Department of the Treasury

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/Form990 for instructions and the latest information.

Open to Public inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
A	or the	2018 calend	lar year, or tax year beginning and ending		_		
B	Check if applicable	C Name o	of organization	D Employer ide	ntification number		
	Addres	PAST	IME WITH PURPOSE, INC.				
X	Name change	Doing b	usiness as	72	-1603674		
]initial return		r and street (or P.O. box if mail is not delivered to street address) Room/st	ulte E Telephone nu	mber		
	☐Final _return/		NW 163RD STREET	(7	81)405-4266		
	termin- ated	City or t	town, state or province, country, and ZIP or foreign postal code	G Gross roceipts \$	390,632.		
	Amend	PDMC	ND, OK 73013	H(a) Is this a grow			
L	Applica linn pendin	- I	and address of principal officer: ROBERT G. MARTIN	<i>~</i> }	nates? Yes X No		
		SAME	AS C ABOVE	7	eteo includad? Yes No		
				/ 	ch a list. (see instructions)		
			PASTIMEWITHPURPOSE.ORG	H(c) Group exem			
				ear of formation: 200	5 M State of legal domicile: OK		
PE		Summary					
بو			be the organization's mission or most significant activities: THE ORGA				
Governance			N OPPORTUNITY FOR PERSONAL AND EDUCATI				
Ë			if the organization discontinued its operations or disposed of m	ore than 25% of its ne	1 1 -		
Š					3 5		
8			dependent voting members of the governing body (Part VI, line 1b)		4 5		
Activities &			of individuals employed in calendar year 2018 (Part V, line 2a)		5 1		
šį			of volunteers (estimate if necessary)		6 10		
Aci			d business revenue from Part VIII, column (C), line 12	1-1-5-14	7a 0.		
	<u>b r</u>	Net unrelated	business taxable income from Form 990-T, 109-38 CTV CD		7ь 0.		
	١.,			Prior Year	Current Year		
en.			and grants (Part VIII, line 1h)	264,83			
en		-	The state of the s		0. 0.		
Revenue	10	nvestment ind			0. 0.		
	11 (Other revenue	(Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 14)	-1,71			
			add lines 8 through 11 (must equal Part VIII, column 4) line 2	263,12			
	1		milar amounts pald (Part IX, column (A), lines 1-3)	98,56			
			to or for members (Part IX, column (A), line 4)	15,07	0. 0.		
Ses			r compensation, employee benefits (Part IX, column (A), lines 5·10)				
eus			undraising fees (Part IX, column (A), line 11e)		0.		
Expenses			ing expenses (Part IX, column (D), line 25)	47,91	9. 57,439.		
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)	161,55			
			ss. Add lines 13-17 (must equal Part IX, column (A), line 25)				
ъĶ	19 F	tevenue less	expenses. Subtract line 18 from line 12	101,57			
ts o	00 7		2004 V 100 400	Beginning of Current Y 225,23			
Net Assets Fund Balanc	20 T		Part X, line 16)		0. 207,323.		
超	21 1		(Part X, line 26)	225,23			
	22 N	Signature	fund balances. Subtract line 21 from line 20	225,25	7.1 207,325.		
		<u> </u>	I declare that I have examined this return, including accompanying schedules and stat		of multiplication and halfor it is		
			Deciatation of preparen other than officer) is based of all information of which preparen		of my knowledge and belief, it is		
	CONSCI	, and complete.	. Decignation of proparation of which preprint	ner nas any knowledge.	11-15-19		
Sign		Signature	e of officer	Date	75/3-11		
Here			ROBFERT G. MARTIN EXECU	_	÷ 190		
Hei t	" [Type or o	print name and title	IVE INEL			
	- 	Print/Type pre		Date Chec	d PTIN		
Paid			parer's name M. HIGGINS Strater's signature Out to the signature	اما احداد			
Prep	F		PKF O'CONNOR DAVIES, LLP	•			
Jse (}-	Firm's name	665 FIFTH AVENUE	Firm's EIN	ID 41-1140343		
. 86	Jy	rum 8 dogress	NEW YORK, NY 10022	Phase	212-286-2600		
A	the ID	R disausa Ibis	s return with the preparer shown above? (see instructions)	j Prione no.	X Yes No '		
viay	THE IT	こういいしょう いっぱん	> retuin with the preparer snown abover (see instructions)		LAN TES L NO '		

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



Form 990 (2018)

