Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2019

OMB No 1545-0047

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

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public

		or the freasury sinue Service			Mejsection		
A For the 2019 calend		2019 calend	ar year, or tax year beginning September 1 , 2019, and ending	Augu	st 31 , 20 20		
В	Check if a	plicable: C Name of organization			r identification number		
V	Address o	change	TarValon.net inc.	27-0857357			
	Name cha	ange		E Telephone number			
\sqcup	inmal retu		1926 Rosalie Ridge Dr NE	(256) 276-0193			
H		m/terminated			xemption		
H	Amended	n pending	/1 /	-	r ▶ 🔞		
G		ting Method:	11211271116) 712 35022		if the organization is not		
	Website	•			attach Schedule B		
			· · · · · · · · · · · · · · · · · · ·		990-EZ, or 990-PF).		
			☐ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ets			
			500,000 or more, file Form 990 instead of Form 990-EZ		\$		
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructio	ons for Part I) 🔞		
			the organization used Schedule O to respond to any question in this Part I.				
2	1		ns, gifts, grants, and similar amounts received	. 1			
1	1		ervice revenue including government fees and contracts	. 2			
8		-	ip dues and assessments	3			
7	. I	Investment	<u>, </u>	4	<u>_</u>		
	5a		unt from sale of assets other than inventory 5a	0			
	b		or other basis and sales expenses	<u></u>			
	c		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 50	0		
	6	-	d fundraising events:		-		
	а	_	ome from gaming (attach Schedule G if greater than				
9	-	\$15,000) .		0			
ē	ь		me from fundraising events (not including \$ 3,717 of contributions	–			
Revenue	_		aising events reported on line 1) (attach Schedule G if the	- 1			
-	١,		h gross income and contributions exceeds \$15,000) 6b 15,3	36			
,	c	Less: direc	t expenses from gaming and fundraising events 6c 4,6	_			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
	ĺ	line 6c) .		60	10,721		
	7a	Gross sales	s of inventory, less returns and allowances	87			
	ь		of goods sold	0			
	C	Gross profi	t or (loss) from sales of inventory (subtract line 7b from line 7a)	70	87		
	8		nue (describe in Schedule O)	. 8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9			
	10			10			
	11	Benefits pa	similar amounts paid (list in Schedule O) id to or for members	11	1 . 0		
S	12	Salaries, ot	similar amounts paid (list in Schedule O) id to or for members her compensation, and employee benefits Received US Bank USB	12	2 0		
use	13	Professiona	al fees and other payments to independent contractors	13	0		
Expenses	14	Occupancy	r, rent, utilities, and maintenance DEC 0 7 2020	14	0		
Ж	15		blications, postage, and shipping	15			
	16	Other expe	nses (describe in Schedule O) 🚇	16			
	17	Total expe	nses. Add lines 10 through 16	17			
တ	18		deficit) for the year (subtract line 17 from line 9)	18			
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with	٦ 🗀			
AS		end-of-yea	r figure reported on prior year's return)	19	. 18,925		
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	20			
Ž	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21			

	·	•	•				
		990-EZ (2019)					Page 2
2.	Ра	Balance Sheets (see the instructions	•		Don't II		
		Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
	22	Cook aguings and investments		-	18925	22	26455
	22	Cash, savings, and investments				23	20433
	23	Land and buildings				24	
	24	Other assets (describe in Schedule O) Total assets			18925		26455
	25					26	20455
	26 27	Total liabilities (describe in Schedule O)					<u>-</u> _
2		Net assets or fund balances (line 27 of column t III Statement of Program Service Accom Check if the organization used Schedule	plishments (see th	ne instructions for	•		26,455 Expenses
,	Nha	t is the organization's primary exempt purpose?	Social Activity				quired for section (c)(3) and 501(c)(4)
: ! !	as n oers	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the				anizations; optional for
7	28	Events				-	
	2		includes foreign gra	ants, check here .	▶ 🗆	28a	0
	29	Scholarships					
	30	(Grants \$) If this amount Philanthropic Endeavors	includes foreign gra	ants, check here .	▶ 🗆	29a	0
		(Grants \$) If this amount	includes foreign gra	ents check here		30a	
	31	Other program services (describe in Schedule O)					
	32	Total program service expenses (add lines 28a t				31a	- 0
1	_	t IV List of Officers, Directors, Trustees, and Key					ntions for Port IVA
	- Cit	Check if the organization used Schedule			•	เอนนเ	
-		(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 employed benefit plans, and	C	Estimated amount of other compensation
		ey Morgan - CEO			<u> </u>		
_		ember 2019 through March 2020 Inan Lieb - CEO	40		<u> </u>	+	
_						1	
_		h 2020 through August 2020 beth Beattie - COO	40	9	<u> </u>	+-	
_			40				
-	<u> </u>	ember 2019 through March 2020			1	+	
_		DeSimone - COO	40				
-		h 2020 through August 2020			<u> </u>	-	
-		nda Beckman - CFO	20)		
-	ireg	Shelley - CRO	20	()		
į	osej	ph Pistritto					
E	oan	d Member				1_	
<u> </u>	ryst	al Dumonceaux					·
E	oan	d Member					
E	lizal	beth Beattle					
E	oard	i Member				\perp	
1	1elis	sa Dombrowski					
Ē	oan	d Member					
7	mar	nda Keen	-		T	1	

