Form. 990-EZ

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

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

2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

|                 |  |               |   |            |               | 117        | mapection                  |  |  |  |
|-----------------|--|---------------|---|------------|---------------|------------|----------------------------|--|--|--|
|                 | For the 2019 calendar year, or tax year beginning , 2019, and ending |               |   |            |               |            | , 20                       |  |  |  |
| В               |  |               |   |            |               |            | ication number             |  |  |  |
| 3□.             |  |               |   |            |               |            | 7-3574889                  |  |  |  |
| ₹⊟ં             |  |               |   |            |               |            |                            |  |  |  |
| 4.□             | nitial retur   | 'n            |   | i          | •             |            |                            |  |  |  |
| . ==            |  | n/terminated  | 2833 N 14th St  |            |               |            |                            |  |  |  |
| . =             | Amended i  |               | City or town, state or province, country, and ZIP or foreign postal code                                | $\sim$     | F Group I     | Exemption  | <del></del>                |  |  |  |
| ⊃∺              | Application  |               | Saint Louis, MO 63107   | (3)        | Numbe         | •          |                            |  |  |  |
|                 |  | ing Method    | X Cash  |            |               |            | organization is <b>not</b> |  |  |  |
| _               | Vebsite  | -             |   | ''         | required to   |            |                            |  |  |  |
| 2 .j .          | Гах-ехе  | mpt status (c | theck only one) -   | 527        | (Form 990,    |            |                            |  |  |  |
| -               |  | organization  |   | <u> </u>   | (1 01111 000) | 000 LZ, 0. | 000-117                    |  |  |  |
| 5               |  | •             | 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or                    | ıf total a | ecate         |            |                            |  |  |  |
|                 |  |               | 5500,000 or more, file Form 990 instead of Form 990-EZ  |            |               | . • •      | 75 000                     |  |  |  |
|                 | art I  |               | e, Expenses, and Changes in Net Assets or Fund Balances   |            |               |            | 75,000                     |  |  |  |
|                 |  |               | the organization used Schedule O to respond to any question in this Pa                                  | •          |               |            | ,                          |  |  |  |
|                 | 1  |               | s, gifts, grants, and similar amounts received  |            |               | 1          |                            |  |  |  |
|                 | 2  |               | vice revenue including government fees and contracts · · · · · · · · · · · · · · · · · · ·              |            |               | 2          | 75,000                     |  |  |  |
|                 | 3  |               | dues and assessments · · · · · · · · · · · · · · · · · · ·  |            |               | 3          |                            |  |  |  |
|                 | 4  |               | ncome   |            |               | 4          | <del></del>                |  |  |  |
|                 | 5a   |               |   |            | • • • • • •   |            |                            |  |  |  |
|                 |  |               |   |            |               |            |                            |  |  |  |
|                 |  |               |   |            |               |            |                            |  |  |  |
|                 | 1 -  |               | ) from sale of assets other than inventory (Subtract line 5b from line 5a) · · · · fundraising events   |            | • • • • •     | 5c         |                            |  |  |  |
|                 | 6  | _             | •   |            |               |            |                            |  |  |  |
| <u>a</u>        | "  |               | e from gaming (attach Schedule G if greater than  |            |               |            |                            |  |  |  |