Form		2-1603674	Page 2
ુ:¦ai	rtillij Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	OUR MISSION IS TO PROVIDE THE YOUTH OF OKLAHOMA AN OPPORTU	NITY TO	
	DEVELOP INTO OUTSTANDING ATHLETES AND UPSTANDING CITIZENS	BY PROVIDI	NG
	COACHING, INSTRUCTION AND SPONSORSHIP FOR TRAVELING SPORTS		
	Pul the successful and additional and additional and additional ad		
2	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>	⊡
	prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	sured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	ne total expenses, ar	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 222,882. including grants of \$ 181,732.) (Revenue \$	-	· · · · ·
70	PASTIME WITH PURPOSE HAS ENABLED PROFESSIONAL ATHLETES TO		
	<u> </u>		
	RAISE AWARENESS AND DELIVER IMPACT TO CAUSES NEAR AND DEAR	TO THEIR	
	HEARTS.		
	PASTIME FOR PATRIOTS (PFP) - PROGRAM TO HONOR AND SUPPORT		
	MEMBERS AND THEIR FAMILIES. APPROXIMATELY 10 PFP DATES, MA		
	BASEBALL TICKET GIVEAWAYS, AS WELL AS SUPPORT TO VARIOUS C	HARITIES	
	SERVING A COUPLE THOUSAND MILITARY MEMBERS DURING THE CALE	NDAR YEAR	
	2018.	<u></u>	
			
			
	(SEE SCHEDULE O FOR CONTINUATION)		
			
4b	(Code) (Expenses \$) (Revenue \$		}}
			
			
		-	
			
		 	
			
4c	(Code) (Expenses \$) (Revenue \$)
		 	
			
			
			
4d	Other program services (Describe in Schedule O)		_
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ▶ 222,882.		

Form 9	90 (2	ነበ1 ደነ

72-1603674

PASTIME WITH PURPOSE, INC.
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			أيا
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		<u> </u>
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	·	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ļ		
	Schedule D, Parts XI and XII	12a	<u> </u>	X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			7,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	l		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-16		
17		17		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''-		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes."	 ''		
,5		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>- 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	The state of the s	<u></u>		

Form 990 (2018)

Part IV | Checklist of Required Schedules (continued) Yes No 22 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? If "Yes," complete Schedule I, Parts I and III X 22 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? If "Yes," complete X 23 24a 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? If "Yes," answer lines 24b through 24d and complete X Schedule K If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b 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? If "Yes," complete X 25b Schedule L. Part I. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х 26 complete Schedule L. Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 28 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) Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N. Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 35a Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1 1a Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 1a Ō 1b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2018)

	continued)							
		ı	,	Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	.	Ì					
		2a 1		<u></u>				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	7	2b	 ^-	├			
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		├-			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	•	١.		x			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	count)?	4a					
D	If "Yes," enter the name of the foreign country	ounte (EDAD)	Í					
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (FBAH)			X			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	nn?	5a 5b	 	X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the "You" to line 50 or 50 high the organization file 50 or 9896 T2	OHY	5c	-	<u> </u>			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization policit	<u> 50_</u>		 -			
oa	any contributions that were not tax deductible as charitable contributions?	organization solicit	6a		x			
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	e or aifte	- Ua	1				
	were not tax deductible?	3 or gints	6b		Ì			
7	Organizations that may receive deductible contributions under section 170(c).		100	 				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a	$\overline{\mathbf{x}}$				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ioo provided to the payor	7b	X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required	<u> </u>					
·	to file Form 8282?	.04400	7c		х			
d		7d	<u> </u>					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e	_	X			
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	400 - 100 -							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b							
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter	•						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1	(
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1				
11	Section 501(c)(12) organizations. Enter	1	ļ	1	Į			
а		11a	4					
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
		11b	-	<u> </u>	 			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a	 	├			
b		12b	4					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	-	-			
	Note. See the instructions for additional information the organization must report on Schedule O		1	ŀ				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1						
	i i i i i i i i i i i i i i i i i i i	13b	1					
C		13c	14-	\vdash	X			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	•	14a	 	 ^ -			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule (14b	 	 			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneral	IOH OI	15		Х			
	excess parachute payment(s) during the year?		15	 	 ~~			
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment in	scome?	16		X			
16	Is the organization an educational institution subject to the section 4900 excise tax on her investment if if "Yes." complete Form 4720. Schedule O	ioonio i	۳.,	 	┮╦┷			
	n rea. complete i VIIII 97 CV. COllegale V							

PASTIME WITH PURPOSE, INC. 72-1603674 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a. The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 9: Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OK Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply X Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

EDMOND,

73013

ROBERT G. MARTIN - (781)405-4266

4305 NW 163RD STREET,

20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A)	(B)	d organization compensat (C) Position						(D)	(E)	(F)
Name and Title	Title Average hours per Week Week Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of					
			ceran	dad	recto	r/trus	tee)	from	from related	other
	(list any	gg]]		the	organizations	compensation
	hours for	Individual trustee or director	22			ated	1	organization	(W-2/1099-MISC)	from the
	related organizations	nstee	Institutional trustee		es es	Suadu		(W-2/1099-MISC)	,	organization and related
	below	dual tr	nona	_	Key employee	a st co				organizations
•	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			3
(1) ROBERT G. MARTIN	10.00									
CHAIRMAN		X		X				0.	0.	0
(2) MATTHEW CORMIER	5.00									<u> </u>
PRESIDENT		X		Х				0.	0.	0
(3) EMILIO CHAVEZ	1.00						ļ			
SECRETARY		X		X		L	L_	0.	0.	0
(4) MATTHEW ROBERTS	1.00				l			_		_
DIRECTOR		X	L	L.	L.,	L	L	0.	0.	0
(5) BRAD ZIEGLER	1.00									
DIRECTOR	ļ	X	ļ		L_	ļ		0.	0.	0
										
					-	Γ	<u> </u>			
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		l	I	l	l	1	l	1	l	I

PASTIME WITH PURPOSE, INC.

