Sand South State of the	••••••		
	(Grants \$) If this amount includes foreign grants, check here	▶ □	28a	
29			-00	
23		***************************************	1	
	(Grants \$) If this amount includes foreign grants, check here	► □	29a	,
20			230	1
30				}
	/O C		100-	
0.4	(Grants \$) If this amount includes foreign grants, check here		302	1 2 1
31	Other program services (describe in Schedule O)		21-	
32	(Grants \$) If this amount includes foreign grants, check here Total program service expenses (add lines 28a through 31a)		312	
	List of Officers, Directors, Trustees, and Key Employees (list each one even if not con			
ين	Check if the organization used Schedule O to respond to any question in this		11151111	CHORS (OF PER IV)
	(c) Reportable	(d) Health benefits.	<u> </u>	
	(a) Name and title compensation	contributions to emplo	yee (e)) Estimated amount of
	devoted to position (Forms W-2/1099-MIS			other compensation
		-y deletida compansadi	-	
<i>I</i>	Licitate Hall Cons.		1/	<i>~</i> >
	of 215 Lot 104 Broken Un 52500 Marian	1		
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				Juni 200 La 1201

Part '				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	X
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	, !	X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			メ
ь	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "No," provide an explanation in Schedule O	35a 35b		文
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		义
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь 38а	Did the organization file Form 1120-POL for this year? 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?	37b 38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved	500		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
704	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		とノ
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		以入
41	List the states with which a copy of this return is filed ▶	74		
42a	Located at NG(10 W) X Pince St Bradhad 10 53500 ZIP+4 > 5	\$-8 757	77	
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)?	42b	Yes	NY 文
	If "Yes," enter the name of the foreign country: ▶		1	43
	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	<u></u>	<i>以</i>
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		Yes	▶ [
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	12.2	X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		文
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	45a		义
	Form 990-EZ (see instructions)	45b		1

Form 99	90-EZ (2	017)		1					ρ	age 4
46	Did t	he organization engage, directly or i	ndire	i tly, in political c lete Schedule C,	ampaign activities o	n behalf c	of or in opposi	tion46	Yes	No ×
Part		Section 501(c)(3) organization: All section 501(c)(3) organization 50 and 51.	s onl	y ist answer que	stions 47–49b and	d 52, and	complete th		or line	es
		Check if the organization used So	hedu	le O to respond	to any question in	this Part	<u>VI</u>	· · · ·	· · ·	
47		he organization engage in lobbying? If "Yes," complete Schedule C, Pa			section 501(h) elect		ct during the	tax 47	Yes	No X
48	Is the	organization a school as described i	n sec	I.			ε	. 48	+	
49a		he organization make any transfers t				nzation? .		. 49a		K
b		es," was the related organization a s						. 49b		又
50	Com	plete this table for the organization's	five	highest compens	sated employees (of	ther than o	officers, direct	ors, truste	es, an	d key
	emp	oyees) who each received more tha	1 \$10	U,UUU of comper	sation from the org			e, enter "N	lone "	
	(a)	Name and title of each employee		(b) Average hours per week evoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribut benefit pl	ealth benefits, ions to employee ans, and deferred inpensation	(e) Estimate other con		
				1		+				
		<u>. </u>	-	 						
			ļ			İ				
51	Com \$100	number of other employees paid or plete this table for the organization ,000 of compensation from the organization Name and business address of each indepen	's fiv	highest competion. If there is no	ensated independer			received	4	thar
		·								
				<u> </u>						
				}	1					
d	Tota	I number of other independent contr	actor	s each receiving	over \$100,000	. •	l			
52	Did	the organization complete Sched		? Note: All se				n a .▶∐ Yes		No
Under	penaltie	s of perjury, I declare that I have examined this and complete. Declaration of preparer (other tha	return	including accompan	ying schedules and state	ments, and to	the best of my k	nowledge and	belief,	it is
	meci, a	The Complete. Declaration of preparer forces the	2	We Note	ornation of which prepare	a nas any kan	0wiedge.	10		
Sign Here		Signature of officer (ABC MAN R	Gr	a 4	File Fi	NAVIO	Date OF	Fice	<u> </u>	
	1	Type or print name and title			· · · · · · · · · · · · · · · · · · ·					
Paid		Print/Type preparer's name	Pre	parer's signature	e	Date	Check Self-empk			
	arer Only	Firm's name ▶		<u> </u>			Firm's EIN ▶			
		Firm's address ▶		l should See	instructions		Phone no.		<u></u>	
May t	ne iRS	discuss this return with the prepare	er sho	wn above? See	instructions	<u> </u>	<u> </u>	Yes 📗 Yes	ال	No