Form 990-EZ
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.

For the 2018 calendar year, or tax year beginning 2018, and ending

Check if applicable:

B Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

Net assets or fund balances at end of year. Combine lines 18 through 20

Gain or (loss) from sale of assets other than inventory
(Subtract line 5b from line 5a)

Gross income from gaming (attach Schedule G if greater than $15,000)

Gross income from fundraising events (not including $ of contributions
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

Less: direct expenses from gaming and fundraising events

Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

Other revenue (describe in Schedule O)

Other expenses (describe in Schedule O)

Excess or (deficit) for the year (Subtract line 17 from line 9)

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)

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

BAA For Paperwork Reduction Act Notice, see the separate instructions.
### Part II Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, savings, and investments</td>
<td>14,841.</td>
</tr>
<tr>
<td>Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>Other assets (describe in Schedule O)</td>
<td>3,509.</td>
</tr>
<tr>
<td>Total assets</td>
<td>18,350.</td>
</tr>
<tr>
<td>Total liabilities (describe in Schedule O)</td>
<td>25</td>
</tr>
<tr>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>18,350.</td>
</tr>
</tbody>
</table>

### Part III Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

Expenses

What is the organization's primary exempt purpose? [See Schedule O]

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<table>
<thead>
<tr>
<th>(Grants $)</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 a 25,000.</td>
<td></td>
</tr>
<tr>
<td>29 a</td>
<td></td>
</tr>
<tr>
<td>30 a</td>
<td></td>
</tr>
<tr>
<td>31 a</td>
<td></td>
</tr>
<tr>
<td>32 a 25,000.</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Carter</td>
<td>Treasurer</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Michael D Vandermause</td>
<td>Director</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Colyn Fiendel-Milani</td>
<td>Secretary</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part V Other Information

33 Did the organization engage in any significant activity not previously reported to the IRS? 
   Yes No 33 X

34 Were any significant changes made to the organizing or governing documents? If ‘Yes,’ provide a detailed description of each activity in Schedule O. 
   Yes No 34 X

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 
   Yes No 35a X
   b If ‘Yes’ to line 35a, has the organization filed a Form 990-T for the year? If ‘No,’ provide an explanation in Schedule O. 
   Yes No 35b X
   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. 
   Yes No 35c X

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. 
   Yes No 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. [37a] 0.
   b Did the organization file Form 1120-POL for this year? 
   Yes No 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 
   Yes No 38a X
   b If ‘Yes,’ complete Schedule L, Part II and enter the total amount involved. 
   Yes No 38b N/A

39 Section 501(c)(7) organizations. Enter: 
   a Initiation fees and capital contributions included on line 9. 
   Yes No 39a N/A
   b Gross receipts, included on line 9, for public use of club facilities. 
   Yes No 39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 
   section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0. 
   Yes No 40a X
   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. 
   Yes No 40b X
   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. 
   Yes No 40c X
   d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 
   Yes No 40d X
   e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If ‘Yes,’ complete Form 8886-T. 
   Yes No 40e X

41 List the states with which a copy of this return is filed. None

42a The organization’s books are in care of Mike Vandermause Telephone no. 917-848-3518
   Located at 2-01 50th Avenue, 14M, Long Island City, NY 11101
   Yes No 42a X
   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)? 
   Yes No 42b X
   c At any time during the calendar year, did the organization maintain an office outside the United States? 
   Yes No 42c X

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 No 43 N/A

44a Did the organization maintain any donor advised funds during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ. 
   Yes No 44a X
   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. 
   Yes No 44b X
   c Did the organization receive any payments for indoor tanning services during the year? 
   Yes No 44c X
   d If ‘Yes’ to line 44c, has the organization filed a Form 720 to report these payments? 
   Yes No 44d X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 
   Yes No 45a X
   b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If ‘Yes,’ Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. 
   Yes No 45b X
Part VI | Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

49a Did the organization make any transfers to an exempt non-charitable related organization?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

b If 'Yes,' was the related organization a section 527 organization?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

50 Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee

(b) Average hours per week devoted to position

(c) Reportable compensation (Forms W-2/1099-MISC)

(d) Health benefits, contributions to employee benefit plans, and deferred compensation

(e) Estimated amount of other compensation

None

51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor

(b) Type of service

(c) Compensation

None

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>