| 2U21<br>Revenue | ١,   |               |   |            |               |            |                            |  |  |  |
|                 | 6  |               | e from fundraising events (not including \$ of contributions)   | ons        |               |            |                            |  |  |  |
|                 |  |               | sing events reported on line 1) (attach Schedule G if the   |            |               |            |                            |  |  |  |
| <b>X</b>        | _  |               | gross income and contributions exceeds \$15,000) · · · · · · · · 6b                                     |            |               |            |                            |  |  |  |
|                 | 1  |               | expenses from gaming and fundraising events   |            |               |            |                            |  |  |  |
|                 | d  |               | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract                          |            |               |            |                            |  |  |  |
|                 | 7-   |               |   |            | • • • • •     | 6d         | <del></del>                |  |  |  |
| ANNED           |  |               | of inventory, less returns and allowances   |            |               |            |                            |  |  |  |
| Ž               |  |               | goods sold  |            |               |            |                            |  |  |  |
| Z               |  |               | or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · · · · · · · · · · · · · · · · · |            |               | 7c         |                            |  |  |  |
| ට්              | 0  |               | ie (describe in Schedule O)   |            |               | 8          |                            |  |  |  |
| დ—              | 40   |               | ne. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   |            | •             | 9          | 75,000                     |  |  |  |
|                 | 10   |               | imilar amounts paid (list in Schedule O)  | ) · · · ·  | • • • • •     | 10         |                            |  |  |  |
|                 | 11   | •             |   | 101        |               | 11         |                            |  |  |  |
| es              | 12   |               | er compensation, and employee benefits  | .  8       |               | 12         |                            |  |  |  |
| ŠU              | 13   |               | fees and other payments to independent contractors  rent, utilities, and maintenance                    | . 9        |               | 13         | 3,550                      |  |  |  |
| Expenses        | 14   |               |   | ∟≅         |               | 14         |                            |  |  |  |
| ш               | 15   |               | lications, postage, and shipping  | T · · ·    | • • • •       | 15         |                            |  |  |  |
|                 | 16   |               | ses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·  |            | · · · · ·     | 16         | 62,712                     |  |  |  |
|                 | 17   | <u>-</u>      | ses. Add lines 10 through 16  |            |               | 17         | 66,262                     |  |  |  |
| <b>S</b>        | 18   |               | eficit) for the year (Subtract line 17 from line 9)   | • • • •    | • • • •       | 18         | 8,738                      |  |  |  |
| set             | 19   |               | r fund balances at beginning of year (from line 27, column (A)) (must agree with                        |            |               |            |                            |  |  |  |
| Net Assets      |  |               | igure reported on prior year's return)  |            |               | 19         | 219                        |  |  |  |
| Net             | 20   |               | es in net assets or fund balances (explain in Schedule O) · · · · · · · · · · · · · · · · · ·           |            |               | 20         |                            |  |  |  |
| _               | 21   | Net assets or | r fund balances at end of year Combine lines 18 through 20 · · · · · · · · · · · · · · · · · ·          |            | ▶             | 21         | 8.957                      |  |  |  |