Board Member

	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		٧.	!	
				Yes	No	
	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	33		/	2
Ø	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	34	_		
	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)?	35a		•	
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b			
	36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		•	_
	37a	during the year? If "Yes," complete applicable parts of Schedule N	36		ئـــــــــــــــــــــــــــــــــــــ	7
	b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		V	9
	ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:		_		
	a b 40a	Initiation fees and capital contributions included on line 9				
	b	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	 40b			7
	С	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				_
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				!
	e	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	40e			
	41	List the states with which a copy of this return is filed ▶ Alabama				
	42a	The organization obodie are in date of v		39-381	3	
		Located at ► 417 Skydale Drive Ann Arbor, MI At any time during the calendar year, did the organization have an interest in or a signature or other authority over	481		Ala.	
	D	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	42b	Yes	NO	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	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.	42c		<u>/</u>	
	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		. 1	▶ □	
		Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		-	
		Did the organization receive any payments for indoor tanning services during the year?	44c 44d			
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		7	
		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	45b			

the tables for lines Yes N ne tax 48 49a 49b cotors, trustees, and leading to the sections.	lic office? If "Yes," complete Schedule C, Part I	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	•_· · · · · · · · · · · · · · · · ·			199U-EZ (2019) Page M
Yes N	lic office? If "Yes," complete Schedule C, Part I	to candidates for public office? If "Yes," complete Schedule C, Part I		Yest No	I Vest No.	
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Yes N ne tax	representation and the section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	Did the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	to candidates for public office? If "Yes," complete Schedule C, Part I			
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+	nours per week compensation benefit plans, and deferred other compensation	(a) Name and title of each employee (b) Average hours per week devoted to position (Forms W-2/1/199_MISC) (c) Reportable compensation contributions to employee benefit plans, and deferred other compensation	Check if the organization used Schedule O to respond to any question in this Part VI Check if the organization used Schedule O to respond to any question in this Part VI 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and keempioyees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Average hours per week developed to resetting forms the organization of the plans, and deferred other compensation of the complex of the complex of the complex of the complex of the organization of the compensation of the comp	Section 501(c)(3) Organizations Only **Ection 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 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization a section 527 organization? (b) Average hours per week devited to position (Forms the organizations, and deferred compensation (G) Health benefits, benefit plans, and deferred other compensation (G) Health benefits, benefit plans, and deferred other compensation (E) Estimated amount of other compensation of the compensation of the compensation (E) Estimated amount of other compensation of the compensatio	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	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
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47 48 49a 49b ectors, trustees, and l	tete Schedule C, Part II	year? If "Yes," complete Schedule C, Part II	ลอสเดก รับิวิ(ต์เสี) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.	VI Section 501(c)(3) Organizations Only ລອວກon ວິບຳ(c)(3) organizations must answer questions 47–49b and 52. and complete the tables for lines 50 and 51.	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	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
ne tax	engage in lobbying activities or have a section 501(h) election in effect during the tax ete Schedule C, Part II	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	ละอสเดก อับิว์เต่เง) organizations must answer questions 47–49b and 52, and complete the tables for lines	Section 501(c)(3) Organizations Only Section 501(c)(3) Organizations Must answer questions 47–49b and 52. and complete the tables for lines	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	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
ne tax	engage in lobbying activities or have a section 501(h) election in effect during the tax ete Schedule C, Part II	Check if the organization used Schedule O to respond to any question in this Part VI		VI Section 501(c)(3) Organizations Only	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	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 N ne tax	engage in lobbying activities or have a section 501(h) election in effect during the tax ete Schedule C, Part II	50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI			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	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 N ne tax	realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to respond to any question in this Part VI realization used Schedule O to	Section 501(ci(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	to candidates for public office? If "Yes," complete Schedule C, Part I		Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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