72-1603674

			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			[]
			Chock ii Conedate C Cone	ams a response	or rigid to arry line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इ	1	а	Federated campaigns	1a					
ran		b	Membership dues	1b		i			1
Ω, ğ		С	Fundraising events	1c	67,796.				
ifts		d	Related organizations	1d					
s, G		ø	Government grants (contribute	ons) 1e					
Sign		f	All other contributions, gifts, gran						
but			similar amounts not included abor	ve 1f	322,836.				1
Ēģ		g	Noncash contributions included in lines	1a-1f \$			Í		
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f			390,632.			
					Business Code				
e,	2	а							
Š		b							
Program Service Revenue		С							
am		d							
B		e							
ď		f	All other program service reve	nue					<u> </u>
		9	Total. Add lines 2a-2f		>				
	3		Investment income (including	dividends, intere	est, and	į			1
			other similar amounts)		▶ [<u> </u>
	4		Income from investment of tax	k-exempt bond p	roceeds 🕨				ļ ————
	5		Royalties		.				
				(i) Real	(iı) Personal				[
1	6	а	Gross rents				ľ		
		b	Less rental expenses						
		С	Rental income or (loss)		L				<u> </u>
ı		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(iı) Other				
			assets other than inventory						
		b	Less cost or other basis						
			and sales expenses				}		ļ
			Gain or (loss)	L	L.,				ļ
			Net gain or (loss)					 _	ļ . <u>-</u> .
<u>a</u>	8	а	Gross income from fundraising	•	1 1				
venue			including \$67,7		İ				
è			contributions reported on line	1c) See			ļ		
Other Re			Part IV, line 18	a	DE COA				
ē.			Less direct expenses	b		-75,284.	-		-75,284.
			Net income or (loss) from fund		_	-/3,204.			-13,204.
	9	а	Gross income from gaming ac		1				
		L	Part IV, line 19	a					
			Less direct expenses	b b					
			Net income or (loss) from gam Gross sales of inventory, less		<u></u>				· · · · · · · · · · · · · · · · · · ·
	10	а	and allowances		1 1	İ			
		h	Less cost of goods sold	a b					
			Net income or (loss) from sale						
		<u> </u>	Miscellaneous Revenu		Business Code				
	11	_ a	Wilscellaneous Neverlu						·
		b							
i		c							
		d	All other revenue						
		ě	Total. Add lines 11a-11d					· · · · · · · · · · · · · · · · · · ·	
	12	-	Total revenue. See instructions		• 1	315,348.	0.	0.	-75,284.
83200		31-		-			-		Form 990 (2018)

PASTIME WITH PURPOSE, INC.
Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	nplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	181,732.	181,732.		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22		_		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		4 2 2 2		
7	Other salaries and wages	25,035.	12,517.	7,511.	5,007.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			_,	
9	Other employee benefits				
10	Payroll taxes	9,054.	4,527.	2,716.	1,811.
11	Fees for services (non-employees)				
а	Management		<u> </u>		
b	Legal	- 4 4 4 4			
C	Accounting	4,161.		4,161.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			·	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	44 225	5 010	4 020	0.007
	column (A) amount, list line 11g expenses on Sch O.)	11,335.	5,218.	4,030.	2,087. 843.
12	Advertising and promotion	4,215.	2,107.	1,265.	
13	Office expenses	20,000.	10,000.	6,000.	4,000.
14	Information technology	6,616.	3,308.	1,985.	1,323.
15	Royalties				
16	Occupancy	2 472	2 472		
17	Travel	3,473.	3,473.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	·			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		<u> </u>		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	OTHER ADMIN EXPENSES	7,639.		7,639.	
b				· · · · · · · · · · · · · · · · · · ·	
С					
d					
e	All other expenses			·	
25	Total functional expenses. Add lines 1 through 24e	273,260.	222,882.	35,307.	15,071.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here				
	Uneck nere R 1 if following SOP 93-2 (ASC 958-720)		ı		i

<u>267,325.</u> 267,325. Form 990 (2018)

31

225,237.

