Form	990
(Rev Ja	nuary 2620)

Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

, ,
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/Form990 for instructions and the latest information.

Open to Rublic

Inspection

<u>A</u>	Fo	r the	2019 calendar y	ear, or tax year beginr	ning	07-01	, 2019, and	ending	06	<u>5-80 , 2020</u>	
В	Che	ck of ap	pplicable	C Name of organizationGo	d's Resort Inc				D Empl	oyer identification number	
	Add	ress ch	nange	Doing business as	,					26-0766685	
	Name change Number and street (or PO box if mail is not delivered to street address)								E Telepi	none number .	
	Initia	al retur	n	PO Box 4981							
	Fina	al return	n/terminated	City or town, state or prov	nnce, country, and ZIP or foreign postal cod	e			G Gross	receipts	
	Ame	ended r	return	Toplin, MO 6480)3				\$	629,45	<u> 1</u>
	Арр	lication	pending	F Name and address of pnr	napal officer Tyler Swaffer			H(a) is this a	group return t	or subordinates? Yes	No
				Same as C above			<u> </u>	H(b) Are all	subordinati	es included? Yes	No
ī	Tax-	-exemp	t status X 501	(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527	$ \cup$ $/$	If "No,"	attach a lis	t (see instructions)	
J	Wet	bsite:	www.ge	odsresortjoplin	org	1		H(c) Group	exemption	number •	
K			ganization 🗵 Con	poration Trust Ass	ociation Other	LY	ear of formation	2007 M	State of leg	al domicile MO	
P	art	[1]	Summary								
		1	Bnefly describe t	he organization's mission	on or most significant activities	Provid	de housin	g for low-	ncom	e individuals a	nd
φ			families.				,				
Governance											
Ē	}										
Š		2	Check this box ▶	If the organization	discontinued its operations or dis	pos ed of n	ore than 25%	of its net asset	s		
	- [3	Number of voting	g members of the gover	ming body (Part VI, line 1a)	· · · · · ·	RECEIV	/ED	· 3	10	_
es	- 1	4	Number of indep	endent voting members	s of the governing body (Part VI, I	ine (1b)			· 4	10	_
Activities &		5	Total number of	ındıvıduals employed ın	calendar year 2019 (Part V, line 2	(a) 7	DEC 10:9 2		. 5	9	_
Ċ		6	Total number of	volunteers (estimate if r	necessary) · · · · · · · · · ·	· !O · · '	6.6. 6. 3. C	[020	- 6		_
٩		7a	Total unrelated b	ousiness revenue from F	Part VIII, column (C), line 12	.	COCAL	<u> ∝ </u> -	· 7a	0	_
		b	Net unrelated bu	isiness taxable income	from Form 990-T, line 39 · ·	<u>. [</u>	GDEN.	UT···	. 7b	0	
								Prior Year		Current Year	
				d grants (Part VIII, line			⊢			489,42	<u>:7</u>
Revenue		9	Program service	revenue (Part VIII, line	2g) · · · · · · · · · · · · · · · · · · ·		• • • • •			137,87	8
Ş.		10		•	A), lines 3, 4, and 7d) · · · · ·					38	34_
8		11	-		es 5, 6d, 8c, 9c, 10c, and 11e)		_			1,76	2
	ļ	12			nust equal Part VIII, column (A), I	ine 12)				629,45	<u>;1</u>
		13		•	4		• • • • • •				0
		14		or for members (Part IX	,		• • • • • •				0
y)		15			e benefits (Part IX, column (A), lin					321,43	13
Expenses				•	olumn (A), line 11e)		· · · · ·				0_
De			_	expenses (Part IX, colu			40,938			-	
ũ	i		•	(Part IX, column (A), lin	•		F			222,36	
					equal Part IX, column (A), line 25)					543,79	
	\rightarrow	19	Revenue less ex	penses Subtract line	18 from line 12	• • • • •	• • • • •			85,65	<u>i3</u>
ò	Fund Balances						-	Beginning of Curr		End of Year	
State	aga	20	Total assets (Par	•				1,100		1,182,91	
A As	Ē	21	Total liabilities (F						3,098	99,75	
		22		nd balances Subtract I	ine 21 from line 20 · · · · ·		• • • • • • • • • • • • • • • • • • • •	99	7,515	1,083,16	<u>8</u>
	art		Signature		n, including accompanying schedules and s	tatamante an	d to the heet of m	knowledge and help	of it is		—
true	цел р э, соі	rrect, a	nd complete Declarat	tion of preparer (other than offi	cer) is based on all information of which pre	parer has any	knowledge	Knowledge and ben			
				•	7 () ()					11/10/21	
Sig	n		John G: Signature of			····			l Da	11 (10(0X 0	—
He	_	ŀ							54		
ПС	:1 C	1		lles, Operation	s Director					-	—
			Print/Type prepare		Preparer's signature	l n	Pate	l as .	X ıf	PTIN	
Da	id		1		Soul Zahet			Check	_		ŧ
Description of the contract of								P01426828	+		
	•	arer Only					 	Firm's EIN			*
US	- C	only	Firm's address					Phone no	417	E20-7002	1
NA==	. 45	- 100	diagrap this retu	Joplin M					41/-	529-7093 · · · · ☐ Yes	
_	-				own above? (see instructions)	• • • • •		• • • • • • •	· · · ·		
FOI	ra	perw	ork reduction A	Act Notice, see the sep	raiale instructions.					Form 990 (201	191

