

IRS e-file Signature Authorization

OMB No. 1545-1878

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(Form 990 or 990-EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

^ \ Q ] --@DCD-??CF

St€pfj. t) :-u.wt cAp. tfs  
X. tAp(atit) tt bt fxt

Open to Public Inspection

Name of the organization

R^ \ \ d ] Xch : WTP [ c W Wd Q

Employer identification number

99<999AFFH

(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.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 9 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) 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:
10 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 section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 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 section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, subp 2 2
b Type II. A supporting organization operated in conjunction with, and functionally integrated with, one or more publicly supported organizations. See section 509(a)(3)(B). You must complete Part IV, Sections A and B.
c Type III functionally integrated. You must complete Part IV, Sections A and C.
d Type III non-functionally integrated. You must complete Part IV, Sections A, D, and E.
e You must complete Part IV, Sections A and D, and Part V.
f
g

Table with 6 columns: Name, EIN, (iv) Is the organization listed in your governing document?, P | -t) :-u| -} t.pf, P | -t) :-u- wt f. Rows include Total.

(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)   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | E; HHG=  | @?; @EA= |          | @A; BFH= | @A; ?H@= | C@; EB? = |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3  | E; HHG=  | @?; @EA= |          | @A; BFH= | @A; ?H@= | C@; EB? = |
| 5 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) |          |          |          |          |          |           |
| 6 Public support. <del>Do not check this box</del>  |          |          |          |          |          | C@; EB? = |

| Calendar year (or fiscal year beginning in)   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4   | E; HHG=  | @?; @EA= |          | @A; BFH= | @A; ?H@= | C@; EB? = |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                              |          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |          |          | CC; G@@= |          |          | CC; G@@=  |
| 11 Total support. Add lines 7 through 10  |          |          |          |          |          | GE; CC@=  |
| 12 Gross receipts from related activities, etc. (see instructions)  |          |          |          |          | 12       |           |

13 First five years. 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 stop here

|   |    |         |
|---|----|---------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | CG=@E % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14                       | 15 | GB=?H % |

16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  9

b 33 1/3% support test - 2018. 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 stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2019. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2018. 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 stop here. Explain in Part VI how the organization meets the "f

18 Private foundation  or  not check a box on line 13, 16a, and line 16b, or





(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.)

|  | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
| b 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)? If "Yes," describe in Part VI when and how the organization made the determination.   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
| c 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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| b Type I or Type II only. Supported org ak sjo ot n iihon as i ,chonhi 2 hb 2 ppn 1) or (2)ported organiza   |     |    |
| c Substitutions only.  |     |    |
| 6 If "Yes," provide detail in Part VI.   |     |    |
| 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
| 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
| 9a If "Yes," provide detail in Part VI.  |     |    |
| b If "Yes," provide detail in Part VI.   |     |    |
| c If "Yes," provide detail in Part VI.   |     |    |
| 10a If "Yes," answer 10b below.  |     |    |
| b (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)   |     |    |

|    |  | Yes | No |
|----|--|-----|----|
| 11 |  |     |    |
| a  |  |     |    |
|    | 11a  |     |    |
| b  |  |     |    |
|    | 11b  |     |    |
| c  | If "Yes" to a, b, or c, provide detail in Part VI. |     |    |
|    | 11c  |     |    |

|   |  | Yes | No |
|---|--|-----|----|
| 1 |  |     |    |
|   | If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| 2 |  |     |    |
|   | Part VI  |     |    |
|   | If "Yes," explain in   |     |    |
|   | 2  |     |    |

|   |         | Yes | No |
|---|---------|-----|----|
| 1 |         |     |    |
|   | Part VI |     |    |
|   | 1       |     |    |

|   |         | Yes | No |
|---|---------|-----|----|
| 1 |         |     |    |
| 2 |         |     |    |
|   | Part VI |     |    |
| 3 |         |     |    |
|   | Part VI |     |    |
|   | 3       |     |    |

|   |  | Yes | No |
|---|--|-----|----|
| 1 | (see instructions).  |     |    |
| a | line 2   |     |    |
| b | line 3   |     |    |
| c | Part VI  |     |    |
| 2 | Answer (a) and (b) below.                                  |     |    |
| a |  |     |    |
|   | Part VI identify those supported organizations and explain |     |    |
|   | 2a   |     |    |
| b |  |     |    |
|   | Part VI  |     |    |
|   | 2b   |     |    |
| 3 | Answer (a) and (b) below.                                  |     |    |
| a |  |     |    |
|   | Part VI.   |     |    |
|   | 3a   |     |    |
| b |  |     |    |
|   | Part VI  |     |    |
|   | 3b   |     |    |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | 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) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | Total (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                                | Discount claimed for blockage or other factors (explain in detail in Part VI):  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by .035.  | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | Minimum Asset Amount (add line 7 to line 6)   | 8              |                             |

| Section C - Distributable Amount |  |   | Current Year |
|----------------------------------|--|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1 |              |
| 2                                | Enter 85% of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3 |              |
| 4                                | Enter greater of line 2 or line 3.   | 4 |              |
| 5                                | Income tax imposed in prior year   | 5 |              |
| 6                                | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                           | 6 |              |
| 7                                | Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 Total annual distributions. Add lines 1 through 6.   |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2019 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019   |                             |  |   |
| a From 2014   |                             |  |   |
| b From 2015   |                             |  |   |
| c From 2016   |                             |  |   |
| d From 2017   |                             |  |   |
| e From 2018   |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2019 distributable amount  |                             |  |   |
| i Carryover from 2014 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2019 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2019 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c.  |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2015  |                             |  |   |
| b Excess from 2016  |                             |  |   |
| c Excess from 2017  |                             |  |   |
| d Excess from 2018  |                             |  |   |
| e Excess from 2019  |                             |  |   |

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\XbRT[ [ P] T^db' X] R^\T

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STQc' U^aVXeT] Tbb

A?@F' P^\d] cl' 3' ' CC; CFE=

Step 1: Attach to Form 990 or 990-EZ.  
X Attach to Form 990 or 990-EZ.

