Return of Organization Exempt Fro

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

Dep	artment of	the Treasury			ial security nu .gov/Form990						MI		o Public ection		
A			dar year, or tax		<del></del>	TOT IIISTI GC	, 2019, and			Tinadon.	<u> </u>	, 20	conon		
<u>~</u>			C Name of organ				, 2019, and	enui	iig		D Emple	yer identificat	tion number		
B	Check if a	• •			110010013,1110	·•	<del></del>				D Emple	58-206935			
H	Address	•	Doing busines		r if mail is not del	word to street	t addraga)		Room	/curto	E Toloob		<del>,,,</del>		
님	Name ch	-	PO Box 57	ireet (di F.O. Do)	t ii iiiali is not dei	IVERED TO SHEE	t audress)	1	7100110	Suite	E Telephone number				
	Initial return PO BOX 57  Final return/terminated City or town, state or province, country, and ZIP or foreign postal code  Amended return G G Gr														
님													1,077,802		
$\exists$		on pending	F Name and add		officer					H(a) is this a gro		r subordinates?	<del></del>		
ш	Application	ni pending	Name and add	ess of principal	omocr.			$\sim$	<b>^</b>			es included?			
_	Tax-exen	npt status:	501(c)(3)	501(c) (	) ◀ (insert	no.) 4	947(a)(1) or [	7527	71			st. (see instruct			
1	Website:									H(c) Group ex		•	•		
K			Corporation	Trust Assoc	ciation 🗹 Othe	► NONPRO	FIT L Year	of form				of legal domici	le.		
_	art I	Summa		4,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u></u>		<u> </u>	· <del></del>		
			cribe the orga	nization's mi	ssion or most	significant	activities:						·· · · · · · · · · · · · · · · · · · ·		
ø	1	-	ionResidential												
ä										<del></del> •					
Governance	2	Check this	box ▶ ☐ if th	e organizatio	n discontinue	ed its opera	tions or dis	pose	d of r	nore than 2	25% of	its net asse	ts.		
ò			voting memb	-							1 3				
			independent					ine	⊞I\	ÆD.	4				
ies			per of individu						<del></del> -	~ <u>-</u> S	5				
Activities &	1		per of voluntee		_	-		0 V. 2	2.3.		6		0		
Act			ated business		• •		ne 1/20 . ``			SA	7a		0		
	1		ted business t					101	<u> </u>	. Tir .=	7b		0		
	1							וטג		Prior Year		Curren	t Year		
ø.	8	Contributio	ons and grants	(Part VIII, lin	e 1h)								1,058,065		
Ď			ervice revenue												
Revenue	4	-	t income (Part	•	•	and 7d) .									
Œ	11	Other reve	nue (Part VIII,	column (A), li	nes 5, 6d, 8c	, 9c, 10c, a	nd 11e) .						19,737		
	12	Total reven	ue-add lines	8 through 11	(must equal F	Part VIII, col	umn (A), line	12)					1,077,802		
	13	Grants and	sımilar amou	nts paid (Par	t IX, column (	A), lines 1–	3)						875,342		
	14	Benefits pa	aid to or for m	embers (Part	IX, column (A	A), line 4) .									
g	15	Salaries, ot	her compensa	tion, employe	e benefits (Pa	rt IX, colum	n (A), lines 5	-10)					168,493		
Expenses	16a	Profession	al fundraising	fees (Part IX,	column (A),	line 11e) .									
ğ	b	Total fundr	raising expens	es (Part IX, c	olumn (D), lin	e 25) 🕨									
Ш	17	Other expe	enses (Part IX,	column (A), I	ines 11a-11d	l, 11f–24e)							34,562		
		•	nses. Add line	•	-		(A), line 25)						1,078,397		
	19	Revenue le	ess expenses.	Subtract line	18 from line	12	· ·						-595		
Net Assets or Fund Balances									Begi	nning of Curre	ent Year	End of			
sset	20		ts (Part X, line										183,662		
at A	21		ties (Part X, Iır	•									178,793		
Ž	22		or fund balan	ces. Subtrac	t line 21 from	line 20 .					i		4,869		
	art II		re Block			<del></del>									
			, I declare that I have e. Declaration of p									ny knowledge	and belief, it is		
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Pa	iid		preparer's name		THE S SI	gnature	K LLIL		Date 10	124/2020	Check self-emp		Y27676		
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B. A	u tha ID	Firm's add		the areas	r chown shar	102 (000 :	tructions)			Phone	по.		ne   Na		
	·		this return with				a actions)	• •		1000%	· · · ·	. □Ye	m <b>990</b> (2019)		
FOI	raperw	ork Heduct	ion Act Notice.	see the seda	rate instructio	115.		Cat	. No. 1	1202 T		For	m <b>すずい</b> (2019)		

