	_		
C&I 946 93		artment nal Reversion Reve	•
	$\overline{}$	Tax-ex	empt status
	J	Websit	e: • usinc
	ĸ	Form of	organization
	Pa	art I	Summ
		1	Briefly de
	Ce		UNDERT
	Governance		POLICIES
	ver	2	Check th
	G	3	Number of
1			N. I

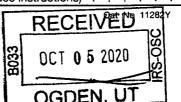
Dotum of	Organization	Exampt From	Incomo	Tav
Return of	r Urganization	Exempt From	i income	ıax

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

OMB No 1545-0047 2019

▶ Do not enter social security numbers on this form as it may be made public} Open to Public Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	<u> </u>	For the	2019 calen	dar year, or tax year beginning 01/01 , 2019, and end	ing 12/	37	, 20 19	
	В	Check if	applicable	C Name of organization U S INCORPORATED		D Emp	loyer identification number	
	7	Address	change	Doing business as US Inc			38-2418377	
	$\overline{\mathbf{V}}$	Name ch	nange	E Telep	phone number			
)	$\overline{\Box}$	Initial ret	_	Number and street (or P O box if mail is not delivered to street address) 1691 US HWY 131 SUITE 2			231-347-1171	
フ	$\ddot{\Box}$		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	· · · · · · ·			
	\exists	Amende		PETOSKEY, MI, 49770		G Gros	s receipts \$ 1,966,595	
	\exists		on pending	F Name and address of principal officer ISABEL F LYMAN	H(a) is this a ru		for subordinates? Yes V No	
>	ш	Applicati	on pending	1691 US HWY 131 SUITE 2, PETOSKEY, MI 49770			ites included? Yes No	
	$\overline{}$	Tay-eyer	npt status	✓ 501(c)(3)			see instructions)	
	$\dot{-}$				H(c) Group e			
	<u>-</u>		: ► usinc.o					
		art !	Summa		mation 1982	IVI State	e of legal domicile MI	
		1			ODC ANIZATION	c Micc	ION IS TO	
	Δ	1 '	-	cribe the organization's mission or most significant activities: THE				
	Governance	İ		KE EDUCATIONAL PROGRAMS OF A PUBLIC INTEREST NATURE DEA				
	Ë	_	•	THAT PROMOTE NATIONAL UNITY, AND CONSERVATION OF NATURA				
	Ş	1		box ► ☐ if the organization discontinued its operations or dispose		1	1	
	Ğ	1				3_	6	
	ŝ			independent voting members of the governing body (Part VI, line 1		4	5	
	iţi	1		per of individuals employed in calendar year 2019 (Part V, line 2a)		5	8	
	Activities &	6		per of volunteers (estimate if necessary)		6	0	
	4	7a		ated business revenue from Part VIII, column (C), line 12		7a	0	
		b	Net unrelat	ed business taxable income from Form 990-T, line 39		7b	0	
					Prior Yea	r	Current Year	
	9	1	Contributio	2,	171,143			
	Revenue	9	-	ervice revenue (Part VIII, line 2g)		29,889	32,621	
		10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		14,304	17,909	
		11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,747	21,078	
				ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,2	2,250,083 1,955,		
		13		I similar amounts paid (Part IX, column (A), lines 1-3)	;	335,000 192,		
		1	Benefits pa	0				
	S O	1		her compensation, employee benefits (Part IX, column (A), lines 5-10)		76,512	460,557	
	Expenses			al fundraising fees (Part IX, column (A), line 11e)		62,722	51,163	
_	. Š	Ь	Total fundr	aising expenses (Part IX, column (D), line 25) ► 162,888				
- 1	ı —		•	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,2	28,427	1,133,304	
		18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,2	202,661	1,837,524	
64		19	Revenue le	ss expenses. Subtract line 18 from line 12		47,422	117,883	
3	o s				Beginning of Curr	ent Year	End of Year	
2	Assets 1 Balanc	20		s (Part X, line 16)	1,9	83,368		
=	Z E	l – .		ties (Part X, line 26)		73,687	190,964	
				or fund balances. Subtract line 21 from line 20	1,9	09,681	1,992,361	
6	Pa	art II	Signatu	re Block				
6				I declare that I have examined this return, including accompanying schedules and st			my knowledge and belief, it is	
5	trut	e, correct	, and complete	e Declaration of preparer (other than officer) is based on all information of which prepare	arer nas any knowie	ige		
7				Jalm E'. taught		0	1/23/20	
M	Sig		Signati	ure of officer	Date	t		
2	He	re		I E FOUGHT, TREASURER				
4			<u> </u>	r print name and title				
0	Pa	id	Print/Type	preparer's name Preparer's signature	Date	Check	_ ,	
	Pre	epare	r			self-em	pioyed	
		e Onl	Euro's son	ne ►	Firm's	EIN ▶		
			Firm's add		Phon	e no		
	Ma	y the IR	S discuss t	his return with the preparer shown above? (see instructions)		<u>.</u> .	· · Yes No	
	For	Paperw	ork Reduct	ion Act Notice, see the separate instructions. RECEIVE	t No 11282Y		Form 990 (2019)	
				L'EOLIVE	- <u>-</u>		•	



639

Form 99	0 (2019) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO UNDERTAKE EDUCATIONAL PROGRAMS IN THE PUBLIC INTEREST DEALING WITH IMMIGRATION, LANGUAGE POLICIES THAT PROMOTE NATIONAL UNITY, AND CONSERVATION OF NATURAL RESOURCES AND WILDLIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
4b	(Code.) (Expenses \$ 879,519 including grants of \$ 192,500) (Revenue \$ 32,526) EDUCATIONAL PROGRAMS DEALING WITH IMMIGRATION POLICIES THAT INCLUDE PUBLISHING A QUARTERLY JOURNAL, OPERATING A BOOKSTORE, SPONSORING PERIODIC PRESS CONFERENCES, HOSTING AN ANNUAL CONFERENCE, PLACING MEDIA ADS, AND PROVIDING GRANTS TO ORGANIZATIONS AND INDIVIDUALS WITH SIMILAR EDUCATIONAL OBJECTIVES.
4c	(Code:) (Expenses \$
	Other program services (Describe on Schedule O.)
4d	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ▶ 1,416,882

RO IABCD G

Part	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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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? <i>If</i> "Yes," complete Schedule C, Part II	4	1	
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		1
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	L	✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		1
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		/
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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	✓	
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 16? If "Yes," complete Schedule D, Part VII	11b	·	1
С	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 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	