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
| Attach to Form 990 or 990-EZ.

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PRRadTS` Tg\_T] bTb]` ..... @; ???=` ..... @; ??? =

|   |  |
|---|--|
| Name of the organization<br>R^\\d] Xch' WTP[ cW WdQ | Employer identification number<br>99<999AFFH |
|---|--|

P' UTSTaP[ [ h' dP[ XUXTS' WTP[ cW RT] cTa' 7U' WR8^a' P] ' U' WR' [ ^Z<P[ XZT' P] S' c^  
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HH?Ti ; ' \_Pac' XXX; ' \_aX\Pah' TgT\ \_c' \_da\_ ^bTI  
R^\\d] Xch' WTP[ cW WdQ' 7RWW8; ' P' \_T] ] bh[ eP] XP' ] ^] <\_a^UXc' R^a\_ ^aPcX^]; ' Xb  
R^\\d] Xch<V^eTa] TS' P] S' R^\\\_ [ XP] c' f XcW bTRcX^] ' BB? ' ^U' cW' \_dQ[ XR' WTP[ cW  
bTaeXRT' PRc=' cW' ^aVP] Xi PcX^] ' Xb' R^\\XccTS' c^' bd\_\_ ^acX] V' cW' ST[ XeTah  
^U' R^\\\_aTW] bXeT; ' X] cTVaPcTS' \_aX\Pah' RPaT' bTaeXRTb' X] ' ] ^acWPbcTa]  
\_T] ] bh[ eP] XP' cW^dVW cW' R[ X] XRP[ ' bXcTb' ^\_TaPcTS' Qh' cW' faXVWc' RT] cTa  
\TSXRP[ ' Va^d\_; ' S>Q>P' cW' faXVWc' RT] cTa' U^a' R^\\d] ch' WTP[ cW' P  
] ^] SXbRaX\X] Pc^ah' bPUTch' ] Tc' \_a^eXSTa' ^U' \TSXRP[ ; ' ST] cP[ ' P] S' QTWPeX^aP[  
WTP[ cWRPaT=' cW' \XbbX^] ' ^U' RWW Xb' c^' X] RaTPbT' \_PcXT] c' P] S' UP\X[ h  
T] VPVT\T] c' X] ' cW' bcTf PaSbWX\_ ' ^U' R^\\\_aTW] bXeT; ' R^\\d] Xch<RT] caXR  
\_aX\Pah' WTP[ cW RPaT='

RW6b' Q^PaS' ^U' SXaTRc^ab' PX\b' c^' X\ \_a^eT' WTP[ cW ^dcR^\\Tb' U^a' P  
UPbc<Va^fX] V; ' X] cT] bT[ h' R^\\\_ [ Tg' [ ^f<X] R^\\T' \_^\_d[ PcX^] ' f XcW bXV] XUXRP] c  
d] \Tc' WTP[ cW RPaT' ] TTSb=' cW' Q^PaS' ^U' SXaTRc^ab; ' f WXRW Wpb' bXV] XUXRP] c  
\_PcXT] c' aT\_aTbT] cPcX^] ' P] S' X] R[ dSTb' R^\\d] Xch' P] S' QdbX] Tbb' [ TPSTab;  
bd\_\_ ^acb' RW6b' R^\\Xc\T] c' c^' P' R^ [ [ PQ^aPcXeT' bcaPcTVXR' \_ [ P] ' cWpc  
RP\_XcP[ Xi Tb' ^] ' cW' R^ [ [ TRcXeT' X\ \_PRc' ^U' X] cTVaPcTS' \_aX\Pah' RPaT;  
ST] cP[ ; ' \T] cP[ ' WTP[ cW P] S' PSSXRcX^] ' bTaeXRTb' c^' \_^bXcXeT[ h' X\ \_PRc  
WTP[ cW ^dcR^\\Tb=

Name of the organization

R^\\d] Xch' WTP[ cW WdQ

Employer identification number  
99<999AFFH

U^a\` HH?<Ti ;` \_Pac` e; `X] U^a\`PcX^] `aTVPaSX] V` \_Tab^] P[ `QT] TUXc` R^] caPRcbl

cWf` ^aVP] Xi PcX^] `SXS`] ^c; `SdaX] V` cWf` hTPa; `aTRTXeT` P] h` Ud] Sb; `SXaTRc[ h;

^a` X] SXaTRc[ h; `c^` \_Ph` \_aT\Xd\b` ^] `P` \_Tab^] P[ `QT] TUXc` R^] caPRc=

cWf` ^aVP] Xi PcX^] ; `SXS`] ^c; `SdaX] V` cWf` hTPa; `\_Ph` P] h` \_aT\Xd\b; `SXaTRc[ h;

^a` X] SXaTRc[ h; `^] `P` \_Tab^] P[ `QT] TUXc` R^] caPRc=