237

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Form	orm 990 (2018) PASTIME WITH PURPOSE, INC. 72-1603							
Pai	t XI Reconciliation of Net Assets				_{1e} 12			
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>5,34</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2_		3,20				
3	Revenue less expenses Subtract line 2 from line 1	3_		2,08				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	225	<u>, 2:</u>	<u>37.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	267	7,3:	<u>25.</u>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No .			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			1	l			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	o			ليــ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			Ì			
	separate basis, consolidated basis, or both		1 1					
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		ļ				
	consolidated basis, or both		1 1	- 1				
	Separate basis Consolidated basis Both consolidated and separate basis		-					
С	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?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		 -		لــــا			
За	'As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt	1 1		4,5			
	Act and OMB Circular A-133?		3a		<u> </u>			
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		Ì				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_ 3b_					
			Form	99U ((2018)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number PASTIME WITH PURPOSE, INC. 72-1603674 Part Reason for Public Charity Status (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 section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 PASTIME WITH PURPOSE, INC. 72-1603674 Page 2
Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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)

Se	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not	j			ļ				
	include any "unusual grants.")	63,912.	61,975.	122,496.	264,835.	390,632.	903,850.		
2	Tax revenues levied for the organ-								
	ization'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	63,912.	61,975.	122,496.	264,835.	390,632.	903,850.		
5	The portion of total contributions								
	by each person (other than a]							
	governmental unit or publicly			Ti					
	supported organization) included								
	on line 1 that exceeds 2% of the			'					
	amount shown on line 11,								
	column (f)						225,146.		
6	Public support. Subtract line 5 from line 4						678,704.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	63,912.	61,975.	122,496.	264,835.	390,632.	903,850.		
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)	L							
11	Total support. Add lines 7 through 10						903,850.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)			
	organization, check this box and stor	here					▶□_		
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2018 (I	ıne 6, column (f) dı	vided by line 11, co	olumn (f))		14	75.09 %		
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	98.23 %		
16a	33 1/3% support test - 2018. If the	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this box			
	stop here. The organization qualifies		•				► X		
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ne 13 or 16a, ånd	line 15 is 33 1/3%	or more, check the			
	and stop here. The organization qual						▶□		
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,		
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the organ			
	meets the "facts-and-circumstances"	-			_				
b	10% -facts-ànd-circumstances test								
	more, and if the organization meets the						,		
	organization meets the "facts-and-circ						▶∟		
18	Private foundation. If the organization	in did not check a l	box on line 13, 16a	ı, 16b, 17a, or 17b					
			-		Scho	dule A (Form 990	or 990-F71 2018		