Part	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	22		1	
23	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 Schedule J	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 Schedule K. If "No," go to line 25a	24a		1	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	_	
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		1	
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 Schedule L, Part I	25b		✓	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1		
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		1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				
38	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.	38	✓	✓	
Part					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 38				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	/		

arı	Statements negariting other ins rillings and Tax compliance (continued)			-	
_		1 1	学诗	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 8			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment		2b	/	Lest E
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see inst			La La Colle	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		✓
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S		3b		_
b	·		30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth a financial account in a foreign country (such as a bank account, securities account, or other financial		4a		./
h	If "Yes," enter the name of the foreign country	ciai accounty.		12050	
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a	11000	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	-	5b		7
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,0		 •		
6a	organization solicit any contributions that were not tax deductible as charitable contributions'	?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contributions or	6b		
7	Organizations that may receive deductible contributions under section 170(c).		2 33 -10	[7] YE	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods			
-	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property f	or which it was			
	required to file Form 8282?		7c	Man no burn	3. 800.F.(\$40)
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	遊道		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi		7h	P-X = 541	P 2 - 4 2 4-7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m			is and the	
_	sponsoring organization have excess business holdings at any time during the year?		<u>8</u>	4412	alle tile 4
9_	Sponsoring organizations maintaining donor advised funds.			بالم الم	in Gir
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	ion?	9b	o literal	dental
10	Section 501(c)(7) organizations. Enter:	10a			
a	Initiation fees and capital contributions included on Part VIII, line 12	10b			
ь I1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:	100			
''	Gross income from members or shareholders	11a			
a k	Gross income from other sources (Do not net amounts due or paid to other sources	1.0			Selfer III
b	against amounts due or received from them.)	11ь	7.1.5	和物質	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a	انتست	راء المقادمة المناون
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		2 7 - 1	
i3	Section 501(c)(29) qualified nonprofit health insurance issuers.		100 m		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	4. 12	BZ
	Note: See the instructions for additional information the organization must report on Schedul	e O.		and the state of	
b	Enter the amount of reserves the organization is required to maintain by the states in which				
_	the organization is licensed to issue qualified health plans	13b	概点		
С	Enter the amount of reserves on hand	13c		KE	
l4a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on	Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in				
	excess parachute payment(s) during the year?		15		. ✓
	If "Yes," see instructions and file Form 4720, Schedule N.			ČŠĀ.	B
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation	stment income?	16		✓
	If "Yes." complete Form 4720. Schedule O.		Preside the	対点に	

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on 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 6		1	
	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			7
	committee, explain on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		The second	
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	ode.)	
			Yes	No
10a	• • • • • • • • • • • • • • • • • • • •	10a	√	
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	✓	
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	√	ļ
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	√	ļ
14	Did the organization have a written document retention and destruction policy?	14	Andrew SPECE	1,2000271,25.4d
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		
	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 taxable entity during the year?	16a	9,2	✓
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?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 1			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	Γ (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re JOHN E FOUGHT, (231)347-1171	cords	>	

	ົດດດ໌	1004	~
Form	9 9 U	1201	3

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

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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization not	r any relate	a org	anız	atic	on c	ompe	ensa	ited any current	oπicer, airector,	or trustee.
				(C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unles	s pe	rson	e than one the second trust	an t ee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated етріоуве	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
NIKI CALLOWAY	40.00									
SECRETARY	0.00		L.	✓		L		66,582	0	7,480
JOHN E FOUGHT TREASURER	20.00 0.00	1		_				9,904	o	. 0
DALE HERDER	6.00	Ť	\vdash	Ť				5,507	-	
CHAIRMAN	0.00	1		1				o	0	o d
RICHARD CLARK	2.00									
VICE-CHAIRMAN	0.00	✓		✓		1		0	0	0
FRANCIS W HARNESS	1.00									
DIRECTOR	0.00	✓						0	0	O
MARY LOU TANTON	1.00									
DIRECTOR	0.00	✓	<u> </u>	_				0	0	0
THOMAS SHIER	1.00					1				
DIRECTOR	0.00	✓						0	0	C
							<u> </u>			
									· - ·	
				<u> </u>	_					

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, ar	nd F	lighest Compe	nsated	Emplo	yees (continued)
	-				(C)						
	(A)	(B)	Position				(D)	(E	(E)	(F)		
	Name and title	Average					e than		Reportable	Repor	-	Estimated amount
		hours	box, unless person is both ar officer and a director/trustee			compensation	comper		of other			
		per week	—	1		1	_		from the	from re		compensation
		(list any hours for	흑호	stat	Officer	ę	遺흙	Former	organization (W-2/1099-MISC)	organız (W-2/109		from the organization and
		related	Individual to	₽	4	ŧ	yee c	P 4		(4, .4-	,	related organizations
		organizations	Individual trustee or director	Institutional trustee		Key employee	Ë					
		dotted line)	ste	SDI		ĕ	Pen					
		,	"	ee			Highest compensated employee		İ			
		<u> </u>	 	<u> </u>	├—	├		\vdash	 			
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	0.14441	<u> </u>					<u> </u>	Ļ				
1b	Subtotal			•	٠	•	•		76,486		0	7,480
C	Total from continuation sheets to Part	-			٠	•	•					
d									76,486		0	7,480
2	Total number of individuals (including but		to th	ose	lis1	ted	above	e) w		e than \$1	100,000	of
	reportable compensation from the organi	zation >							0			TvTv.
_								٠.				Yes No
3	Did the organization list any former of							mpi	loyee, or highes	st compe	ensated	
	employee on line 1a? If "Yes," complete 3											3 /
4	For any individual listed on line 1a, is the											
	organization and related organizations							s, "	complete Sched	dule J fo	or such	
_	individual											4 /
5	Did any person listed on line 1a receive of											
Cart	for services rendered to the organization	tr "Yes," c	ompi	ete	Scr	neau	iie J 1	or s	sucn person .	· · ·	<u> </u>	5 ✓
	on B. Independent Contractors											
1	Complete this table for your five high											
	compensation from the organization. Repo	ort compen	sation	1 TO	tne	ca	ienda	r ye	ar ending with or	within th	e organ	ization's tax year.
	(A)								(B)		Ι.	(C)
	Name and business add	ress						-	Description of serv	rices	<u></u>	Compensation
None								-			ļ	
		 						<u> </u>			<u> </u>	
							-	ļ			<u> </u>	
		 						<u> </u>				
								L		,	Children to an a	الأد يد د يديد . يسومو دروالاي
2	Total number of independent contractor							th th		e) who		第一种 图,如
	received more than \$100,000 of compens	ation from t	the or	gan	izat	ion	▶		0		1.2.	