Form	1990 (2019) God's Resort Inc	26-0766685	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	🔲
1	Bnefly describe the organization's mission:		
	Provide housing for low-income individuals and families.	· 	
		"	
			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ vos la	l No
	•	□ tes 12	J 140
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services?	□ Yes िx	No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by	
-	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$400,755 including grants of \$) (Revenue)	ue \$)
	God's Resort is a relationship-based transitional housing community exclus	ively for peopl	е
	seeking the love and support of the body of Christ as they discover or red		
	them and His influence on their lives. God's Resort provides clean, safe,		
	well as a personalized Stability Plan, and relationship-based events and a		ded to
	empower residents as they learn and grow. In 2019 we added 10 new apartmen	t units.	
		<u>, , , , , , , , , , , , , , , , , , , </u>	
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
			
			
			···
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
	/ (Code) (Expenses +)		
		·	
	·		
			
4d	Other program services (Describe on Schedule O)	`	
4-	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 400,755	Form	990 (2019)
EEA			()

9) God's Resort Inc Checklist of Required Schedules Part IV

Ь.	•		V	N-
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
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		х
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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
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		х
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page 4

Pa	rt IV 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	_	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ľ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ļ
	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	اا		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?	256		
00	If "Yes," complete Schedule L, Part I	25b		X
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%	20		١,
~~	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
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			
				l
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes " complete Schedule L. Part III	27		
28	persons? If "Yes," complete Schedule L, Part III			X
20	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			·
a	"Yes," complete Schedule L, Part IV	28a		x
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	-00		_
·	"Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>
••	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> · · · · · · · · · · · · · · · · · ·	31		x
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		x
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		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	<u> </u>
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b				
С				
	reportable gaming (gambling) winnings to prize winners?	1c		x

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b b 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 x **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) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c 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? X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • 7h h X Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 X Sponsoring organizations maintaining donor advised funds. X а Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b Х 10 Section 501(c)(7) organizations. Enter а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter а Gross income from other sources (Do not net amounts due or paid to other sources b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans C Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N 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 VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O Enter the number of voting members included in line 1a, above, who are independent 10 h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Х 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? x If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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? Section C. Disclosure List the states with which a copy of 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 (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 records John Giles (417) 553-4080, PO Box 4981, Joplin, MO 64803

Form 990 (201		26-0766685	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employee	s, and
	Check if Schedule O contains a response or note to any line in this Part VII		<u></u> . 🗆
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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

Creck this box it rieither the organization not any lead			•		(C)	-				
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unles	s per	son is	nan one s both ar /trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Jarrett Cook	8 .00									
Director		Х	-	_				0	0	. 0
(2) Jill Fields	8.00	x		Ì				0	0	0
Director (2) Director	6 00			\dashv				.0		<u> </u>
(3) Dwayne Friend	6.00			_				_	o	•
Secretary	6.00	Х		X				0	0	0
(4) Karen Sorrick	6.00	1		İ				_	_	_
Director		Х	\vdash					0	0	0
(5) Tyler_Swaffer President	8 -00	x		x				0	0	0
	6.00							•		
(6) Ryan Melton		х		x				o	o	0
								<u> </u>		
(7) Joe Harris		х	ļ					o	o	0
Director (%) Director			\dashv			-		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(8) Danica Harris					1		1	o	o	0
Director	<u> </u>	Х	\dashv	\dashv	\dashv			0		<u> </u>
(9) Sergio Rizo										
Director	<u> </u>	Х	-		\dashv			0	0	0
(10)Jackie Rizo										_
Director	<u> </u>	X	\rightarrow	-	-			0	. 0	. 0
(11) Jay St Clair	40.00								_	_
Executive Director		-		Х	-	Х		0	0	0
(12)Julie St Clair	35.00]	
Resident Care Director	ļ	ļ	\vdash	Х	X			0		0
(13)John Giles	40.00									
Operations Director			\sqcup		X		Щ	0	0	0
(14)	L									
		L					L.,			Form 900 (2010)