Part		ment of Program Service of Schedule O contains a r		art III	🗹
1		ribe the organization's missi			
	•	Desidential Employees			
2	prior Form 9	990 or 990-EZ?	ficant program services during the ye		es 🗌 No
		scribe these new services on			
3	services? .	ganization cease conducting			es 🗌 No
	•	•			
4	expenses.	Section 501(c)(3) and 501(c)(		three largest program services, as m t the amount of grants and allocation	
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4b	(Code:	) (Expenses \$	ıncluding grants of \$	) (Revenue \$	)
					<b></b>
					<b></b>
40	(Codo:	) /Expansos \$	including grants of \$	\ (Revenue \$	<u> </u>
4c	(Code	(Expenses \$	Including grants of \$	) (Heverlue #	′
		·			
4d	Other progr	ram services (Describe on Sc	hedule O.)		
	(Expenses			\$	
4e	Total progra	am service expenses ▶			



	90 (2019)		F	age 3
Part	V Checklist of Required Schedules			
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		~
2	complete Schedule A	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<del>-</del>		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
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		>
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		~
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		>
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		٧
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.	<u> </u>		
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		7
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		٧
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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		~
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<i>'</i>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		~
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		~
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		~
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		V
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		~
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

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		1
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		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<b></b>	✓
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		<b>✓</b>
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		1
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		1
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		<b>√</b>
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):			<b>-</b>
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		<b>✓</b>
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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	37		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<del>,</del>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	reportable garring (garrining) winnings to prize miniors:		. <b>990</b>	(2019)
				/

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓ .	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	.,		
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	J	!
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		1	
11	Section 501(c)(12) organizations. Enter.		ļ	
а	Gross income from members or shareholders		Í	
b	Gross income from other sources (Do not net amounts due or paid to other sources		]	
	against amounts due or received from them.)			
12a		12a	<u></u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
	<u> </u>		- 1	
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		1	
С	Enter the amount of reserves on hand		Í	
14a	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	<del>-</del>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		<del></del>	
. •	excess parachute payment(s) during the year?	15	1	
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below 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	See in	struc	tions.				
Section	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	1						
	If there are material differences in voting rights among members of the governing body, or							
	of the governing body delegated broad authority to an executive committee or similar			1				
	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent . 1b	]						
	Enter the number of voting members melecode or the	1						
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		1				
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		1				
4								
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .							
6	Did the organization have members or stockholders?	6		1				
7a	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?							
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		/				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ļ				
	the year by the following:	8a	1					
a	The governing body?	8b	1	<del>                                     </del>				
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 0.0	<u> </u>					
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1				
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)					
			Yes					
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
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		1				
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>✓</b>	ļ				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	ļ				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>√</b>					
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	1					
13	Did the organization have a written whistleblower policy?	13		1				
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>				
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?							
	The organization's CEO, Executive Director, or top management official	15a	<b>✓</b>					
ь	Other officers or key employees of the organization	15b	1	<u> </u>				
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
	Did thè organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1				
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?	101		,				
Section	on C. Disclosure	16b						
	List the states with which a convior this Form 990 is required to be filed							
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	ion 5	O1(a)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(000)		(C)				
	Own website Another's website Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	inter	est p	olicv.				
	and financial statements available to the public during the tax year.		•	- , ,				
20	State the name, address, and telephone number of the person who possesses the organization's books and red	ords l	>					

_		-
Pa	ıae	

Part VII	Compensation of Office	s, Directors	, Trustees,	Key Employees	, Highest	Compensated	Employees,	, and
	Independent Contractor	S						

## 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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck ss pe d a d	rson	s than o is both or/trust	ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) 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 employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Larry J. Oliver				1				()	()	0
President	10			-	-	-	-			
(2) Alvın Verette Vice President	12			1				0	()	()
(3) Royce Randall	10							$\mathcal{L}$	()	0
Secretary	10	<u> </u>		1	-		<u> </u>			
(4)	<del> </del>									
GELGISE NEWS HGSL Director	40				V			46,80	$\mathcal{C}$	0
(6) The Jugar Wells					1			49 400		()
17 655112 COAn	40 40				1	<u></u>		30 160	()	()
(B) (7) Endolyn Tellar Known Superson	40				1			な/100	0	0
(9)	4							,		
(10)										
(11)										
(12)										
(13)										
(14)										