Par	VIII	Statement of Revenue								
		Check if Schedule	Осо	ntains a re	spon	ise or note to ar	r	1	· · · · · · · · · · · · · · · · · · ·	<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts Its	1a	Federated campaig	ns .		1a	ō				
ia E	b	Membership dues			1b	0			Mark Committee	
O, Ĕ	С	Fundraising events			1c	0				
ar it	d	Related organization				0				Br Barri
S, E	е	Government grants	•	•	1e	0				
ig ig	f	All other contribution								
E E	_	and similar amounts no			1f	1,883,799				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a–1f 1g		\$ 0			3.37			
a Co	h	Total. Add lines 1a-			<u> </u>	<u> </u>	1,883,799			
	•••	Total: Add lines to			<u> </u>	Business Code	1,000,755			
စ္ပ	2a	SUBSCRIPTION REV	/ENUE	<u> </u>		511190	1,950	1,950	0	0
Program Service Revenue	b	LIST RENTAL INCOM				511140	30,671	0	0	30,671
S	С									
gram Ser Revenue	đ									
P C	e									
4	f	All other program se	ervice	revenue .			0	0	0	0
	g	Total. Add lines 2a–2f					32,621			
	3	Investment income (including dividend				_		_	_	
		other similar amounts)				18,029	0	0	18,029	
	4 5	D			ipt bo	ona proceeds	0	0	0	0
	3	noyalles		(i) Real		(ii) Personal			建設工場下"少数基礎	MARKACERITARI
	6a	Gross rents	6a	()	<u> </u>	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	b	Less rental expenses	6b							
	С	Rental income or (loss)			0	0				
	d	Net rental income o		3)		>				
	7a	Gross amount from		(i) Secunt	res	(ii) Other				
		sales of assets				0				
		other than inventory	7a		0	,				
e e	b	Less. cost or other basis								
len		and sales expenses .	7b		0	120				
Revenue	C	Gain or (loss)	7с		0	-120				
ē	d	Net gain or (loss)			<u> </u>	<u> ▶</u>	-120	0	0	-120
Òthe	8a	Gross income from events (not including		naraising						
		of contributions rep		d on line						
		1c). See Part IV, line			8a					182
	ь	Less: direct expense			8b					
	С	Net income or (loss)				nts >	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	9a	Gross income f								
		activities. See Part I			9a					
	ь	Less: direct expense			9b		5 (1)	36.00		
	С	Net income or (loss)		-	tivitie	es 🕨	ALES SALES AND ALES AND ALES	Market 1 4 - 21 1 1 2 - 25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 41 co 15 15 15 15 15 15 15 15 15 15 15 15 15	Date Some S. de Cada State With Add d
	10a	Gross sales of in		ory, less	١					
		returns and allowan			10a	30,576				
		Less: cost of goods			10b			AP D'ABOUR		
	С	Net income or (loss)	irom	sales of In	vento	Business Code	19,508	19,508	0	
Miscellaneous Revenue	110	DESTITUTION INCO	ME				1 250	1 250	0	0
ne(11a b	RESTITUTION INCOM OTHER REVENUE	AIE.			900099	1,250 320	1,250 320	0	0
scellaneo Revenue	C	OTHER REVENUE				300033	320	320		-
Sci	d	All other revenue			 -		0	0	0	0
Ξ	e	Total. Add lines 11a	a–11d			▶	1,570	ar de constitutor () representation plus an abdusti		经产品经售出
	12	Total revenue. See				<u>.</u> >	1,955,407	23,028	0	48,580

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Section				must complete colu				
	Check if Schedule O contains a respons				<u> </u>			
	nt include amounts reported on lines 6b, 7b, o, 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		expenses	general expenses	expenses			
'	and domestic governments. See Part IV, line 21 .	107.500	107 500					
•	_	187,500	187,500					
2	Grants and other assistance to domestic							
_	ındivıduals. See Part IV, line 22	5,000	5,000					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and	_						
	foreign individuals. See Part IV, lines 15 and 16	0	0					
4	Benefits paid to or for members	0	0					
5	Compensation of current officers, directors,							
	trustees, and key employees	83,966	55,547	28,419	0			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0	0	0	0			
7	Other salaries and wages	335,860	189,767	118,186	27,907			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	8,580	7,730	626	224			
9	Other employee benefits	0	0	0	0			
10	Payroll taxes	32,151	19,331	10,547	2,273			
11	Fees for services (nonemployees):							
а	Management	0	0	0	0			
b	Legal	2,996	1,500	1,496	0			
c	Accounting	14,091	0	14,091	0			
d	Lobbying	0	0	0	0			
e	Professional fundraising services. See Part IV, line 17	51,163			51,163			
f	Investment management fees	0	0	0	0.,,100			
g g	Other. (If line 11g amount exceeds 10% of line 25, column				<u>_</u>			
9	(A) amount, list line 11g expenses on Schedule O.)	346,437	335,867	10,570	0			
12	Advertising and promotion	13,770	13,770	0,370	0			
13	0"			20,948				
14	•	43,690	22,792 9,394	25,831	-50			
	Information technology	35,225	,	25,631				
15	Royalties	5,401	5,401		0			
16	Occupancy	99,657	87,465	12,192				
17	Travel	72,716	64,346	8,370	0			
18	Payments of travel or entertainment expenses	_	_	_	_			
46	for any federal, state, or local public officials	0	0	0	0			
19	Conferences, conventions, and meetings .	0	0	0	0			
20	Interest	0	0	0	0			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization .	2,424	0	2,424	0			
23	Insurance	2,578	0 81 2786 % - 44 38 8 7868 2790	2,578	O			
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)	e di ik dirik						
а	MEDIA AND PRESS	118,563	118,563	0	0			
b	PRINTING AND PUBLISHING	360,388	290,122	0	70,266			
C	STATE REGISTRATION	10,297	0	120	10,177			
d	ALL OTHER EXPENSES	5,071	2,787	1,356	928			
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	1,837,524	1,416,882	257,754	162,888			
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							
	following SOP 98-2 (ASC 958-720)	390,922	320,656	0	70,266			