Part	VII Section A. Officers, Directors, Trustees	s, Key Emplo	yees, a	and			Comp	ens	sated Employees	(continued)			
,	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	1	ganizatio ited orgar	
(15)													
<u>(16)</u>													
<u>(17)</u>												•	
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal							· •					
d	Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but not limite reportable compensation from the organization		sted ab	ove)) wh	o rec	eived	mor	re than \$100,000 o	f			0
						·				·· -·· · · -		Yes	· T · · · ·
3	Did the organization list any former officer, directo employee on line 1a? <i>If "Yes," complete Schedule</i>				, OI	nign	esi co	mpe	ensaled		. 3	-	- x
4	For any individual listed on line 1a, is the sum of re				and	oth	er com	pen	sation from the			+-	+^
	organization and related organizations greater that												
	ındıvıdual										. 4		х
5	Did any person listed on line 1a receive or accrue	•		-			_		ation or individual			_	_
04	for services rendered to the organization? If "Yes,"	" complete So	hedule	· J fo	or su	ich p	erson				. 5		X
	on B. Independent Contractors		-d4			- 46	-1		1 than \$100.0	100 of			
1	Complete this table for your five highest compensation from the organization Report comp										•		
	(A)				,				(B)				
	Name and business addres	ss							Description of servi	œs		ensation	
		 						-	·		•		
					_								
											·		
2	Total number of independent contractors (including received more than \$100,000 of compensation from					ed a	bove)	who		,			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Unrelated Related or exempt function revenue business revenue from tax under sections 512-514 Federated campaigns Membership dues 1b Gifts, Grants Ċ Fundraising events -1¢ 1d Related organizations 1e Government grants (contributions) · · All other contributions, gifts, grants, Contributions, and Other Sim 1f and similar amounts not included above 489,427 Noncash contributions included in lines 1a 1f Total. Add lines 1a-1f 489,427 **Business Code** 531110 137,878 2a Rental Income 137,878 Program Service Revenue f All other program service revenue · · · · · g Total. Add lines 2a-2f 137,878 Investment income (including dividends, interest, and 3 other similar amounts) 384 384 Income from investment of tax-exempt bond proceeds Royalties (II) Personal 6a 6a Gross rents **b** Less rental expenses · · 6c c Rental income or (loss) d Net rental income or (loss) (i) Secunties (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) · · · · · d Net gain or (loss) . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a **b** Less direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming 9a activities, See Part IV, line 19 9b **b** Less direct expenses · · · · · · · c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10à returns and allowances b Less cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code Miscellanous Revenue 900099 194 194 11a Miscellaneous 900099 1,568 1,568 b Gain on sale d All other revenue 1,762 e Total. Add lines 11a-11d Total revenue. See instructions 629,451 140,024

