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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047
2019

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning January 1, 2019, and ending December 31, 20 19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <input type="checkbox"/> 21 All Primetimers Inc.		D Employer identification number <input type="checkbox"/> 21 842173005
	Number and street (or P.O. box if mail is not delivered to street address) <input type="checkbox"/> 21 3330 N Leisure World Blvd	Room/suite 1018	E Telephone number 301-606-8273
	City or town, state or province, country, and ZIP or foreign postal code Silver Spring, MD 20906		F Group Exemption Number ▶ <input type="checkbox"/> 21

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). **21**

I Website: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **21**
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received																											896		
	2	Program service revenue including government fees and contracts																											0		
	3	Membership dues and assessments																												0	
	4	Investment income																												0	
	5a	Gross amount from sale of assets other than inventory					0																							0	
	5b	Less: cost or other basis and sales expenses					0																							0	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)							0																					0	
	6	Gaming and fundraising events:																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)								0																				0	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)									0																			0	
6c	Less: direct expenses from gaming and fundraising events									0																			0		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												0		
7a	Gross sales of inventory, less returns and allowances																												0		
7b	Less: cost of goods sold																												0		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																												0		
8	Other revenue (describe in Schedule O)																												0		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																												896		
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											0		
	11	Benefits paid to or for members																											0		
	12	Salaries, other compensation, and employee benefits <input type="checkbox"/> 21																												0	
	13	Professional fees and other payments to independent contractors <input type="checkbox"/> 21																												0	
	14	Occupancy, rent, utilities, and maintenance																												0	
	15	Printing, publications, postage, and shipping																												645	
	16	Other expenses (describe in Schedule O) <input type="checkbox"/> 21																												0	
17	Total expenses. Add lines 10 through 16																												645		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																											251		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																											0		
	20	Other changes in net assets or fund balances (explain in Schedule O)																												0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																												251	

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2019) Part V Other Information. Questions 33-45b regarding significant activities, financials, and organizational changes. Includes fields for amounts and checkboxes for Yes/No.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46

Part VI Section 501(c)(3) Organizations Only

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a

b If "Yes," was the related organization a section 527 organization? Yes No
49b

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ 0

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Date 6/3/20
 Signature of officer *William Pallen*
 Type or print name and title **William Pallen, Executive Director**

Paid Preparer Use Only

Pnnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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2019

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Name of the organization

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2019

▶ Attach to Form 990 or 990-EZ.

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Department of the Treasury
Internal Revenue Service

Name of the organization
All Prmetimers Inc

Employer identification number
842173005

Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

Operating activities, primarily for persons affected by Alzheimer's, dementia and similar conditions, and including caregivers and friends of

Alzheimer's patients. Conducting fundraising activities for the benefit of persons affected by Alzheimer's, dementia and similar conditions

Describe the organization's program service accomplishments for each of its three largest program services

As a startup organization; we devoted most of our time to organizing, purchasing music, and planning singing events with Alzheimer's patients.

We conducted two sing-along events at a residential memory care facility. In each event our team consisted of about seven or eight members,

including pianists, singers and greeters, and including one Alzheimer's patient. About 20 patients were served at each event. Our team provided

them song sheets with the words to old familiar popular songs and led them in singing. The patients participated enthusiastically

Feedback from the memory care facility indicated that the sessions were successful.