Form **990** (2019)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 Cash-non-interest-bearing 259,182 1 343,910 2 2 Savings and temporary cash investments . . . 1.593.955 1,834,996 3 Pledges and grants receivable, net 0 3 0 4 Accounts receivable, net 146 7,542 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 0 6 0 0 7 0 Assets Inventories for sale or use 5.296 8 16,364 9 9 Prepaid expenses and deferred charges 17,875 28,014 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . 10a Less: accumulated depreciation | 10b 10c 105,076 11,118 48,295 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities. See Part IV, line 11 0 12 0 13 Investments—program-related. See Part IV, line 11. 0 13 0 14 0 14 0 15 15 Other assets. See Part IV, line 11 0 0 16 Total assets. Add lines 1 through 15 (must equal line 33) . 16 1,983,368 2,183,325 17 Accounts payable and accrued expenses 17 190,964 73.687 18 18 Grants payable 0 19 0 19 Deferred revenue 0 Tax-exempt bond liabilities 20 20 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 0 0 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 0 23 23 Secured mortgages and notes payable to unrelated third parties 0 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 **Total liabilities.** Add lines 17 through 25 26 73.687 190.964 Organizations that follow FASB ASC 958, check here ▶ ☑ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 1.909.681 Net assets with donor restrictions . . 28 O Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds. 32 32 Total net assets or fund balances 1,909,681 1,992,361 33 Total liabilities and net assets/fund balances 1.983.368 2,183,325

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Page	- 1	_

romi 9:	30 (2019)			Pa	ige iz
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,95	5,407
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,83	7,524
3	Revenue less expenses. Subtract line 2 from line 1	3		11	7,883
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,90	9,681
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0_
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-3	5,203
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		1,99	2,361
Part	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: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	explair	ı ın		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u>	a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2	b √	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	na 🌌		
	separate basis, consolidated basis, or both:				
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	-			
	the audit, review, or compilation of its financial statements and selection of an independent accounts			C	Tutilible State
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	on		
	Schedule O		525		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
	Single Audit Act and OMB Circular A-133?		. <u> 3</u>	а	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits			<u> </u>
			F	orm 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Par	t I	Reason for Public Cha	rity Status (All	organizations must	comple	te this n	art) See instruction	ns		
	_	zation is not a private founda						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	_	•		· -		-	· · · · · · · · · · · · · · · · · · ·	\sim 1		
1		church, convention of church	•					7+		
2		school described in section						/ 1		
3	□ A	hospital or a cooperative hos	spital service org	ganızatıon described i	n sectio	า 170(b)(1	I)(A)(iii).			
4		medical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the		
	ho	ospital's name, city, and stati	e:							
5	_	n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	al unit described in		
6	$\square A$	federal, state, or local govern	nment or govern	mental unit described	l ın secti e	on 170(b)	(1)(A)(v).			
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	- T									
9	_	n agricultural research organi			-	erated in	conjunction with a l	and-grant college		
	or ur	university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or		
10	An organization that normally receives: (1) more than 331/3% 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 331/3% 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		n organization organized and								
		n organization organized and						my out the nurnoses		
12		one or more publicly suppo	•	•			•	• • •		
		neck the box in lines 12a thro	•		-					
_			•	• • • • •		-	•	_		
а	ш	Type I. A supporting organ	•	•	•					
		the supported organization	• •				ne directors or trust	ees or the		
	_	supporting organization. Yo	•	•						
b		Type II. A supporting organ								
		control or management of				e persons	that control or man	age the supported		
		organization(s). You must								
С		Type III functionally integ its supported organization(ally integrated with,		
d		Type III non-functionally i	ntegrated. A su	pporting organization	operate	d in conne	ection with its suppo	orted organization(s)		
_		that is not functionally integ								
		requirement (see instructio								
_								all Tunalli		
е		Check this box if the organ functionally integrated, or 1						эп, туре ш		
	C-4.	•	• •			oi gai iizati	ion.			
f		er the number of supported o	•							
<u> </u>		vide the following information		<u> </u>			T			
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) is the d	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
				,			·			
					Yes	No				
(A)										
(B)										
(C)										
					 	 				
(D)										
(E)										
Total					1		1	İ		

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 1,688,524 1,875,337 2,004,935 2,171,143 1,882,799 9,622,738 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,004,935 Total. Add lines 1 through 3. . . . 1,688,524 4 1,875,337 2,171,143 1,882,799 9,622,738 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount

	shown on line 11, column (t)		12.00 Table 1	e and the	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4		6,407,525		
6	Public support. Subtract line 5 from line 4	理解 建二甲基					3,215,213		
Secti	on B. Total Support								
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	1,688,524	1,875,337	2,004,935	2,171,143	1,882,799	9,622,738		
8	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties, and income from								
	similar sources	27,499	17,176	8,052	42,033	48,700	143,460		
9	Net income from unrelated business								
	activities, whether or not the business								
	is regularly carried on	0	0	0	0	0	0		
10	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)	18,000	12,805	3,956	2,336	1,570	38,667		
11	Total support. Add lines 7 through 10				A 12 12 14 1		9,804,865		
12	Gross receipts from related activities, etc	•	•			12	278,148		
13	First five years. If the Form 990 is for the organization, check this box and stop he	-	•	•	, or titth tax ye	ear as a section	in 50 i(c)(3)		
Sooti	on C. Computation of Public Suppor		<u></u>	· · · · ·			· · · ·		
14	Public support percentage for 2019 (line to			1 column (f)	.	14	32.79 %		
15	Public support percentage from 2018 Sci		-			15	32.06 %		
16a	331/3% support test—2019. If the organi								
	box and stop here. The organization qua						▶ □		
ь	331/3% support test - 2018. If the organi			-	a. and line 15	ıs 331/3% or m			
_	this box and stop here. The organization						▶ □		
17a	10%-facts-and-circumstances test – 20	019. If the orga	anization did n	ot check a box	x on line 13, 1	6a. or 16b. an	d line 14 is		
	10% or more, and if the organization me								
	Part VI how the organization meets the "								
	organization						🕨 🗸		
ь	10%-facts-and-circumstances test - 26	018. If the orga	anızatıon dıd n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line		
	15 is 10% or more, and if the organiza	ation meets th	e "facts-and-c	ircumstances'	' test, check	this box and	stop here.		
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly								
	supported organization						> 📮		
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	ı, or 17b, chec	k this box and	see		
	instructions	· · · ·			<u> </u>	<u> </u>			
					Sch	redule A (Form 99	0 or 990-EZ) 2019		