19) God's Resort Inc
Statement of Functional Expenses Part IX

Section	Charlest Schodule O contains a response or note to				
) Oc	Check if Schedule O contains a response or note to	any line in this Part IX	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	•			
	and domestic governments See Part IV, line 21			THE STATE OF THE S	· · · · · · · · · · · · · · · · · · ·
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 Benefits paid to or for members	,	_ ,,		
4	·	<u> </u>		Test at the a derivation of the form	Prodes Branch Com - Branch Long York Company or will be to
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	297,671	200,260	66,667	30,744
8	Pension plan accruals and contributions (include	291,611	200,280	00,007	30,744
•	section 401(k) and 403(b) employer contributions				
9	Other employee benefits	1,000		1,000	
9 10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	22,762	15,458	4,948	2,356
11	Fees for services (nonemployees)	22,162	15,456	4,340	2,330
	Management	2,591	2,591		
a b	Legal · · · · · · · · · · · · · · · · · · ·	74	2,391	74	
C	Accounting	220		220	
d	Lobbying		···		
9	Professional fundraising services See Part IV, line 17		SA SERVICE SERVICE SERVICES	The second second	
f	Investment management fees	-	7 25 - 41 37 37 37	()	·····
g	Other (If line 11g amount exceeds 10% of line 25, column	····	· · · · · · · · · · · · · · · · · · ·		
y	(A) amount, list line 11g expenses on Schedule O)	4,590	2,200	2,390	
12	Advertising and promotion	4,590	2,200	2,330	
13	Office expenses	12,269	2,008	10,261	
14	Information technology	3,146	2,000	3,146	
15	Royalties · · · · · · · · · · · · · · · · · · ·	3,140		3,140	
16	Occupancy	74,434	74,434		
17	Travel	74,454	74,434		
18	Payments of travel or entertainment expenses		·····		
. •	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,270		2,270	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	58,612	57,938	674	
 23	Insurance · · · · · · · · · · · · · · · · · · ·	24,420		<u> </u>	
24	Other expenses Itemize expenses not covered		ASSESSED AND AND ASSESSED.		THE RESIDE
- '	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				with a Country and the
	(A) amount, list line 24e expenses on Schedulc O)				
а	Community Center Expenses	12,353	12,353		
ь	Educational Materials	766			
c	Bank charges & Dues	2,726		2,726	
ď	Workers Compensation	6,275	4,222	1,405	648
e	All other expenses	17,619		6,324	7,190
25	Total functional expenses. Add lines 1 through 24e· · ·	543,798	400,755	102,105	40,938
25 26	Joint costs. Complete this line only if the	343,196	400,733	102,103	10,550
	organization reported in column (B) joint costs			}	
	from a combined educational campaign and				
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720) f f f f f f f f f f f f f				†

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 102 (7,430)1 Cash - non-interest-bearing 2 2 151,009 207,814 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 949,502 10c 982,534 307,823 b 11 11 Investments - other secunties See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,100,613 16 1,182,918 Accounts payable and accrued expenses 5,692 17 17 18 18 19 19 Deferred revenue 6,750 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 97,406 93,000 24 24 Unsecured notes and loans payable to unrelated third parties 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 25 103,098 26 Total liabilities. Add lines 17 through 25 · · · · · · · · · 99,750 Organizations that follow FASB ASC 958, check here **▶** |**x**| Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions 997,515 1,083,168 28 Net assets with donor restrictions 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 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 32 32 997,515 1,083,168 33 Total liabilities and net assets/fund balances 1,100,613 1,182,918

Form		6-076	6685		Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\cdots \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		62	,451
2`	Total expenses (must equal Part IX, column (A), line 25)	2			3,798
3	Revenue less expenses Subtract line 2 from line 1	3		8	5,653
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		99	7,515
5	Net unrealized gains (losses) on investments	5 -			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			. 0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		1,083	3,168
Pa	rt XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response or note to any line in this Part XII				□
				Yes	No
1	Accounting method used to prepare the Form 990 🕱 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		- 1	<i>'</i>	
	Schedule O		<u> </u>	_ `_	_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both				-1 1
	Separate basis Consolidated basis Both consolidated and separate basis			_ _	, , ,
b	Were the organization's financial statements audited by an independent accountant?		2	b	х
	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		ĺ	- 1	
	Separate basis Consolidated basis Both consolidated and separate basis			_ _	اـــــا
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?		2	с 📗	
	If the organization changed either its oversight process or selection process during the tax year, explain on		-	'	
	Schedule O		1_	_ _	_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3	a	х
b	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		3	b	
EEA			Fo	rm 990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

 $\label{lem:complete} \textbf{Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. }$

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization 26-0766685 God's Resort Inc 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 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. 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. 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) EIN (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B)

(C)

(D)

(E)