|          | m 990-EZ (2019)                                    | Gentlemen of Vision  |                                    | ge Enterprises           | 27-3   | 574      | .889 Page 2              |
|----------|--|--|------------------------------------|--------------------------|--|----------|--------------------------|
| Р        | <del></del>  | e Sheets (see the instructions for Pa  | •                                  |                          |  |          |                          |
|          | Check ı  | f the organization used Schedule O   | to respond to any qu               | uestion in this Part I   | <u> </u>   |          | <u>.</u>                 |
|          |  |  |                                    |                          | (A) Beginning of year                            |          | (B) End of year          |
| 22       | Cash, savings, and                                 | d investments  |                                    |                          | 219  | 22       | 8,957                    |
| 23       | Land and buildings                                 | s  |                                    |                          | 0  | 23       | 0                        |
| 24       | Other assets (des                                  | cribe in Schedule O)   |                                    |                          | 0  | 24       | 0                        |
| 25       | Total assets · ·                                   |  |                                    |                          | 219  | 25       | 8,957                    |
| 26       | Total liabilities (d                               | lescribe in Schedule O)  |                                    |                          | 0  | 26       | 0                        |
| 27       | Net assets or fun                                  | d balances (line 27 of column (B) must ag  | ree with line 21) · · ·            |                          | 219  | 27       | 8,957                    |
| P        | art III Staten                                     | nent of Program Service Accompli   | shments (see the in                | structions for Part I    | ll)  |          |                          |
|          | Check  | if the organization used Schedule O  | to respond to any o                | uestion in this Part     | III  | l        | Expenses                 |
| Wh       | at is the organization                             | on's primary exempt purpose? Counse  | ling & mentorin                    | g at-risk vout           | <u> </u>   | Ι'       | quired for section       |
|          |  |  |                                    |                          |  | 1        | (c)(3) and 501(c)(4)     |
|          |  | tion's program service accomplishments fon<br>tionses in a clear and concise manner, descr |                                    |                          |  | 1 -      | anizations, optional for |
|          |  | d other relevant information for each progra   |                                    | ca, the namber of        |  | othe     | ers)                     |
|          |  | chment & public exposure   |                                    |                          | <del></del> .                                    | <b>†</b> |                          |
|          |  |  |                                    |                          |  |          |                          |
|          |  |  |                                    |                          |  |          |                          |
|          | (Grants \$   | 35,000 ) If this amo   | unt includes foreign gra           | ants, check here         | ▶ □  | 28a      | 33,288                   |
| 29       | · · · · · · · · · · · · · · · · · · ·              | tion trips to colleges and   | <del></del>                        |                          |  |          | 33,200                   |
|          |  | eron crips to correges and   | uni verbreres                      | <del></del>              | ····   |          |                          |
|          |  |  |                                    |                          |  |          |                          |
|          | (Grants \$   | 40,000 ) If this amo   | unt includes foreign gra           | ents check here          | ▶ □  | 29a      | 37,268                   |
| 30       | <u> </u>   | 20,000 ,   |                                    |                          |  |          | 37,200                   |
|          |  |  |                                    |                          |  |          |                          |
|          |  |  |                                    |                          | _  |          |                          |
|          | (Grants \$   | ) If this amo  | unt includes foreign gra           | ents check here          | ▶ □  | 30a      | ,                        |
| 31       | · · · · · · · · · · · · · · · · · · ·              |  | · · · · · · · · · · · · · · · ·    |                          |  |          | •                        |
| •        | (Grants \$   |  | unt includes foreign gra           | ants check here          |  | 31a      |                          |
| 32       | <del>`                                      </del> | rvice expenses (add lines 28a through 31   |                                    |                          |  | 32       | <del>-i</del>            |
|          |  | Officers, Directors, Trustees, and Key Er  |                                    |                          |  |          | 1 70700                  |
|          |  | f the organization used Schedule O to resp   |                                    |                          | ·····  |          |                          |
|          | - Cricon II  | The organization asea estreadic e to resp  | dend to any question in            | (c) Reportable           | (d) Health benefits,                             | Ť        | <u> </u>                 |
|          | 4.   | a) Name and title  | (b) Average                        | compensation             | contributions to employe                         | e        | (e) Estimated amount of  |
|          | v  | ay Hame and title  | hours per week devoted to position | (Forms W-2/1099-MISC)    | benefit plans, and                               |          | other compensation       |
| Ma       | rlon A Wharte                                      | on   |                                    | (if not paid, enter -0-) | deferred compensation                            | +        |                          |
|          | esident  | <b>5</b>   | 0.00                               | 0                        |  | .        | 0                        |
| <u> </u> | esidenc  |  | 0.00                               | 0                        | <del>                                </del>      |          | 0                        |
|          |  |  |                                    |                          |  |          |                          |
|          |  |  |                                    |                          | <del></del>                                      | +        |                          |
|          |  |  |                                    |                          |  |          |                          |
|          |  |  |                                    |                          | <del>                                     </del> | +        | <del></del>              |
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|          |  |  |                                    |                          |  |          |                          |
|          | <u> </u>   |  | -                                  |                          |  | +        |                          |
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| —        |  |  |                                    | ·                        |  | +        |                          |
|          |  |  |                                    |                          |  |          |                          |
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|          |  |  |                                    |                          |  |          |                          |
|          | <del> </del>                                       |  |                                    |                          | 1  | +        |                          |
|          |  |  |                                    |                          |  |          |                          |
|          |  |  |                                    | •                        |  | - 1      |                          |