Part							
	(Complete only if you checked to						der Part II.
	If the organization fails to qualify	\under the te	sts listed belo	ow, please co	omplete Part	11.)	
	on A. Public Support			,	·		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	`					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 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 exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					•	
8 8	Add lines 7a and 7b						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 201 x	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6					-	
10a	payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с. 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			,			
14	First five years. If the Form 990 is for the organization check this box and stop he	re			-	ear as a section	n 501(c)(3) · · ▶ □
	on C. Computation of Public Suppor			10 1 (0)		1451	
15 16	Public support percentage for 2019 (line 8 Public support percentage from 2018 Sch	nedule A, Part	III, line 15 .			15	% \ %
	on D. Computation of Investment In					T .= 1	\
17 18 19a	Investment income percentage for 2019 (Investment income percentage from 2018 331/3% support tests—2019. If the organ 17 is not more than 331/3%, check this box	3 Schedule A, I	Part III, line 17 check the box	on line 14, ar			
b	331/3% support tests—2018. If the organiz line 18 is not more than 331/3%, check this l						31/3%, and
20	Private foundation If the organization di	d not abook a	hay an line 14	100 or 10h	shock this box	and soo instruc	strone 1

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.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. 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?
- 6 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.)

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	N.		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			語とは
	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		
Section	on B. Type I Supporting Organizations		V	I N.
_	Did the diseases to store as manharabin of one or more asymptotic arrangement on boyo the masses to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	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,		This is	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	r_urior	27.72.7520
2	Did the organization operate for the benefit of any supported organization other than the supported	a Maria	d'ille	2203
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	E.		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on 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		27.1 mg	
	or management of the supporting organization was vested in the same persons that controlled or managed		al Paris	97.0
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		V	l Nia
	Did the consequence arounds to each of the consequence and the least day of the fifth month of the	-0 15 De	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		的種	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			57 J. 187
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	KUMPIN	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	"远邊"	12.74.25 18.12.15.15.15.15.15.15.15.15.15.15.15.15.15.	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	門體		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	認遵	145.65	5.3
	significant voice in the organization's investment policies and in directing the use of the organization's		174	新加州
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	沙理		
	supported organizations played in this regard.	3		
	on 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	instru	ction	s).
a	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.	/ i		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see m		
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 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,			
	how the organization was responsive to those supported organizations, and how the organization determined	問題		
	that these activities constituted substantially all of its activities.	2a		الستسند
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	學學		P. E.
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	脑層		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	机燃	THE	医测
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		LE	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying								
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1 Net short-term capital gain	1							
2 Recoveries of prior-year distributions	2							
3 Other gross income (see instructions)	3							
4 Add lines 1 through 3.	4							
5 Depreciation and depletion	5							
6 Portion of operating expenses paid or incurred for production or								
collection of gross income or for management, conservation, or								
maintenance of property held for production of income (see instructions)	6							
7 Other expenses (see instructions)	7							
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1 Aggregate fair market value of all non-exempt-use assets (see								
instructions for short tax year or assets held for part of year):								
a Average monthly value of securities	1a							
b Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a, 1b, and 1c)	1d							
e Discount claimed for blockage or other								
factors (explain in detail in Part VI):								
2 Acquisition indebtedness applicable to non-exempt-use assets	2							
3 Subtract line 2 from line 1d.	3							
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,								
see instructions).	4							
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6 Multiply line 5 by .035.	6							
7 Recoveries of prior-year distributions	7							
8 Minimum Asset Amount (add line 7 to line 6)	8							
Section C—Distributable Amount			Current Year					
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2 Enter 85% of line 1	2	にいる。	_					
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	y in	tegrated Type III supporting	organization (see					
inetructions)								

,Part	V Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organ	izations (continued)	
Secti	ion D—Distributions	··		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
ь	From 2015			
С	From 2016	erandung:		
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	TOTAL TOTAL		
<u>h</u>	Applied to 2019 distributable amount	国 热射学级扩泛器		
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount	包括据记题识别		
c	Remainder. Subtract lines 4a and 4b from 4.			
, 5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			PER DESTRUCTION OF THE PER SECOND

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part II, Line 10 - RESTITUTION INCOME \$1,250; OTHER REVENUE \$320; TOTAL \$1,570

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Se	ection 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501	(h)): Complete Part II-B Do	not complete Part II-A.
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Proxy hen	y Tax) (see separat	e instructions) or Form 990	P-EZ, Part V, line 35c (Proxy
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer idea	ntification number
USIN	ICORPORATED				38-2418377
Part	I-A Complete if th	e organization is exempt und	er section 501(c) or is a section 527	organization.
1	definition of "political car				
2	Political campaign activit	ty expenditures (see instructions)			S
3		cal campaign activities (see instruc			
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organization	ation under sectio	n 4955 ▶ \$	3
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	S
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if th	e organization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function ▶ \$	
2		filing organization's funds contrib			
-		vities			
3		expenditures. Add lines 1 and 2			
•	•			-	
4		n file Form 1120-POL for this year			
5	Enter the names, address organization made payme the amount of political co	ses and employer identification nulents. For each organization listed, ontributions received that were prolument or a political action committee	mber (EIN) of all se enter the amount mptly and directly	ection 527 political organi paid from the filing organ delivered to a separate p	zations to which the filing ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Sche	edule C (Form 990 or 990-EZ) 2019					Page 2
Pa	rt II-A Complete if the organizati section 501(h)).	on is exempt u	ınder section 50	01(c)(3) and filed	d Form 5768 (ele	ection under
A	Check ► ☐ if the filing organization beloaddress, EIN, expenses, and				liated group memb	per's name,
В	Check ▶ ☐ If the filing organization che	cked box A and "	limited control" pr	ovisions apply.		
	Limits on Lol	bying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures" i	means amounts	paid or incurred.)	organization's totals	group totals
1	a Total lobbying expenditures to influence	e public opinion	(grassroots lobby)	ng)	37,670	
	b Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying	g)	86,191	
	c Total lobbying expenditures (add lines	1a and 1b) .			123,861	
	d Other exempt purpose expenditures .				1,713,663	
	e Total exempt purpose expenditures (as	dd lines 1c and 1	d)		1,837,524	
	f Lobbying nontaxable amount. Enter	the amount fr	om the following	table in both		
	columns.				241,876	
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the am	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 2	25% of line 1f)			60,469	
	h Subtract line 1g from line 1a. If zero or	less, enter -0-			0	
	i Subtract line 1f from line 1c. If zero or	less, enter -0-			0	<u></u>
	j If there is an amount other than zer reporting section 4911 tax for this yea	_	1h or line 1, did	•		Yes No
	4-1	ear Averaging F	Period Under Sec	tion 501(h)		
	(Some organizations that made a s See th		ection do not have ructions for lines		of the five column	ns below.
	Lobbyir	ng Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total				
2a	Lobbying nontaxable amount	241,930	240,573	260,133	241,876	984,512				
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,476,768				
С	Total lobbying expenditures	72,797	73,197	110,608	123,861	380,463				
d	Grassroots nontaxable amount	60,483	60,143	65,033	60,469	246,128				
е	Grassroots ceiling amount (150% of line 2d, column (e))					369,192				
f	Grassroots lobbying expenditures	6,882	45,291	49,395	37,670	139,238				