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support					·	
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		, .	, .	,	•	
	received (Do not include any "unusual grants ")	268,745	538,482	567,055	308,893	130,215	1,813,390
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			İ			
	organization's tax-exempt purpose · · · · ·	104,494	109,843	132,618	140,062	62,919	549,936
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						<u> </u>
4	Tax revenues levied for the						
	organization's benefit and either paid to			1			
	or expended on its behalf						
5	The value of services or facilities			i			
	furnished by a governmental unit to the			1			
	organization without charge		2,452	30,454			32,906
	Total. Add lines 1 through 5	373,239	650,777	730,127	448,955	193,134	2,396,232
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3			İ			
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)			l			2,396,232
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	373,239	650,777	730,127	448,955	193,134	2,396,232
10a	Gross income from interest, dividends,				ļ		
	payments received on securities loans, rents,						
_	royalties, and income from similar sources · ·						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	,					
	acquired after June 30, 1975						
	Add lines 10a and 10b		<u></u>				
11	Net income from unrelated business	ŀ					
	activities not included in line 10b, whether						
	or not the business is regularly carned on		_				
12	Other income. Do not include gain or			•			
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	373,239	650,777		448,955	193,134	
14	First five years. If the Form 990 is for the or	-			-		
	organization, check this box and stop here			· · · · · · · · · · ·	 		· · · · · > 📋
	ction C. Computation of Public Suppor					46	
	Public support percentage for 2019 (line 8, c					15	100.00 %
	Public support percentage from 2018 Sched					10	99.81 %
	ction D. Computation of Investment Inc Investment income percentage for 2019 (line			ne 13 column	<u>(f))</u>	17	2 22 0/
	· · · · · · · · · · · · · · · · · · ·						0.00 %
	Investment income percentage from 2018 Sc					18 than 33 1/3%	0.00 %
туа	33 1/3% support tests - 2019. If the organiz						
L	17 is not more than 33 1/3%, check this box	-	-			-	-
D	33 1/3% support tests - 2018. If the organiz						
20	line 18 is not more than 33 1/3%, check this	•	_	•	-		- =
2 U	Private foundation. If the organization did n	or check a box	OIT IIIIE 14, 198	a, or 190, chec	r uns pox and	see instruction	13

determine whether the organization had excess business holdings.)

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

ect	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	NO
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		i	
	class or purpose, describe the designation of historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
		2		
2-	organization was described in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
3a				
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	!		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b				
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	<u> </u>		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		L
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(III) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	ŀ		ļ
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
-	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
-	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
·va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
L		iva		_
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1 _ 3		

God's	Reso	rt Inc
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Pa	rt IV Supporting Organizations (continued)			
-			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			l
	below, the governing body of a supported organization?	l1a		
b	A family member of a person described in (a) above?	l1b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	I1c		
Sec	tion B. Type I Supporting Organizations			
_	Did the directors trustees as memberatus of one or more supported examinations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			İ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	and supported digamization(b).	1		
Sec	tion D. All Type III Supporting Organizations			
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	Liganization of governing accumulation in control and accumulation, as an accumulation of processing processing	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	,	ĺ
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ruc	tions))
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (se	e ir		
2	Activities Test Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	· · · · · · · · · · · · · · · · · · ·	2a	<u> </u>	
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	٠		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	<u> </u>	2b	ļ	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			i
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		Щ.

Schedule A (Form 990 or 990-EZ) 2019 God's Resort Inc		26-0766	685	Page (
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org				
1 Check here if the organization satisfied the Integral Part Test as a qualifying				
instructions. All other Type III non-functionally integrated supporting organization	zation	s must complete Sections		
Section A - Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or			T	
collection of gross income or for management, conservation, or			1	
maintenance of property held for production of income (see instructions)	6		İ	
7 Other expenses (see instructions)	7		1	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		1	
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Curre (optio	
Aggregate fair market value of all non-exempt-use assets (see	T	,		
instructions for short tax year or assets held for part of year)			1	
a Average monthly value of securities	1a		Ţ	
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c		T	
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other			1	
factors (explain in detail in Part VI)	1			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	· · · · · · · · · · · · · · · · · · ·		
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			1	
see instructions)	4		i	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6		T	
7 Recoveries of prior-year distributions	7	····		
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current	Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			-
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	6			
7 Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supporting	organization	(see
instructions)	-			