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|            | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V                          |          |          | . 🗆 |
|------------|--|----------|----------|-----|
|            |  |          | 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       | ļ        | Х   |
| 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       |          | X   |
| 35 a       | 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>_</b> | Х   |
|            | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O · · · · · · | 35b      |          | ļ   |
| С          | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,                      |          |          |     |
|            | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35c      |          | Х   |
| 36         | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets                         |          |          |     |
|            | during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·                                 | 36       |          | X   |
| 37 a       |  |          |          |     |
|            | Did the organization file Form 1120-POL for this year?   | 37b      |          | X   |
| 38 a       | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were                        |          |          |     |
|            | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                           | 38a      | ·        | Х   |
|            | If "Yes," complete Schedule L, Part II and enter the total amount involved · · · · · · · · · · · · · · · · · · ·                       | -{       |          |     |
| 39         | Section 501(c)(7) organizations Enter  |          |          |     |
| а          |  | -        |          |     |
|            | Gross receipts, included on line 9, for public use of club facilities · · · · · · · · · · · · · · · · · · ·                            | -        |          |     |
| 40 a       | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under                                  | i        |          |     |
|            | section 4911 ▶, section 4912 ▶, section 4955 ▶   |          |          |     |
| b          | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958                            | <u> </u> |          |     |
|            | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year                          |          | İ        |     |
|            | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                              | 40b      |          | X   |
| С          | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed  | l        |          |     |
|            | on organization managers or disqualified persons during the year under sections 4912,  | Ì        |          | i   |
|            | 4955, and 4958   |          |          |     |
| а          | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line   |          |          |     |
| _          | 40c reimbursed by the organization   |          |          |     |
| е          | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter                           | <u> </u> |          |     |
| 44         | transaction? If "Yes," complete Form 8886-T  | 40e      |          | X   |
| 41<br>42 - | List the states with which a copy of this return is filed MO   |          |          |     |
| 42 a       | The organization's books are in care of Marlon Wharton Telephone no 314-2  |          | 665      |     |
|            | Located at ▶ 2833 N 14th St, Saint Louis, MO ZIP+4 ▶ 63107   |          | 1 24     |     |
| ь          | At any time during the calendar year, did the organization have an interest in or a signature or other authority over                  | 405      | Yes      | No  |
|            | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                     | 42b      |          | X   |
|            |  |          |          |     |
|            | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |          |          |     |
| ^          | At any time during the calendar year, did the organization maintain an office outside the United States?                               | 42c      |          |     |
| ·          | If "Yes," enter the name of the foreign country  | 426      |          | X   |
| 43         | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here · · · · · · · · · · · · · · · · · ·  |          | _        | Г   |
|            | and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · · · · · · · · · · · ·              | • • •    |          | _   |
|            | The amount of the exempt interest received of decided during the tax years.  |          | Yes      | No  |
| 44 a       | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be                                      |          | 163      | 110 |
|            | completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·   | 44a      |          | х   |
| b          | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be                               | 774      | -        |     |
| _          | completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·   | 44b      | <b></b>  | x   |
| С          |  | 44c      |          |     |
|            | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an                             |          |          | X   |
| _          | explanation in Schedule O · · · · · · · · · · · · · · · · · ·  | 44d      | <u> </u> |     |
| 45 a       | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a      |          | x   |
|            | 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      |          | ×   |