(Complete only if you checked	the box on line 10	of Part I or if the	Section 509(a) organization failed		Part II. If the organizat	ion fails to
qualify under the tests listed be section A. Public Support	elow, please comp	olete Part II)				/
	4 20044	1 "1 0045	4) 0040	4 0 0047	1 () 2010 1	<u> </u>
alendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received Do not		l		}		
include any "unusual grants ")	. -		ļ 			
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the		ĺ	ĺ			
organization's tax-exempt purpose					/ I	
3 Gross receipts from activities that						
are not an unrelated trade or bus-			}	/	1	
iness under section 513			1		1	
	$\overline{}$	ļ. 	 		 	
4 Tax revenues levied for the organ-	\				1 '1	
ization's benefit and either paid to	`	١,		/		
or expended on its behalf		<u> </u>		/	 	
5 The value of services or facilities		\	,	ľ	1	
furnished by a governmental unit to		\	/		1	
the organization without charge					<u> </u>	
6 Total. Add lines 1 through 5		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		\				
b Amounts included on lines 2 and 3 received					 	
from other than disqualified persons that			ΙX		1	
exceed the greater of \$5,000 or 1% of the		1	 /			
amount on line 13 for the year		 				
c Add lines 7a and 7b					 	
8 Public support. (Subtract line 7c from line 6)			<u> </u>	<u></u>	<u>.l</u>	
ection B. Total Support		/		,	,	
alendar year (or fiscal year beginning in) ► 📙	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota
9 Amounts from line 6				Λ		
0a Gross income from interest,		/		\		
dividends, payments received on securities loans, rents, royalties,				\	ł I	
and income from similar sources					1 1	
		1/		l \	1	
		/		 \ 		
b Unrelated business taxable income		/				
b Unrelated business taxable income (less section 511 taxes) from businesses	/	/				
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		/				
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12)	the consequence to a	first second this	d fourth or fifth ta	V Vegr as a section	501(c)(3) organizati	00
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	on 501(c)(3) organizati	on,
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here			d, fourth, or fifth ta	x year as a section	on 501(c)(3) organizati	on,
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here	Support Per	centage		x year as a section		on,
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here section C. Computation of Public 5 Public support percentage for 2018 (lines)	Support Per	rcentage livided by line 13, o		x year as a section	on 501(c)(3) organizati	on,
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public 5 Public support percentage for 2018 (lin 6 Public support percentage from 2017)	c Support Per ne 8, column (f), c Schedule A, Part	rcentage livided by line 13, o III, line 15		x year as a section		on,
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here section C. Computation of Public 5 Public support percentage for 2018 (lines)	c Support Per ne 8, column (f), c Schedule A, Part	rcentage livided by line 13, o III, line 15		x year as a section	15	on,
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here section C. Computation of Public 5 Public support percentage for 2018 (line 6 Public support percentage from 2017) section D. Computation of Investigation	c Support Per ne 8, column (f), c Schedule A, Part tment Income	rcentage divided by line 13, o III, line 15 e Percentage	column (f))	x year as a section	15	on,
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here section C. Computation of Public 5 Public support percentage for 2017 6 Public support percentage from 2017 7 Investment income percentage for 20	c Support Per ne 8, column (f), c Schedule A, Part tment Income 18 (line 10c, colu	rcentage livided by line 13, o III, line 15 e Percentage mn (f), divided by li	column (f))	x year as a section	15 16	on,
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here section C. Computation of Public 5 Public support percentage for 2018 (line 6 Public support percentage from 2017) ection D. Computation of Invest 7 Investment income percentage from 2018 8 Investment income percentage from 2018	c Support Per ne 8, column (f), c Schedule A, Part tment Income 18 (line 10c, colur 2017 Schedule A,	rcentage livided by line 13, of lill, line 15 e Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	•
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public 5 Public support percentage from 2017 ection D. Computation of Invest 7 Investment income percentage from 2 8 Investment income percentage from 2 9a 33 1/3% support tests - 2018. If the	c Support Per ne 8, column (f), c Schedule A, Part tment Income 18 (line 10c, colu 2017 Schedule A, organization did r	rcentage livided by line 13, of the 15 e Percentage mn (f), divided by lith Part III, line 17 not check the box of	column (f)) ne 13, column (f)) on line 14, and line	15 is more than	15 16 17 18 33 1/3%, and line 17	•
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public 5 Public support percentage from 2017 ection D. Computation of Invest 7 Investment income percentage from 2 8 Investment income percentage from 2 9a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box and	c Support Per ne 8, column (f), c Schedule A, Part tment Income 18 (line 10c, colur 2017 Schedule A, organization did r d stop here. The	rcentage livided by line 13, of the 15 e Percentage mn (f), divided by line 17 not check the box of the organization qualifold of the control	ne 13, column (f)) on line 14, and line fies as a publicly s	15 is more than upported organiz	15 16 17 18 33 1/3%, and line 17 ation	is not
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public 5 Public support percentage from 2017 ection D. Computation of Invest 7 Investment income percentage from 2 8 Investment income percentage from 2 9a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box and b 33 1/3% support tests - 2017. If the	c Support Per ne 8, column (f), c Schedule A, Part tment Income 18 (line 10c, colur 2017 Schedule A, organization did r d stop here. The organization did r	rcentage livided by line 13, of lill, line 15 Percentage mn (f), divided by lit Part III, line 17 not check the box of organization qualitation check a box on	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si	15 is more than upported organiz , and line 16 is m	15 16 17 18 33 1/3%, and line 17 ation ore than 33 1/3%, and	is not
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public 5 Public support percentage from 2017 ection D. Computation of Invest 7 Investment income percentage from 2 8 Investment income percentage from 2 9a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box and	c Support Per ne 8, column (f), c Schedule A, Part tment Income 18 (line 10c, colui 2017 Schedule A, organization did r d stop here. The organization did r sk this box and si	rcentage divided by line 13, or lill, line 15 e Percentage mn (f), divided by line 17 not check the box or organization qualitation theck a box on top here. The organization	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a nization qualifies a	15 is more than upported organiz , and line 16 is m is a publicly supp	15 16 17 18 33 1/3%, and line 17 ation ore than 33 1/3%, and orted organization	is not

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Part IV Supporting Organizations

(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)

O - 41			
Section	A. All	Supporting	g Organizations

- 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.
 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. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
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	10b		<u></u>

	dule A (Form 990 or 990-EZ) 2018 PASTIME WITH PURPOSE, INC. 72-16	<u> 0</u> 367	4 Pa	age 5
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		<u> </u>	
	below, the governing body of a supported organization?	11a_		
	A family member of a person described in (a) above?	_11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sec	tion B. Type I Supporting Organizations	~	<u> </u>	r
	Did the divertors trustees or membership of one or more supported exceptions have the neglector		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1 1
	tax year? 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			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	_	
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		[
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control]]	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1_1_	l	Ĺ
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		اا
3	the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a		_	$\vdash \vdash$
3	significant voice in the organization's investment policies and in directing the use of the organization's	}		
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	_	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions,		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	}		1 1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	İ		
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>		ļJ
-	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ļ		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			'ا
_	activities but for the organization's involvement	2b	 	
3	Parent of Supported Organizations Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		l''
h	trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<u> </u>	
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l'
	II TOO MESSING III TO			

		NC.		72-1603674 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sec	ion 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		
Sect	ion 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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-functional	lly integrate	ed Type III supporting org	anization (see
	motor educated	-	· · · · · ·	