ķά	Tipe iii Non-Functionally integrated 509(a)(5)	Supporting Organiz	ations (continued)	· · · · · · · · · · · · · · · · · · ·
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tion's	+
4	Amounts paid to acquire exempt-use assets		•	
5	Qualified set-aside amounts (prior IRS approval required)			-
6	Other distributions (describe in Part VI). See instructions			,
7	Total annual distributions. Add lines 1 through 6.		,	
8	Distributions to attentive supported organizations to which the	e organization is respon	sive `	
	(provide details in Part VI). See instructions.		•	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		,	
9	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019		,	
	(reasonable cause required - explain in Part VI) See		,	
	instructions			
3	Excess distributions carryover, if any, to 2019	APPENDING THE PROPERTY	建设建筑的企业企业的存在方面	William Control of the Control of th
а	From 2014		SAN MARKANIA	性質素質的重要的
b	From 2015	NEW YORK PROPERTY.	SENSTALL SE	
	From 2016	Websell (1995)	ALEXANDER AND AND AND AND AND AND AND AND AND AND	被证据与对何证据
d	From 2017	是由你們們們們們		网络这种种的复数形式
е	From 2018	STATES THE STATE OF THE STATE O		Will the Control of t
f	Total of lines 3a through e			是在1998年
g	Applied to underdistributions of prior years	2. 10 10 10 10 10 10 10 10 10 10 10 10 10 		
_	Applied to 2019 distributable amount	STATE OF THE STATE	NAME OF THE PARTY	
i	Carryover from 2014 not applied (see instructions)		图象型的专动性系统	7742300000000000000000000000000000000000
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f		NACAMETER.	
4	Distributions for 2019 from			
	Section D, line 7. \$			
а	Applied to underdistributions of prior years	AND SHAPE		
, b	Applied to 2019 distributable amount	《春日》建設 的	ZIFF FALSE HERE	
С	Remainder Subtract lines 4a and 4b from 4	'		
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2. For result		1	
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h		45% 17.00 GATES	
	and 4b from line 1. For result greater than zero, explain in			i
	Part VI See instructions.			•
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.	, i		
8	Breakdown of line 7.			
a	Excess from 2015	THE RESERVE THE PROPERTY OF THE PARTY OF THE		A A STATE OF THE PARTY OF THE P
b	Excess from 2016	等是更多的。	PERMITTED AND BE	洲科学的学习的
	Excess from 2017	The state of the s	POSITATORES ALTERNATE	化处理器化制设施设施
	Excess from 2018	territoria de la Cara marta esta al para en a de la ba		MATERIAL CONTRACTOR

e Excess from 2019

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization			Employer identification number
God	's Resort Inc			26-0766685
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Fu	unds or Acco	unts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6	3.	
	\ \	(a) Donor advised for	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in d	lonor advised	
	funds are the organization's property, subject to the organization			· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor adv	<u> </u>		
•	only for charitable purposes and not for the benefit of the donor			
	conferring impermissible private benefit?			· · · · · · · · · · · · · · · · · · ·
Pa				
	Complete if the organization answered "Yes" or	n Form 990. Part IV. line	7	
1	Purpose(s) of conservation easements held by the organization		·	
•	Preservation of land for public use (e.g., recreation or educ		Preservation of	a historically important land area
	Protection of natural habitat			a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in	the form of a co	nservation
•	easement on the last day of the tax year	conscivation contribution in	the form of a co	
•	•			Held at the End of the Tax Year 2a
a				
b	Number of conservation easements on a certified historic structure.			
C				20
d	Number of conservation easements included in (c) acquired af			2d
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, release	ased, extinguished, or termin	ated by the orga	mization during the
	tax year	mont in located		
4	Number of states where property subject to conservation ease		andling of	
5	Does the organization have a written policy regarding the perio			· · · · · · · · · · · · · · · · · · ·
_	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	inding of violations, and emic	ording conservati	on easements during the year
_	A			and the same
7	Amount of expenses incurred in monitoring, inspecting, handling	ig or violations, and enforcing	conservation e	asements during the year
_	S			VDVA
8	Does each conservation easement reported on line 2(d) above			
_	and section 170(h)(4)(B)(II)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financ	ial statements tr	lat describes the
Da	organization's accounting for conservation easements rt III Organizations Maintaining Collections	of Art Historical Tra		Athor Cimilar Accord
Pa				Miler Similar Assets.
	Complete if the organization answered "Yes" of			
1a	If the organization elected, as permitted under FASB ASC 958,			
	of art, historical treasures, or other similar assets held for public			ance of public
	service, provide, in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958,			
	art, historical treasures, or other similar assets held for public e	xhibition, education, or resea	arch in furtheran	ce of public service,
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1 · · ·			
	(ii) Assets included in Form 990, Part X · · · · · · · ·			· · · · · · • \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets	for financial gair	ı, provide the
	following amounts required to be reported under FASB ASC 95	——————————————————————————————————————		•
а	Revenue included on Form 990, Part VIII, line 1 · · · · ·	<i></i>		· · · · · · • \$
b	Assets included in Form 990, Part X			· · · · · · • \$