| Form 990-EZ ( | (2019) Gentlemen of Vis  | sion Rites of Pas                     | sage Enterprise          | s2'  | 7-3574889            | F  | age 4           |  |
|---------------|--|---------------------------------------|--------------------------|--|----------------------|--|-----------------|--|
|               |  |                                       |                          |  |                      | Yes  | No              |  |
|               | he organization engage, directly or indirectly, in   |                                       |                          |  | <del> </del>         | ·  |                 |  |
| Part VI       | ndidates for public office? If "Yes," complete Section 501(c)(3) Organizations                     |                                       |                          | <u></u>  | 46                   | ــــــــــــــــــــــــــــــــــــــ           | <u> </u>        |  |
|               | All section 501(c)(3) organizations  |                                       | ons 47 - 49b and 5       | 2, and complete  | the tables fo        | r lines  | 3               |  |
|               | 50 and 51  |                                       |                          |  |                      |  |                 |  |
|               | Check if the organization used Sch   | edule O to respond                    | to any question in       | this Part VI   | <u></u>              |  | $\cdot \square$ |  |
|               |  |                                       |                          |  |                      | Yes  | No              |  |
|               | he organization engage in lobbying activities or   | , ,                                   | •                        |  |                      |  |                 |  |
|               | If "Yes," complete Schedule C, Part II   |                                       |                          |  |                      | <del> </del>                                     | X               |  |
|               | e organization a school as described in section  |                                       |                          |  |                      | <del>                                     </del> | X               |  |
|               | he organization make any transfers to an exem<br>es," was the related organization a section 527 o |                                       | •                        |  |                      | ┼─   | <u> </u>        |  |
|               | plete this table for the organization's five highes  | •                                     |                          |  |                      |  | L               |  |
|               | oyees) who each received more than \$100,000   |                                       |                          |  | Су                   |  |                 |  |
|               |  | ,                                     | (c) Reportable           | (d) Health benefits,                                   | -                    |  |                 |  |
|               | (a) Name and title of each employee  | (b) Average<br>hours per week         | compensation             | contributions to employe<br>benefit plans, and deferre |                      | ed amour<br>impensati                            |                 |  |
|               |  | devoted to position                   | (Forms W-2/1099-MISC)    | compensation   | 3010130              | mperiodi   |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
| NONE          |  |                                       |                          |  |                      |  |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
|               |  |                                       |                          |  | <del></del>          |  |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
| f Total       | number of other employees paid over \$100,000  | ) · · · · · <b>&gt;</b>               |                          |  | <u> </u>             |  |                 |  |
| 51 Comp       | plete this table for the organization's five highes  | t compensated independe               | ent contractors who each | received more than                                     |                      |  |                 |  |
| \$100         | ,000 of compensation from the organization If  | there is none, enter "Non-            | e "                      |  |                      |  |                 |  |
|               | (a) Name and business address of each independent contract   | tor                                   | (b) Type of service      | ,  | (c) Compensatio      | חו   |                 |  |
| -             |  |                                       |                          |  | <del></del>          |  |                 |  |
| NONE          |  |                                       |                          |  |                      |  |                 |  |
| <u> </u>      |  |                                       |                          |  |                      |  |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
|               |  |                                       |                          |  |                      |  |                 |  |
|               |  | ľ                                     |                          |  |                      |  |                 |  |
| d Total       | ahar of other and and and and and and  |                                       |                          |  |                      |  |                 |  |
|               | number of other independent contractors each ne organization complete Schedule A? Note: All        | _                                     |                          | <del>-</del>   |                      |  |                 |  |
|               | Lateral College Annual College   | • • • • • • • • • • • • • • • • • • • |                          |  | . ▶ 🗓 Yes            |  | No              |  |
|               | les of perjury, I declare that I have examined this return   |                                       |                          |  |                      |  | 10              |  |
|               | and complete Declaration of dreglater (other than off  |                                       |                          | -  | neoge and belief, i  | l IS   |                 |  |
|               | My World Milliam 14-14-20  |                                       |                          |  |                      |  |                 |  |
| Sign          | Signature of officer   | <u> </u>                              |                          | Date   |                      |  |                 |  |
| Here          | Marlon A Wharton, Preside  | nt                                    |                          |  |                      |  |                 |  |
|               | Type or print name and title   | 1                                     |                          |  |                      |  |                 |  |
| <b>D</b>      | Print/Type preparer's name   | reparer a signature                   | Date                     | Check X  | ıf PTIN              |  |                 |  |
| Paid          | Etheldra Jones-Hollis  | Mildragen                             | es 11-14-20              | 20 self-employe  | <sup>™</sup> ₽000892 | 287  | N               |  |
| Preparer      | Complete Dublines  | s Services/                           | <u></u>                  | Firm's EIN   |                      |  |                 |  |
| Use Only      |  |                                       |                          |  |                      |  |                 |  |
| May the IDC   | Saint Louis MO 6   |                                       |                          | Phone no 31  | L4-445-5055          |  |                 |  |
|               | discuss this return with the preparer shown ab   | iove / See instructions               |                          |  | · Yes                |  | No<br>2040)     |  |
| EEA           |  |                                       |                          |  | Form <b>99</b>       | U-EZ (   | ∠∪19)           |  |