Pan	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, ar	id t	lighest Compe	nsated	Emplo	yees (	continued
	•		1		•	C)							
	. ` (A)	(B)	Position (do not check more than					one	(D)	(€	)		(F)
	Name and title	Average					is both		Reportable	Repor			ted amount
		hours per week	office	er an	dac		or/trus	tee)	compensation from the	comper from re			f other pensation
		(list any	유효	lnst	Officer	<u>@</u>	혈	Former	organization	organız	ations		om the
		hours for related	Individual I	₹	6	97	oy neg	E E	(W-2/1099-MISC)	(W-2/109	9-MISC)		zation and
		organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					related o	organizations
		below	Z Z	1		yee	l ge		1				
		dotted line)	æ	ste	Ì	Ì	nsa	ŀ				1	
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35.72			•			}							
(23)						┢─	<b></b>	$\vdash$					
1777		<b>†</b>									i		
(24)						-							
127/	***************************************										<b>\</b>		
(25)	· · · · · · · · · · · · · · · · · · ·				-			H		<del> </del>		<del></del>	<del></del>
120/											ŀ		
1h	Subtotal	J				L				<del></del>			
C	Total from continuation sheets to Part								108	<del>)</del> —			
d		-							12004				
	Total (add lines 1b and 1c)									than 61	00.000		
2	reportable compensation from the organi		ו נט נוו	USE	ıısı	eu a	above	;) WI	nd received more	e man pi	00,000	OI	
	reportable compensation from the organi	Zalion							<del></del>			<del></del>	Yes No
•	0 4 40	<i></i>											765 140
3	Did the organization list any former of							mpi	oyee, or nignes	t compe	ensated		
_	employee on line 1a? If "Yes," complete \$											3	<b>√</b>
4	For any individual listed on line 1a, is the											1 1	}
	organization and related organizations	_	an \$1					-	•	tule J to	r such		
_	individual		•									4	
5	Did any person listed on line 1a receive of for services rendered to the organization?											_	
Conti		ii ies, L	umpi	ele .	SCII	eou	ile J i	OI S	uch person .	<del>: · · ·</del>	<del></del>	5	/
	on B. Independent Contractors							<del></del>				64	00.000
1	Complete this table for your five high												
	compensation from the organization. Repo	or compens	Salior	101	me	cai	endar	yea		within th	e organi		tax year.
	(A) Name and business add	,acc							(B) Description of serv	ıcas		(C) compensa	rtion
	Name and positions addr		<del></del>						Description of serv	1003		Unpense	IIIOII
													<del> </del>
									<del></del>				
2	Total number of independent contracto							the	ose listed above	e) who			
	received more than \$100,000 of compens	ation from t	ne or	gani	izatı	on l	<u> </u>		····				000

Form **990** (2019)

Part	eVIII	Statement of Rec Check if Schedule			espor	nse or note to a	ny line in this Pa	art VIII		$\sqcap$
	,						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaig			1a					
i a	b	Membership dues			1b		1	Ì		
S, E	C	Fundraising events			1c		_			
if the	d	Related organizatio			1d		-		]	ļ
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants			1e	1,056,475	<u>i</u>			
	f	All other contribution			١			}		
돌		and similar amounts no			1f	1,590	<u>3</u>	}		
E G	g	Noncash contribution lines 1a-1f				<u></u>		1	}	
o E					1g	<u> ▶</u>	4 050 005			
-	n.	Total. Add lines 1a-	<del>-11 .</del>	<del></del>	· ·	Business Code	1,058,065		<del> </del>	<del> </del>
ě	2a					LUSINGS COCC				<u> </u>
Program Service Revenue	b						<del></del>			<del></del>
ram Ser Revenue	c									
Ē Š	d						† <del></del>			
gra	e					<u> </u>				
Sro	f	All other program se								
_	g	Total. Add lines 2a-				•				
-	3	Investment income								
		other similar amour						<u> </u>		
	4	Income from investr	ment (	of tax-exen	npt bo	ond proceeds				
	5	Royalties				<u> ▶</u>				
				(i) Rea	d .	(ii) Personal				
	6a	Gross rents	6a				_		1	
	b	Less. rental expenses	6b				_			1
	С	Rental income or (loss)		ļ.,				<u></u>		
	d	Net rental income of	t rental income or (loss)							
	7a	Gross amount from		(i) Securi	ties	(ii) Other	-			
		sales of assets						1		
	١.	other than inventory	7a				_			
ther Revenue	b	Less: cost or other basis	7b							
Vel		and sales expenses . Gain or (loss)	7c				-	ļ		1
Re	d	Net gain or (loss)	10	L		<u> </u>	<del></del>			<del> </del>
Jer		Gross income fro	m fu		Ė	i				
ot o	8a	events (not including		iliuraisiriy						
		of contributions re		d on line	1					
		1c). See Part IV, line			8a					
	ь	Less: direct expens	es .		8b		]			
	С	Net income or (loss			g eve	ents 🕨				
	9a	Gross income								
		activities. See Part	IV, lın	e 19 .	9a					
	b	Less: direct expens	es .		9b	<u> </u>				,
	С	Net income or (loss	) fron	n gaming a	ctiviti	es 🕨				
	10a	Gross sales of it	nvent	ory, less	ĺ				İ	1
		returns and allowar	ices		10a		_			
	b	Less: cost of goods			10b					
	С	Net income or (loss	) fron	sales of ir	rvente		<b>ļ</b>			
S						Business Code	ļ	<del> </del>	<u> </u>	
e e	11a						<del> </del>	ļ		
scellaneo Revenue	b		<b></b> -			<u></u>	<del> </del>	<del> </del>	-	<del> </del>
e ce	C	All _AL				40.707	40 707	<del> </del>	<del> </del>	<del> </del>
Miscellaneo us Revenue	d	•			• •	19,737	19,737			<del> </del>
	12	Total revenue See			<u>· · · · </u>	· · · · · · · · · · · · · · · · · · ·	1,077,802		<u> </u>	†