	 	Go to www.irs.gov/	Form990 for i	nstructions a	nd the latest informa	Employer identifi	Inspection cation number
	f the organization on.net Inc.					1 ' '	0857357
Part	·				vered "Yes" on		
1	Indicate whether the organization		<u> </u>		owing activities. C	Check all that apply.	
а	☐ Mail solicitations				ion of non-govern		
b	☐ Internet and email solicitatio	ns	f [Solicitati	ion of governmen	t grants	
С	☐ Phone solicitations		g [] Special 1	fundraising event	s	
d	☐ In-person solicitations						
2a	Did the organization have a writ or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by		•	draisers) pu	ursuant to agreen	nents under which th	ie fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in cot (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4			-				
5							
6							
7							
8		·					
9							
10							
Total				<u> </u>			
3	List all states in which the organ registration or licensing.	nization is regist	tered or lice	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from

	31 t II	than \$15,000 of fundraising gross receipts greater that	ng event contributions	and gross income on	Form 990-EZ, lines 1	and 6b. List events with
			(a) Event #1 Anniversary Party (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	13810			
æ	2	Less: Contributions	0			
	3	Gross income (line 1 minus line 2)	13810			`
	4	Cash prizes	0			
	5	Noncash prizes	0			
Sesu	6	Rent/facility costs	328			
Direct Expenses	7	Food and beverages	1593			
Direct	8	Entertainment	0			
	9	Other direct expenses .	0			
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		1921 11889
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E2		ered "Yes" on Form	990, Part IV, line 19,	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))
<u>&</u>	1	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes			•	
Direct	4	Rent/facility costs				· · · · · · · · · · · · · · · · · · ·
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	4
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)	> {	
	8	Net gaming income summary	y. Subtract line 7 from lin	ne 1, column (d)		
	a Ist	ater the state(s) in which the ord the organization licensed to co 'No," explain:	onduct gaming activities	in each of these states	s?	🔲 Yes 🗎 No
10			amıng licenses revoked	, suspended, or termin	ated during the tax year	? .

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? Indicate the percentage of gaming activity conducted in: The organization's facility 13a 13b 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? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □Director/officer □Employee □Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ \$	cnedu	le G (Form 990 or 990-EZ) 2019		Page 3
formed to administer charitable gaming? Indicate the percentage of gaming activity conducted vs. The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Name Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter name and address of the third party: If "Yes," enter name and address of the third party: Name Address If "Gaming manager information: Name Gaming manager information: Name Gaming manager compensation Description of services provided □Director/officer □Employee □Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ Sant IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Party III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additions See instructions.	11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
a The organization's facility	12		☐ Yes	□ No
to the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ Address ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services prowded ▶ □Director/officer □Employee □Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ ther 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 IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III). Ilines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additions See instructions.	13	Indicate the percentage of gaming activity conducted in:		
to the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ Address ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services prowded ▶ □Director/officer □Employee □Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ ther 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 IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III). Ilines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additions See instructions.	а	The organization's facility		%
Name ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address of the third party: Name ► Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► □Director/officer □Employee □Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ► \$ Sant IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	b			%
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Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of organing revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party: Name ▶ Address ▶ 6 Gaming manager information: Name ▶ Description of services provided ▶ □Director/officer □Employee □Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ \$ 2nt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.		Name ►		
revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □Director/officer □Employee □Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of gaming license? Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.		Address ►		
b If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party tif "Yes," enter name and address of the third party: Name Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided □ Director/officer □ Employee □ Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	15a		☐ Yes	□No
amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer Employee Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ \$ 2nt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	ь		00	
C If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □Director/officer □Employee □Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	_			
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Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name ▶		
Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Address ►	·	
Description of services provided ► Director/officer □ Employee □ Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ► Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	16	Gaming manager information:		
Director/officer □Employee □Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Name ►		
Director/officer □Employee □Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Gaming manager compensation ► \$		
Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Description of services provided ▶		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		□ Director/officer □ Employee □ Independent contractor		
retain the state gaming license?		·		
spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	а	•	☐ Yes	□ No
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	b			
	Part I	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition		
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		·		

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.

Attach to Form 990 or 990-EZ.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TarValon.net Inc.

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

Open to Public Inspection

Employer identification number

27-0857357

Form 990-EZ Part 1, Line 8: Refund of PayPal fees and Refund of fraudulent charges and fees on pre-paid visa card.
Form 990-EZ Part 1, Line 10: Robert J ordan Memorial Scholarship distribution.
Form 990-EZ Part 1, Line 16: Bank account fees, PayPal fees, marketing expenses, hosting and software expenses
Form 990-EZ Part 1, Line 20: Variance in assets from year end 2019 and year start 2020. Variance due to changes in exchange rates for funds
maintained in other curriencies (EUR and GBP).
Form 990-EZ Part 5, Line 34: The organization's permanent address was changed.
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V-1
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