

Form **990-EZ**

# Short Form *Short Period return* Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

**2019**

**Open to Public Inspection**

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](http://www.irs.gov/Form990EZ) for instructions and the latest information. *2000*

**A** For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <input checked="" type="checkbox"/> <u>Health Equity Circle</u>	<b>D</b> Employer identification number <input checked="" type="checkbox"/> <u>832138955</u>
	Number and street (or P O box if mail is not delivered to street address) <input checked="" type="checkbox"/> Room/suite <u>31015 N Spotted Rd</u>	<b>E</b> Telephone number <u>360-395-5825</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Deer Park, WA 99006</u>	<b>F</b> Group Exemption Number <input checked="" type="checkbox"/>

**G** Accounting Method  Cash  Accrual Other (specify) 03

**I** Website: healthequitycircle.org

**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)

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

		Received US Bank - USB		
Revenue	<input checked="" type="checkbox"/> 1	Contributions, gifts, grants, and similar amounts received	79665	
	<input checked="" type="checkbox"/> 2	Program service revenue including government fees and contracts	4150	
	<input checked="" type="checkbox"/> 3	Membership dues and assessments	0	
	<input checked="" type="checkbox"/> 4	Investment income	0	
	5a	Gross amount from sale of assets other than inventory	0	
	5b	Less: cost or other basis and sales expenses	0	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	0	
	6	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0
		b	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
		c	Less: direct expenses from gaming and fundraising events	0
d		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0	
7a	a	Gross sales of inventory, less returns and allowances	0	
	b	Less: cost of goods sold	00	
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	0	
8	Other revenue (describe in Schedule O)	0		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	83815		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	83900	
	11	Benefits paid to or for members	0	
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	0	
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	348	
	14	Occupancy, rent, utilities, and maintenance	0	
	15	Printing, publications, postage, and shipping	0	
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	1111.86	
17	<b>Total expenses.</b> Add lines 10 through 16	85359.86		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	(1544.86)	
	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)	9444.40	
	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	7899.54	

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**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments	9444.40	<b>22</b>	7899.54
<b>23</b> Land and buildings	0	<b>23</b>	0
<b>24</b> Other assets (describe in Schedule O)	0	<b>24</b>	0
<b>25</b> Total assets	9444.40	<b>25</b>	7899.54
<b>26</b> Total liabilities (describe in Schedule O)	0	<b>26</b>	0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	9444.40	<b>27</b>	7899.54

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? Health equity education and leadership development

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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

<b>28</b> COVID-19 monitoring program: Purchase of supplies for COVID-19 positive patients and development of program to track positive patients and provide support. Trained over 300 volunteers and enrolled over 100 people in monitoring program.			
(Grants \$ <u>83900</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>		<b>83900</b>
<b>29</b> Health Equity Leadership courses: Courses taught to HEC chapters for interdisciplinary groups of students in Wyoming, Montana and Idaho.			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>		<b>0</b>
<b>30</b> Health Equity Circle Summit: Educational summit for HEC chapters for leadership and program development.			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>		<b>0</b>
<b>31</b> Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>		
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>		<b>83900</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
All Kanat President	5	0	0	0
Rozanna Fang Vice President	5	0	0	0
Amanda TeBlunthuis Treasurer	5	0	0	0
Ian Coe Secretary	5	0	0	0
Lorelei Walker Board member	5	0	0	0
Laura Stolp Board member	5	0	0	0
Kelly Anne Hennessey Board member	5	0	0	0
Dylan Walker Board member	5	0	0	0
David Holzer Board member	5	0	0	0
Chelsea Stevenson Board member	5	0	0	0
Madeline Harris Board member	5	0	0	0
Luis Manriquez Regional organizer	20	0	0	0

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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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0, section 4955 0
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Luis Manriquez Telephone no 360-395-5825 Located at 31015 N Spotted Rd Deer Park, WA ZIP + 4 99006
42b 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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

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

Table with columns Yes, No and row 46 with checkmarks.

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

Table with columns Yes, No and row 47 with checkmarks.

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

Table with columns Yes, No and row 48 with checkmarks.

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

Table with columns Yes, No and row 49a with checkmarks.

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

Table with columns Yes, No and row 49b with checkmarks.

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 None

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000 None

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

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 Signature of officer Luis Manriquez, Regional organizer (executive director) Date 11/9/20

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check 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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization  
**Health Equity Circle**

Employer identification number  
**832138955**

**Line 1 Revenue: Spectrum financial sponsor: Income of \$82,559.35 on behalf of Spectrum**

**Line 10 expenses: 83,900: COVID-19 supplies purchased for programmatic use for monitoring program in association with**

**WSU and Spokane Alliance. Program is ongoing and has enrolled over 100 people and trained over 300 volunteers**

**Line 13 Expense: annual Nationbuilder website fee Alison Shuman: \$348**

**Line 16 other expenses: Online donation service fees: \$16.86**

**Line 16 other expenses: Spokane Alliance dues: \$1000**

**Line 16 other expenses: Business license, state filing fees: \$95**