Par	90 (2019)  IX Statement of Functional Expenses				Page 10
Section	on 501(c)(3) and 501(c)(4) organizations must comp				
<u> </u>	Check if Schedule O contains a response	e or note to any line	(B)		
8b, 9l	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	875,342	875,342		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				····
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	168,493		168,493	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				<del></del>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting [	3,000		3,000	
d	Lobbying [				_
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses [	13,442		13,442	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	9,935		9,935	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest [				-, · · · · · · · · - · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance			******	
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.)				
а	Auditing	6,000		6,000	
b					
C					
d					
е	All other expenses Misc	2,185		2,185	
25	Total functional expenses. Add lines 1 through 24e	1,078,397	875,342	203,055	
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 ▶ ☐ if	.,5.2,301			
	following SOP 98-2 (ASC 958-720)				000

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	11,197	1	2,363,
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	181,299
	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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ą	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other secunties. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	183,662
	17	Accounts payable and accrued expenses		17	15,652
	18	Grants payable		18	149,643
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	9,900
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	3,598
	26	Total liabilities. Add lines 17 through 25		26	178,793
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.	-		
	27	Net assets without donor restrictions		27	1,936
	28	Net assets with donor restrictions		28	2,933
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds	ļ	29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	31 A1	31	
	32	Total net assets or fund balances	1127	32	4,869
ž	33	Total liabilities and net assets/fund balances	1113	33	183,662

• •	1,07	77,802 78,397
		-595
		4,869
• •		
	· Yes	
2a	Yes	

Form 990 (2019)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . 1 2 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . 5 6 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) . . . . . . . . . . . . . . . . 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . . . . 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," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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? If "Yes." check a box below to indicate whether the financial statements for the year were audited on a 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the За If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b

Form 990 (2019)

## SCHEDULE O (Form 990 or 990-ÈZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Zinpioyer racinational artificial
Weese Providers, Inc.	58-2069357
·	
02. FORM 990GOVERNING BODY REVIEW (PART VI, LINE 11)	
U. FORM 990GOVERWING BODY REVIEW (FART VI, LINE TI)	
COPY OF FORM 990 ON FILE IN ORGANIZATION'S OFFICE	
03. CONFLICT OF INTEREST POLICY COMPLIANCE (PART VI, LINE 12C)	
POLICY DEVELOPED TO BE IN COMPLIANCE WITH STATE AND FEDERAL GUIDELINES	
04. CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT COMP (PART VI, LINE 15A)	
COMPENSATION DETERMINED ACCORDING TO STATE OURSELING FOR FOR FORD PROCESSIC MICH.	IDIT DV CTATE ACENDICS
COMPENSATION DETERMINED ACCORDING TO STAE GUIDELINE FOR FOR FOOD PROGRAMS, WITH AL	JUIT BY STATE AGENCIES
05. OTHER OFFICER OR KEY EMPLOYEE COMPENSATION (PART VI. LINE 15B)	
COMPENSATION DETERMINED ACCORDING TO STAE GUIDELINE FOR FOR FOOD PROGRAMS, WITH AL	JDIT BY STATE AGENCIES
OS FORM OOD AVAILABILLETY TO DURI IC (DART VILLIAGE 10)	
06. FORM 990 AVAILABILILTY TO PUBLIC (PART VI, LINE 18)	
BY WRITTEN REQUEST OF THE BOARD OF DIRECTORS	
07. GOVERNING DOCUMENTS, ETC. AVAILABLE TO THE PUBLIC(PART VI, LINE 19)	
GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC	
The state of the s	***************************************
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