Schedule A (Form 990 or 990-EZ) 2018

Par	dule A (Form 990 or 990-EZ) 2018 PASTIME WITH I			2-16036/4	Page 7
		a)(3) Supporting Orga	nizations (continued)		
Sect.	ion D - Distributions		, ,,	Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		}	
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	ļ	
_4	Amounts paid to acquire exempt-use assets			ļ	
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions	 			
_ <u>7</u> _	Total annual distributions. Add lines 1 through 6	 , _			
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI) See instructions				
9	Distributable amount for 2018 from Section C, line 6				
<u>10</u>	Line 8 amount divided by line 9 amount				
Secti _	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributab Amount for 2	
_1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
_	able cause required- explain in Part VI) See instructions		1		
_3	Excess distributions carryover, if any, to 2018				
a	From 2013				
b	From 2014			· ·	
	From 2015				
d	From 2016				
_ е	From 2017				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
_ h	Applied to 2018 distributable amount				
	Carryover from 2013 not applied (see instructions)				·
	Remainder, Subtract lines 3g, 3h, and 3i from 3f			***	
4	Distributions for 2018 from Section D,				
	line 7 \$				
a	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
	Remainder, Subtract lines 4a and 4b from 4				
	Remaining underdistributions for years prior to 2018, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions				
_ <u></u>	Remaining underdistributions for 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in			ļ	
	Part VI See instructions.			İ	
7	Excess distributions carryover to 2019. Add lines 3				
•	and 4c.				
8	Breakdown of line 7				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-E2	Z) 2018 PASTIN	IE WITH	<u>PURPOSE,</u>	INC.		72-1603674	Page 8
Part VI	line i, Fart IV, Sect	ion D, lines Z and 3	, Pari IV, Secilo	on ⊑, illies ic, ∠	a, 20, 3a, anu 30,	0, Part II, line 17a or IV, Section B, lines 1 Part V, line 1, Part V s part for any additio	r 17b, Part III, line 12, I and 2, Part IV, Section V, Section B, line 1e, Pai	C.
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Inspection Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 72-1603674 PASTIME WITH PURPOSE, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ь Special fundraising events С Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (III) Did fundraiser have custody or control of contributions (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes

Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		e G (Form 990 or 990-EZ) 2018 PASTIME				1603674 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are sent as a				
_		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
			(2, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(4,	(4)	(d) Total events (add col (a) through
			TRUE32	PUP CUP	1	col (c))
0			(event type)	(event type)	(total number)	35/ (0)/
Revenue	1,	Gross receipts	47,931.	10,065.	9,800.	67,796.
	2	Less Contributions	47,931.	10,065.	9,800.	67,796.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes	1,135.	485.		1,620.
Direct Expenses	6	Rent/facility costs	45.	555.	45,838.	46,438.
rect E	7	Food and beverages		25.		25.
Ō	8	Entertainment		50.		50.
	9	Other direct expenses	13,669.			27,151.
	10	Direct expense summary Add lines 4 through	9 in column (d)		•	75,284.
	11	Net income summary Subtract line 10 from li	ne 3, column (d)			-75,284.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
_		\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant	· · · · · · · · · · · · · · · · · · ·	(d) Total gaming (add
ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
- 4	1	Gross revenue	_			
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs		<u> </u>		
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
		No. 1	Stram line 1 column (d)			
_	8	Net gaming income summary Subtract line 7	from line 1, column (a)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities _			
		the organization licensed to conduct gaming ac		states?		└─ Yes └─ No
ь	IF "	No," explain-				
		ere any of the organization's gaming licenses re			year?	Yes No
b	lf "	Yes," explain				
	_					
						Later Village Colors - 2:1

Sch	nedule G (Form 990 or 990-EZ) 2018 PASTIME WITH PURPOSE, INC.	72-1	603674	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in			
ē	The organization's facility		13a	%
ŧ	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	š		
	Name			
	Address >		 	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt		
	of gaming revenue retained by the third party > \$			
•	If "Yes," enter name and address of the third party.			
	Name			
	Address >			
16	Gaming manager information			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
				
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v),	and Part	III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions.			
_				
				
_	<u> </u>			
			· · · · · · · · · · · · · · · · · · ·	

Schedule G	(Form 990 or 990-EZ)	PASTIME WITH	PURPOSE,	INC.	72-1603674 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			-
		(continued)	- , - , · · · · · · · · · · · · · · · · 		
		 			
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

PASTIME WITH PURPOSE, INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

OMB No 1545-0047 Open to Public

► Go to www.irs.gov/Form990 for the latest information.

Inspection

Employer identification number 72-1603674

	[X Yes
Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	criteria used to award the grants or assistance?