	ule D (Form 990) 2019 God's Resort In	ne	·			26-07666		Page 2
Par	t III Organizations Maintaining	Collections of A	Art, Historical	Treasures,	or Oth	ner Similar Ass	ets (contir	nued)
3	Using the organization's acquisition, accession	n, and other records,	check any of the fo	llowing that mal	ke signif	ficant use of its		
	collection items (check all that apply)		_					
` a	Public exhibition		d 🗌 Loai	n or exchange p	rogram	s		
b	Scholarly research		e 🗌 Othe	er				
С	Preservation for future generations							
4	Provide a description of the organization's coll	ections and explain h	ow they further the	organization's e	exempt	purpose in Part		
	XIII							
5	During the year, did the organization solicit or	receive donations of	art, historical treasi	ires, or other sir	nılar			
	assets to be sold to raise funds rather than to						Yes	☐ No
Par	t IV Escrow and Custodial Arra		-					
	Complete if the organization :	answered "Yes"	on Form 990, F	Part IV, line 9	or re	eported an amou	unt on Fori	m
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodial	n or other intermedia	ry for contributions	or other assets	not			
							· Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	wing table					_
	, .	·	· ·			Amo	unt	
С	Beginning balance				10			
d					10	ı İ	******	
8						· · · · · · · · · · · · · · · · · · ·		
f	Ending balance				1f			
2a	Did the organization include an amount on Foi						Yes	No
	If "Yes," explain the arrangement in Part XIII (ī
	t V Endowment Funds.							ш
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 1	10.			
	- Joseph Grand Gra	(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Four year	s hadr
1a	Beginning of year balance	(a) Canantycan	(b) Thoryean	(c) Two years	DOCK	(a) Trace years back	(o) roal year	3 0404
h	Contributions · · · · · · · · · · · · · · · · · · ·							
c	Net investment earnings, gains, and	-		1				
U	losses · · · · · · · · · · · · · · · · · ·							
d	Grants or scholarships		 	+		<u> </u>		
-	Other expenditures for facilities and						<u> </u>	
е	programs · · · · · · · · · · · · · · · · · · ·							
	Administrative expenses						 	
' -	,							
g	End of year balance · · · · · · · · · · · · · · · · · · ·	nt year and halance	(line 1a, column (a)) hold as	لـــــــــــــــــــــــــــــــــــــ		<u> </u>	
2	Board designated or quasi-endowment	ni year end balance ((iiiie ig, coluiiii (a)) Held as				
a		/°						
b		0						
С		lel oeural 1000/						
2-	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the possess		an that are hald and	l administrad f	or the			
3a		Sion of the organization	on that are new and	administered i	oi tile		Yes	s No
	organization by (i) Unrelated organizations						3a(i)	3 140
	• • • • • • • • • • • • • • • • • • • •							+
	(ii) Related organizations · · · · · · ·						3a(ii)	+-
b	If "Yes" on line 3a(ii), are the related organizati						30	
B 21	Describe in Part XIII the intended uses of the ort VI Land, Buildings, and Equip		ment lunus					
Гаг	Complete if the organization		on Form agn E	Part IV line 1	112 5	ee Form 990 P	art X line	10
		· '						
	Description of property	(a) Cost or other	' '	t or other basis		Accumulated epreciation	(d) Book valu	16
4-	Land	(investme		(other)		op. Galauori		
1a	Land		28,507					,507
b	Buildings	1,09	94,426			271,270	823	,156
C	Leasehold improvements	• •						
d	Equipment		18,010			36,553		,457
<u>e</u>	Other STMD1		9,414					,414
Total	. Add lines 1a through 1e (Column (d) must ed	gual Form 990, Part X	(, column (B), line 1	<i>0c)</i>			982	<u>,534</u>

