Form **990**

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

Part I Summary

	Prior Year	Current Year
Contributions and grants (Part VIII, line 1h)	[illegible]	[illegible]
Program service revenue (Part VIII, line 2g)	0	0
Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	[illegible]	[illegible]
Total revenue—add lines 1 through 11 (must equal Part VIII, column (A), line 12)	[illegible]	[illegible]
Grants and similar amounts paid (Part IX, column (A), lines 1–3)	[illegible]	[illegible]
Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
Other Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	[illegible]	[illegible]
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	[illegible]	[illegible]
Revenue less expenses. Subtract line 18 from line 12	[illegible]	[illegible]

	Beginning of Current Year	End of Year
Total assets (Part X, line 16)	[illegible]	[illegible]
Total liabilities (Part X, line 26)	0	0
Net assets or fund balances. Subtract line 26 from line 16	[illegible]	[illegible]

Part II Signature Block

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

Sign Here

Signature of officer — Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
[illegible]	[illegible]			

Firm's name ▶ [illegible] — Firm's EIN ▶

Firm's address ▶ [illegible] — Phone no. [illegible]

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No