ŝ

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recinient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if addition	nal space is neede	ġ.	(6) Mothod of		
1 (a) Name and address of organization or government	(p)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SEAL-NAVAL SPECIAL WARFARE FOUNDATION - 300 CARLBAD VILLAGE DR., STE. 108A-361 - CARLSBAD, CA	27-1963880	501(C)3	47,500.	.0			PROVIDE SUPPORT FOR NAVY
OPERATION SHOWER 7382 PERSHING AVE., STE. 1 EAST ST. LOUIS, MO 63130	. 26-1244512	501(C)3	25,000.	0.			PROVIDE SUPPORT FOR EXPECTANT MOTHERS OF ACTIVE MILITARY
BASEBALL ASSISTANCE TEAM 245 PARK AVE., 31ST FL. NEW YORK, NY 10167	13-3355155 501(C)	501(C)3	20,000.	.0			PROVIDE SUPPORT FOR PROGRAMS RELATING TO YOUTH BASEBALL PLAYERS
MAJOR LEAGUE BASEBALL PLAYERS ALUMNI ASSOCIATION - 1631 MESA AVE., COPPER BLDG., STE. D - COLORADO SPRINGS, CO 80906	52-1276284 501(C)	501(C)3	20,000.	0.			PROVIDE SUPPORT FOR RETIRED MLB PLAYERS
TROOPS DIRECT 2400 CAMINO RAMON #105 SAN RAMON, CA 94583	27-3046842 501(C)	501(C)3	20,000.	0		,	PROVIDE SUPPORT FOR VETERANS
HEARTSZHONDURAS INC. 2020 FIELDSTONE PKWY., #253 FRANKLIN, TN 37067	46-3955727 501(C)3	501(C)3	18,100.	0.			PROVIDE SUPPORT FOR MISSION TRIPS TO HONDURAS
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government org s listed in the line 1	janizations listed in the table	line 1 table				8 0 0
۔ ا	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

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Schedule (Form 990) FAST IME WITH FORFOSE, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Gov	ernments and Organi	zations in the Un	ited States (Sche	dule I (Form 990), Par		/2-10U30/4 Page1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HAMELS FOUNDATION INC. P.O. BOX 10654 SPRINGFIELD, MO 65808	26-3128059	501(C)3	10,000.	0			PROVIDE GENERAL SUPPORT FOR GRANT AND MISSION WORK
CAL RIPKEN SR FOUNDATION 1427 CLARK VIEW RD., STE. 100 BALTIMORE, MD 21209	52-2310500 501(C)3	501(C)3	5,132.	.0			PROVIDE SUPPORT FOR SPORTS EQUIPMENT AND YOUTH PROGRAMMING FOR KIDS
	:						
							Schedule I (Form 990)

72-1603674 INC. PASTIME WITH PURPOSE,

Schedule I (Form 990) (2018)

Part

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Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE ORGANIZATION FOLLOWS UP WITH THE GRANT RECIPIENTS ON A BI-ANNUAL BASIS TO ENSURE ALL GRANTS ARE UTILIZED FOR THE INTENDED PURPOSE. THIS FOLLOW UP Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. IS CONDUCTED BY HAVING THE GRANTEE SUBMIT REPORTS TO THE ORGANIZATION (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2:

Schedule I (Form 990) (2018)

SCHEDULE 0

Internal Revenue Service

Supplemental Information 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.

Go to www.irs.gov/Form990 for the latest information. ' (Form 990 or 990-EZ) Department of the Treasury

Open to Public Inspection

OMB No 1545-0047

Name of the organization

PASTIME WITH PURPOSE, INC.

Employer identification number 72-1603674

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH THE PARTICIPATION IN YOUTH SPORTING EVENTS AND ENRICHMENT
ACTIVITIES. EMPHASIZING CHARACTER DEVELOPMENT, PASTIME WITH PURPOSE
STRESSES WORK ETHIC, MORAL LEADERSHIP, MATURITY AND INTEGRITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
TRU32 - PROGRAM TO HONOR AND SUPPORT FIRST RESPONDER AND MILITARY
MEMBERS AND THEIR FAMILIES. APPROXIMATELY 6 TRU32 DATES AT CITI FIELD
SERVING APPROXIMATELY 64 FIRST RESPONDERS PER DATE AND TWO FUNDRAISING
EVENTS DURING CALENDAR YEAR 2018.
HEANDOG PROJECT - PROGRAM TO SUPPORT AND FUND THERAPY DOG PROGRAMS AT
CHILDREN'S HOSPITALS. THREE HOSPITAL VISITS AND TWO EVENTS (PUP CUP OC
AND OKC) DURING CALENDAR YEAR 2018.
K.O.D.A PROGRAM TO ASSIST YOUNG PEOPLE IN "OVERCOMING DOUBT AND
ADVERSITY." APPROXIMATELY 3 K.O.D.A. EVENTS AND ONE YOUTH BASEBALL
CAMP SERVING APPROXIMATELY 200 CHILDREN DURING CALENDAR YEAR 2018.
MISSION TRIP - PARTNERSHIP WITH HEARTS 2 HONDURAS THAT CONDUCTS ANNUAL
MISSION TRIP TO HONDURAS. ONE WEEK-LONG MISSION TRIP WITH
APPROXIMATELY 20 ATTENDEES IN NOVEMBER 2018.
FORM 990, PART VI, SECTION A, LINE 4:
THE ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION DUE TO A NAME
CHANGE.
FORM 990, PART VI, SECTION A, LINE 8B:

THE BOARD ACTED AS A WHOLE AND NO COMMITTEES WERE APPOINTED DURING THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization PASTIME WITH PURPOSE, INC.	Employer identification number 72-1603674
YEAR.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE RETURN IS CIRCULATED TO EACH BOARD MEMBER VI	A EMAIL TO REVIEW
THE 990 AND EVERYONE IS GIVEN AN OPPORTUNITY TO DISCUSS AN	D ASK QUESTIONS
PRIOR TO APPROVAL OF THE FORM BEING FILED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO THE PUBL	IC UPON REQUEST.
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832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

OFFICE OF THE SECRETARY OF STATE



AMENDED NOT FOR PROFIT CERTIFICATE OF INCORPORATION

WHEREAS, the Amended Not For Profit Certificate of Incorporation of

PASTIME WITH PURPOSE, INC.

has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.

THE STATE OF THE S

Filed in the city of Oklahoma City this <u>19th</u> day of <u>October</u>, <u>2018</u>.

Secretary of State

10/19/2018 12:42 PM OKLAHOMA SECRETARY OF STATE





AMENDED CERTIFICATE OF INCORPORATION

(Oklahoma Not for Profit Corporation)

Filing Fee: \$25.00

421 N.W. 13th, Suite 210 Oklahoma City, Oklahoma 73103 (405) 522-2520

	ecute the following articles for ant to the provisions of Title 18,		nding an Oklahor	na corporation's	certificate of
1. A) Name of	the corporation:				
Pastime Youth Acad	emies, inc.				
B) AS AME Pastime With Purpo	NDED: Name of the corporations, Inc.	m:			
incorporated, institut such as to distinguish i	of the corporation shall contain on the society, union, syndicate, limit it upon the records in the Office of ration is a CHURCH, the street	ted or any abbreviations the Secretary of State.)	thereof, with or wi	oration, club, four thout punctuation,	idation, fund, which shall be
Street A (P.O. BOXES ARE N	IOT ACCEPTABLE)	City	State	Zip Coo	
	DED: <u>NAME</u> and street address registered agent shall be the corpo				
	gn corporation, limited liability col 4305 NW 163rd Street		ership.	-	ed States
Name	Street Address (P.O. BOXES ARE <u>NOT</u> ACCEP	City PTABLE)	State	Zip Code	County
4. Duration of	the corporation is perpetual, un	lless otherwise stated:			
5. AS AMENI	DED: Nature of the business or	purposes to be condu	cted or promoted	by the corporation	1:
enga	all be sufficient to state, either alon- age in any lawful act or activity in of Oklahoma.				
SUT(c)3 not for profit of	organization.				
			RECEIV OK SEC. OF	ED STATE	
			0 CT 1 0	מבריח	

(SOS FORM 0015-07/12)

6. Set forth clearly any and all amendments to the certificate of incorporation:
Changing the entity name to Pastime With Purpose, Inc.
7. E-MAIL address of the primary contact for the registered business: Pastimeyouth@gmail.com
CHECK ONE OF THE FOLLOWING STATEMENTS, WHICHEVER IS APPLICABLE:
The governing body of the corporation adopted a resolution setting forth the amendment proposed and declaring advisability.
At a subsequent meeting held upon notice stating the purpose thereof and given in accordance with the provision Title 18, Section 1067, a majority of all the members of the governing body voted in favor of the amendment.
<u>OR</u>
At a meeting of the governing body of said corporation, a resolution was duly adopted setting forth the foregoin proposed amendment(s) to the certificate of incorporation of said corporation, declaring said amendment(s) to be advisable and calling a meeting of the members for consideration thereof.
Pursuant to such call and to due written notice given to each member, a meeting was held, at which meeting the necessary number of members as required by the certificate of incorporation of said corporation voted in favor of the amendment(s).
The amended certificate of incorporation <u>must</u> be signed by the president or vice president of sai corporation and attested to by its secretary or assistant secretary.
• Signed this 17 day of OCTOBER, 2018 by:
Ralef G. Wind Signature of President or Vice President
Attested to by: Robert G. MARTIN
Signature of Secretary or Assistant Secretary
Comment of Designation and Designation of the Comment of the Comme

(SOS FORM 0015-07/12)

COMPLETE ONLY THE ACKNOWLEGEMENT SECTION WHICH APPLIES TO THE BUSINESS ENTITY FILING THIS TRADE NAME REPORT.

BUSINESS ENTITY ACKNOWLEDGEMENT

(Limited Liability Companies, Business Trusts, Unincorporated Businesses, Common Law Trusts, or Partnerships)

Signature	Signature
Printed Name	Printed Name
Title	Title
• Signed this 17 day of October	OWLEDGEMENT
	Kafaf C. Wast