Schedule C (Form 990 or 990-EZ) 2019

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT in (election under section 501(h)).	iled	Form	i 5768		
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)	
desci	otion of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				7	
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	MARKET C				
j o-	Total. Add lines 1c through 1:		福德· 点	4. 15. ATMEN		METATE K. I
2a L	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Salary (4)	M. A.C.			
b	If "Yes," enter the amount of any tax incurred under section 4912					
d C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	16140 - T			14. TV	የ <i>ታዩ</i> ‰ ልጎ
Part		(5)		100 200	**************************************	B3\]
rait	501(c)(6).	(3), () ,	Cuon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1_		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
Part	II-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."				ine 3	, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					-
	and political expenditure next year?	•	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u>. </u>	5			
	Supplemental Information the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, I	nes 1	and
				·		
					 -	

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

U S INCORPORATED 38-2418377 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .

Par	III Organizations Maintaining Co	llections of A	rt, Hist	orical T	reasures	, or Ot	her Similar /	Assets (co	ntinued)
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and other	er recor	ds, chec	k any of th	e follov	ving that make	significan	t use of its
а	☐ Public exhibition		d [☐ Loan (or exchang	je progr	am		
b	Scholarly research		е [☐ Other					
С	Preservation for future generations								
4	Provide a description of the organization XIII.	's collections an	id expla	in how th	ney further	the org	anization's ex	empt purp	ose in Part
5	During the year, did the organization soli assets to be sold to raise funds rather tha								s 🗌 No
Part	IV Escrow and Custodial Arrang	ements.						-	
	Complete if the organization and 990, Part X, line 21.	swered "Yes"	on Forr	n 990, F	Part IV, lin	e 9, or	reported an a	amount or	r Form
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in Part >	KIII and complete	e the fol	lowing ta	able:	_			
								Amount	
C	Beginning balance					10			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f 2a	Ending balance							th/2 🗆 🗸	o 🗆 No
	If "Yes," explain the arrangement in Part >	•	-	-					
Par		KIII. OHOOK HOLO		piariation	THUS DOC!	piovide	or or are and	- · · ·	
	Complete if the organization and	swered "Yes"	on For	n 990. F	Part IV. line	e 10.			
	· · · · · · · · · · · · · · · · · · ·	a) Current year	(b) Pric		(c) Two yea		(d) Three years ba	ack (e) Four	years back
1a	Beginning of year balance					i			
b	Contributions					· ·			
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the c	current year end	balance	e (line 1g	, column (a	i)) held a	as:		
а	Board designated or quasi-endowment	·	%						
b	Permanent endowment ▶9	%							
С	Term endowment ▶%								
	The percentages on lines 2a, 2b, and 2c s	•							
3a	Are there endowment funds not in the po	ssession of the	organiz	ation tha	t are held	and ad	ministered for	the	
	organization by:								Yes No
	(i) Unrelated organizations							. 3a(i)	
	(.,							3a(ii)	
	If "Yes" on line 3a(ii), are the related organ							. 3b	
4 Part	Describe in Part XIII the intended uses of VI Land, Buildings, and Equipme		s endo	wment it	inas.		 		
Fait	Complete if the organization and		on Forr	~ aan E	Part IV line	0 110	See Form 99) Part Y	lino 10
	Description of property	(a) Cost or othe	1		r other basis		Accumulated	(d) Boo	
	Description of property	(investmen			her)		epreciation	(a) Boo	K Value
1a	Land		0		0				0
b	Buildings		0		0		0		0
C	Leasehold improvements		50,134		0		3,525		46,609
d	Equipment	1	03,237		0		101,551		1,686
<u>e</u>	Other	1	0		0		. 0		0
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990), Part X	, column	(B), line 10	IC.)	▶		48,295

Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on Form 990, Part I		orm 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation nd-of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(A)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments—Program Related.	l	·	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See Fo	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) M	ethod of valuation nd-of-year market value
(1)				
(2)				
(3)		- "		
(4)				
(5)				
(6)				
(7)		<u> </u>		
(8)				
(9)	mn (b) must equal Form 990, Part X. col. (B) line 13.)			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	<u></u>		
FaitiA	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11d. See Fr	orm 990.	Part X. line 15.
	(a) Description	V,	3,,,,,	(b) Book value
(1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, -,-		
(2)				
(3)				•
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ma (h) must arrive Corn 2000. Part V. and (R) (ma 15.)			
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)	 		
FaitA	Complete if the organization answered "Yes" on Form 990, Part I line 25.	V, line 11e or 11f.	See For	m 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	70 70 70			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				_
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u> </u>	
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ s liability for uncertain tax positions under FASB ASC 740. Check here if the text			

Part				Return	l.
	Complete if the organization answered "Yes" on Form 990, I	Part I	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,966,476
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			4 3	
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	0		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	11,069		
е	Add lines 2a through 2d			2e	11,069
3	Subtract line 2e from line 1			3	1,955,407
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,955,407
Part				r Retu	
	Complete if the organization answered "Yes" on Form 990, I				
1				1	1,848,593
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				<u> </u>
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	 		
e	Add lines 2a through 2d			2e	11,069
3	Subtract line 2e from line 1			3	1,837,524
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .	· · · · · · · · · · · · · · · · · · ·	# S # S	1,007,024
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
-	Add lines 4a and 4b			4c	a
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	 e 18.)		5	1,837,524
	XIII Supplemental Information.				
2; Pari Sched	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part lule D, Part XI, Line 2d - COST OF GOODS SOLD \$11,068; ROUNDING DIFFERE	NCE S	ovide any additional in \$1; TOTAL \$10,069	formation	on.
					