Schedule D (Form	990) 2019 God's Resort Inc	<u>;</u>		26	<u>-0766685</u>	Page 3
Part VII	Investments - Other Securities.	d "You" on Form	- 000 Dad	IV/ lime 14h Con Form	000 Dad V	i 10
	Complete if the organization answere	ed tes on Form				
•	(a) Description of security or category (including name of security)		(b) Book val		(c) Method of valuation or end-of-year market v	
(1) Financial o	derivatives · · · · · · · · · · · · · · · · · · ·					
(2) Closely-he	eld equity interests	[
(3) Other						
_(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G) (H)						
	n (b) must equal Form 990, Part X, col (B) line 12)					
Part VIII	Investments - Program Related.		 	<u>.</u>		
1. 4.1.	Complete if the organization answere	d "Yes" on Form	n 990. Part	IV. line 11c. See Forr	n 990. Part X.	line 13
-	(a) Description of investment					
	(a) Description of Investment		(b) Book vali	I	(c) Method of valuation or end-of-year market v	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)		· · · · · · · ·				
(8)				· · · · · - · ·		
(9)						
	(b) must equal Form 990, Part X, col (B) line 13) Other Assets.	•				
Part IX	Complete if the organization answere	d "Ves" on Form	n 000 Part	IV line 11d See For	n 000 Part Y	line 15
			11 330, 1 ait	TV, IIIIC TTG. OCC T OIT	1	
(1)	(a) D	Description			(8) 80	ok value
(2)			· ····		•	
(3)					<u> </u>	
(4)						
(5)			-			
(6)					·	
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col (B) line 15)			· · · · · · · · · · · · · · · · · · ·	1	
Part X	Other Liabilities.					
	Complete if the organization answere	d "Yes" on Form	n 990, Part	IV, line 11e or 11f Se	e Form 990, F	Part X,
_	line 25.	1	1			
1.	(a) Description of liability	(b) Book val	lue			
(1) Federal (ncome taxes			<u>.</u>		
(2)						
(3)						
(4)				-		
(6)						
(7)	- · · · · · · · · · · · · · · · · · · ·			•		
_(8)						-
(9)	- · · · · · · · · · · · · · · · · · · ·			tijk of 1 gran to 11 september belander.	S. Nich J. J. A. Centrologica	e realization of
	(b) must equal Form 990, Part X, col. (B) line 25.)				-	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Payanua no	Poturn	55 Faye 4
Га	Complete if the organization answered "Yes" on Form 990,		i Netuin	•
1	Total revenue, gains, and other support per audited financial statements · · · · · ·		1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		 	
a	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·	2a		
b	Donated services and use of facilities	2b	1 .	
c	Recovenes of pnor year grants	2c	1	
d	Other (Describe in Part XIII)	2d	1	
9	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State		per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	.	
b	Prior year adjustments	2b	↓	
С	Other losses · · · · · · · · · · · · · · · · · ·	2c	1 1	
d	Other (Describe in Part XIII)	2d)	 	
θ	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c 5	
5 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) · · · rt XIII Supplemental Information.		1 3 1	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lin	on thand the Part V line 4. P.	art V. lina	
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any		ait A, mic	
2, r a	TEXT, lines 20 and 40, and 1 are XIII, lines 20 and 40 XISO complete this part to provide any	additional information		
		······································	······································	
	A CONTRACTOR OF THE CONTRACTOR			

		<u> </u>		
				•

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

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

2019

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Employer Identification number Name of the organization 26-0766685 God's Resort Inc Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (g) In default? (i) Watter (d) Loan to or (f) Balance due (a) Name of interested person (b) Relationship (c) Purpose of (e) Onginal (h) Approved with organization from the pnncipal amount by board or agreement? loan organization? committee? Yes No Yes No Yes No From Former Buy (1) Barry Williamson Director Community 160,000 50,000 Х X Х (2) (3) (4) (5) Total 50,000 Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (a) Name of interested person person and the organization (1) (2) (3)

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

Schedule L (Form 990 or 990-EZ) 2019

EEA

(4)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation's
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Part V	Supplemental Informatio	n.tion for responses to questions	on Schedule I. (sea	e instructions)		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 26-0766685 God's Resort Inc 01. Officer, directors, etc. family relationship (Part VI, line 2) Sergio Rizo - Husband of Jackie Rizo Jay St Clair - Husband of Julie St Clair Ryan Harris - Husband of Danica Harris 02. Committee meeting documentation (Part VI, line 8b) There are no committees that have been granted the authority to act on behalf of the Board of Directors. Therefore, there are no minutes of meetings. 03. Form 990 governing body review (Part VI, line 11) A copy of the Form 990 was provided to the entire Board of Directors for review prior to filing the return Conflict of interest policy compliance (Part VI, line 12c) Directors are required to inform the Board of any conflicts of interest. This policy is monitored by the full board. 05. CEO, executive director, top management comp (Part VI, line 15a) Executive Director's compensation is reviewed and approved by the Board of Directors. 06. Other officer or key employee compensation (Part VI, line 15b The Operations Director and all other employee compensation is reviewed and approved by the Board of Directors

07. Governing documents, etc, available to public (Part VI, line 19)