				· 	
			,		
		-			

. 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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

	ment of the Treasury Revenue Service	.		ttach to Form		990-EZ. Ind the latest informa	tion.	Open to Public
	of the organization	L	20 to	7 07771000 101 1		and the least morning	Employer identific	Inspection cation number
USI	NCORPORATED						38-	2418377
Par		sing Activities. 00-EZ filers are n				vered "Yes" on	Form 990, Part IV,	line 17.
1						owing activities. C	heck all that apply.	
а	✓ Mail solicit	_				ion of non-govern		
b	Internet an	d email solicitation	ns	f] Solicitati	on of governmen	t grants	
С	Phone sol	citations		g [] Special 1	fundraising events	5	
d	In-person :	solicitations						
2a							cers, directors, trust fundraising services?	
b		e 10 highest paid at least \$5,000 by			draisers) pu	ursuant to agreem	nents under which th	e fundraiser is to be
	(I) Name and addre or entity (fur		(ii) Activity	custody o	draiser have ir control of outlons?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		2-484 544		Yes	No			
1 1		Part IV, Statement						
2								
3								
4	·*	_						
5								
6							**************************************	
7								
8								
9								
10								
Total				ı	<u> </u>	245 020	E1 162	264 672
	registration or	licensing.					51,163 is or has been notificaty, OH, OK, OR, PA, R	
					•			
	.,,,,,,,					·		

Sch	dule G	(Form 990 or 990-EZ) 2019				Page 2
Pa	art II	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" o and gross income on	n Form 990, Part IV, lii Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
			- (a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
Œ	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				·
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				<u></u>
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtra				
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E	e organization answe			or reported more than
Revenue		·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
È	1	Gross revenue				
es es	2	Cash prizes				
Expenses	3	Noncash prizes		~		
Direct E	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in ci	olumn (d)		
	8	Net gaming income summar	v. Subtract line 7 from li	ne 1, column (d)		
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	rganization conducts ga onduct gaming activities	ming activities:	s?	🗌 Yes 🛄 No
10	a W	ere any of the organization's g	jaming licenses revoked	l, suspended, or termin	ated during the tax year	? . □ Yes □ No

b If "Yes," explain:

Schedu	ale G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	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?		□No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_
	retain the state gaming license?	☐ Yes	☐ No
b	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 > \$		
Part			
			
			·
			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

20**19**

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

Open to Public Inspection
Employer identification number

U S INCORPORATED							38-2418	377
Part I General Information of	on Grants and	Assistance						
Does the organization maintain the selection criteria used to at 2 Describe in Part IV the organization. Part II Grants and Other Ass Part IV, line 21, for any	ward the grants of ation's procedure sistance to Doi	or assistance? es for monitoring mestic Organiz	the use of grant fu	inds in the United	States	the organization	☑ \	
1 (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 noncash assistan		rpose of grant assistance
(1) Sch I, Stmt 1								
(2)		•						
(3)								-
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)	-							
(11)								
(12)								
2 Enter total number of section 5 3 Enter total number of other org				ine 1 table	' 			3 7
For Paperwork Reduction Act Notice, se				C	at No 50055P		Schedul	e I (Form 990) (2019)

(a) Type of grant or assistance (b) Number of recipients (c) Amount of noncesh assistance (e) Method of valuation (book. PNV, appraisal, other) (f) Description of noncesh assistance (e) Method of valuation (book. PNV, appraisal, other) (f) Description of noncesh assistance (g) Amount of noncesh assistance (e) Method of valuation (book. PNV, appraisal, other) (f) Description of noncesh assistance (g) Amount of noncesh assistan	f noncash assista	(f) Description		(47) 44 44			Part III can be duplicated if addition	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information. hedule I, Part I, Line 2 - GRANTEES AND THEIR PURPOSES AND PROGRAMS ARE KNOWN PERSONALLY BY AT LEAST ONE DIRECTOR, OFFICER OR KEY EMPLOYEE			riviv, appraisal, other)				(a) Type of grant or assistance	
edule I, Part I, Line 2 - GRANTEES AND THEIR PURPOSES AND PROGRAMS ARE KNOWN PERSONALLY BY AT LEAST ONE DIRECTOR, OFFICER OR KEY EMPLOYEE								
dule I, Part I, Line 2 - GRANTEES AND THEIR PURPOSES AND PROGRAMS ARE KNOWN PERSONALLY BY AT LEAST ONE DIRECTOR, OFFICER OR KEY EMPLOYEE								
dule I, Part I, Line 2 - GRANTEES AND THEIR PURPOSES AND PROGRAMS ARE KNOWN PERSONALLY BY AT LEAST ONE DIRECTOR, OFFICER OR KEY EMPLOYEE					·			
dule I, Part I, Line 2 - GRANTEES AND THEIR PURPOSES AND PROGRAMS ARE KNOWN PERSONALLY BY AT LEAST ONE DIRECTOR, OFFICER OR KEY EMPLOYEE								
dule I, Part I, Line 2 - GRANTEES AND THEIR PURPOSES AND PROGRAMS ARE KNOWN PERSONALLY BY AT LEAST ONE DIRECTOR, OFFICER OR KEY EMPLOYEE								
dule I, Part I, Line 2 - GRANTEES AND THEIR PURPOSES AND PROGRAMS ARE KNOWN PERSONALLY BY AT LEAST ONE DIRECTOR, OFFICER OR KEY EMPLOYEE								
dule I, Part I, Line 2 - GRANTEES AND THEIR PURPOSES AND PROGRAMS ARE KNOWN PERSONALLY BY AT LEAST ONE DIRECTOR, OFFICER OR KEY EMPLOYEE								
dule I, Part I, Line 2 - GRANTEES AND THEIR PURPOSES AND PROGRAMS ARE KNOWN PERSONALLY BY AT LEAST ONE DIRECTOR, OFFICER OR KEY EMPLOYEE	n.	onal information	b), and any other additi	ne 2; Part III, column	equired in Part I, lir	e the information re	Supplemental Information. Provide	IV
DRGANIZATION ALL GRANTS ARE MADE WITHOUT RESTRICTIONS AND MAY BE USED AS DETERMINED BY THE GRANTEE	YEE OF	OR KEY EMPLO	ONE DIRECTOR, OFFICER	RSONALLY BY AT LEA	AMS ARE KNOWN PE	RPOSES AND PROGRA	Part I, Line 2 - GRANTEES AND THEIR PU	dule I, P
			RANTEE	DETERMINED BY THE	ND MAY BE USED AS	OUT RESTRICTIONS A	IZATION ALL GRANTS ARE MADE WITH	DRGAN

		••••••						

	••••••							
				••••	••••••		***************************************	

Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2019

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

2019
Open to Public

U S INCORPORATED 38-2418377 Form 990, Part VI, Section B, Line 11b - EACH DIRECTOR AND OFFICER IS PROVIDED A DRAFT COPY OF FORM 990 FOR THE CURRENT YEAR PRIOR TO ITS BEING SUBMITTED TO THE IRS WITH INSTRUCTIONS TO REVIEW THE FORM AND DIRECT ANY QUESTIONS AND/OR COMMENTS TO EITHER THE TREASURER OF EXECUTIVE DIRECTOR Form 990, Part VI, Section B, Line 12c - THE CONFLICT OF INTEREST POLICY IS REVIEWED AT LEAST ANNUALY DURING A BOARD MEETING. FURTHER, EACH BOARD MEMBER IS REQUIRED TO DIVULGE ANY POSSIBLE CONFLICT OF INTEREST THEY MAY HAVE WHENEVER SUCH A POTENTIAL CONFLICT OF INTEREST MAY ARISE. IF A CONFLICT IS DISCLOSED, THE OTHER DIRECTORS, IN THE ABSENCE OF THE REPORTING DIRECTOR, WILL DETERMINE IF A CONFLICT EXISTS AND ITS RESOLUTION. Form 990, Part VI, Section B, Line 15 - COMPENSATION FOR ANY DIRECTOR, THE EXECUTIVE DIRECTOR, SECRETARY AND TREASURER IS SET BY THE BOARD OF DIRECTORS BASED ON COMPENSATION PAID BY COMPARABLE ORGANIZATIONS FOR THE POSITION BEING CONSIDERED. Form 990, Part VI, Section C, Line 19 - THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABE TO THE PUBLIC UPON REQUEST AND ARE POSTED ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT, AS A GENERAL RULE, MADE AVALAIBLE TO THE PUBLIC Form 990, Part IX, Line 11g - RESEARCH AND WRITING \$153,235; PUBLICATION ASSISTANCE \$33,745; CONFERENCE SPEAKERS \$20,511; ADVOCACY \$102,550; SPECIAL STUDY \$15,000; CONSULTATION \$10,570; OTHER \$10,826; TOTAL \$346,437 Form 990, Part XI, Line 9 - NET ASSETS OF MACKINAC STRAITS RAPTOR WATCH, AN ENVIRONMENTAL PROGRAM, WHICH SEPARATED FROM US INCORPORATED EFFECTIVE JANAURY 1, 2019 \$35,201; ROUNDING DIFFERENCE \$2; TOTAL \$35,203

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. · ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization Open to Public Inspection
Employer identification number 38-2418377

OMB No 1545-0047

2019

U S INCORPORATED

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EiN (if applicable) of disregarded entity		Prime	(b) ry activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f) Direct controlling entity			
.(1)								_			
(2)											
(3)											
(4)											
(5)											
(6)											
Part II	ldentification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year										
<u> </u>	(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domicile (sta	(d) Exempt Code section	(e) Public chanty stat		(g) Section 512(b)(13) controlled			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr ent	i) i12(b)(13) rolled ty?
	<u> </u>					Yes	No
(1) US INC FOUNDATION (83-4365190) 1691 US HWY 131 SUITE 2, PETOSKEY, MI 49770	SUPPORTING ORGANIZATION	МІ	501(c)(3)	7	N/A		√
(2)							
(3)							
(4)							
(5)							
(6)							
Ø.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50135Y

Schedule R (Form 990) 2019

Part III Identification of I because it had on	Related Organizations e or more related orga	s Taxable nızatıons	as a Partners treated as a pa	ship. Complete it artnership dunng	f the organiza the tax year	ation answere	d "Y	es" o	n Form 990, P	art IV	/, line	34,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, exctuded from tax under sections 512 – 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) ortionate itions?	(f) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
_(1)												
(2)												
(3)												
(4)												
(5)	-											
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr ent	rolled
								Yes	No
		-							
(2)									
(3)					-				
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2019

Part	Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Form	990, Part IV, line 34	4, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	nizations listed in Parts	II–IV?	1000	10 (2)	
а	Receipt of (I) interest, (ii) annuities, (Iii) royalties, or (iv) rent from a controlled entity	· ·			1a		7
ь	Gift, grant, or capital contribution to related organization(s)				1b		7
c	Gift, grant, or capital contribution from related organization(s)	•.			1c		7
d	Loans or loan guarantees to or for related organization(s)	•			1d		√
e	Loans or loan guarantees by related organization(s)				1e		1
					200		
f	Dividends from related organization(s) .				11		√
g	Sale of assets to related organization(s)				1g		$\overline{}$
ĥ	Purchase of assets from related organization(s)				1h		7
i	Exchange of assets with related organization(s)				1i		$\overline{}$
j	Lease of facilities, equipment, or other assets to related organization(s)				1,		$\overline{}$
	•					72	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		√
- 1	Performance of services or membership or fundraising solicitations for related organization(s				11		$\overline{}$
m	Performance of services or membership or fundraising solicitations by related organization(s)	1			1m		$\overline{}$
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	1	
0	Sharing of paid employees with related organization(s) .				10	1	
					334		
р	Reimbursement paid to related organization(s) for expenses			•	1p		√
q	Reimbursement paid by related organization(s) for expenses .		•	•	1q		✓
r	Other transfer of cash or property to related organization(s)				1r		✓
s	Other transfer of cash or property from related organization(s)				19		√
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, incli	uding covered relation	ships and transacti	on thre	sholo	ds z
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining	ig amoun	t invol	/ed
		type (a — s)					
US	INC FOUNDATION	n	0	-			
(1)							
US	INC FOUNDATION	0	0				
(2)							
(3)							
(4)							
(5)							
(6)							
				Schedule	R (Form	990)	2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gro	ss revenue) that was not a related or	ganızation Sec	instructions r	egarding exclusi	on fo	r certa	ain investment p	artnerships						
	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded from tax under	Are all sec 501 organiz	e) partners :tion (c)(3) :ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1085)	Gene mana parti	ral or iging ner?	(k) Percentage ownership
		l		Sections 512 - 514)	Yes	No			Yes	No		Yes	No	
(1)	***************************************													
(2)								_						
(3)														
(4)														
(5)														
(6)														
(7)														
(8)											-			
(9)														
(10)														
(11)											-			
(12)													-	
(13)														
(14)														
(15)		<u> </u>												
(16)														
		<u> </u>						<u> </u>						

Schedule R (Form 990) 2019

Chedule R (Form 990) 2019											
art VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.										
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