#### **SCHEDULE A**

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2019 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer identification number Gentlemen of Vision Rites of Passage Enterprises 27-3574889 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 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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 described in section 170(b)(1)(A)(vi), (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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 (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) Total

|           | •     |     |      |        |      |
|-----------|-------|-----|------|--------|------|
| chedule A | (Form | aan | or Q | 20-F71 | 2010 |

Gentlemen of Vision Rites of Passage Enterprises

27-3574889

Page 2

| Pa  | Support Schedule for Organiz  |                    |                   |                   |  |  |              |
|-----|---|--------------------|-------------------|-------------------|--|--|--------------|
|     | (Complete only if you checked to<br>Part III If the organization fails to |                    |                   |                   |  |  | anny under   |
| 50  | ction A. Public Support   | o quality und      | er trie tests iis | sted below, p     | lease comple                                     | te Part III,                                     | <del></del>  |
|     | endar year (or fiscal year beginning in)▶                                 | (a) 2015           | <b>(b)</b> 2016   | (c) 2017          | (d) 2018   | (e),2019   | (f) Total    |
|     | Gifts, grants, contributions, and   | (a) 2013           | (b) 2010          | (6) 2017          | (u) 2018   | (e)/2019   | (I) 10(a)    |
| •   | membership fees received (Do not  |                    |                   |                   |  |  |              |
|     | include any "unusual grants")   |                    |                   |                   | 1  |  |              |
| 2   | Tax revenues levied for the   |                    |                   | <del> </del>      | <del>                                     </del> | 4  |              |
| -   | organization's benefit and either paid                                    |                    |                   |                   |  |  |              |
|     | to or expended on its behalf  |                    |                   |                   |  |  |              |
| 3   | The value of services or facilities                                       |                    |                   | <del> </del>      | <del>                                     </del> | · · · · · ·                                      |              |
| •   | furnished by a governmental unit to the                                   |                    |                   |                   |  |  |              |
|     | organization without charge   |                    |                   |                   |  |  |              |
| 4   | Total. Add lines 1 through 3  |                    |                   |                   | 1  |  |              |
|     | The portion of total contributions by                                     | <b>-</b>           | <u> </u>          |                   | 4  |  |              |
| •   | each person (other than a   |                    |                   |                   |  |  |              |
|     | governmental unit or publicly   |                    |                   |                   | ļ  |  |              |
|     | supported organization) included on                                       |                    |                   | /                 | ļ  |  |              |
|     | line 1 that exceeds 2% of the amount                                      |                    |                   | /                 |  |  |              |
|     | shown on line 11, column (f)  |                    |                   | /                 |  |  |              |
| 6   | Public support. Subtract line 5 from line 4                               |                    |                   | /                 |  | <del>                                     </del> |              |
|     | ction B. Total Support  | <u> </u>           |                   | <i>y</i>          | <u> </u>   |  |              |
|     | endar year (or fiscal year beginning in)▶                                 | (a) 2015           | (b) 2016/         | (c) 2017          | (d) 2018   | (e) 2019   | (f) Total    |
|     | Amounts from line 4 · · · · · · · · · · · ·                               | (4) 2010           | (2) 2313          | (6) 2017          | (u) 2010   | (6) 2010   | (1) 10(01    |
| 8   | Gross income from interest, dividends,                                    |                    |                   |                   |  |  |              |
|     | payments received on securities loans,                                    |                    |                   |                   |  |  |              |
|     | rents, royalties and income from  |                    |                   |                   |  |  |              |
|     | similar sources   |                    | /                 |                   |  |  |              |
| 9   | Net income from unrelated business  |                    | 1                 |                   |  |  |              |
| -   | activities, whether or not the business                                   | /                  |                   |                   |  |  |              |
|     | is regularly carried on   | /                  |                   |                   |  |  |              |
| 10  | Other income. Do not include gain or                                      | /                  |                   |                   | · -  |  |              |
|     | loss from the sale of capital assets                                      | /                  |                   |                   |  |  |              |
|     | (Explain in Part VI )   | /                  |                   | İ                 |  |  |              |
| 11  | Total support. Add lines 7 through 10                                     | <del>// </del>     |                   |                   | -  |  |              |
|     | Gross receipts from related activities, etc. (s                           | ee instructions    | 3)                |                   |  | 12   |              |
|     | First five years. If the Form 990 is for the of                           |                    |                   | d. fourth, or fit | fth tax vear as                                  |  | 2)(3)        |
|     | organization, check this box and stop here                                | -                  |                   |                   | •  | •  |              |
| Sec | ction C. Computation of Public Suppo                                      |                    |                   |                   |  |  |              |
|     | Public support percentage for 2019 (line 6,                               |                    |                   | column (f)) · ·   |  | 14   | %            |
| 15  | Public support percentage from 2018 School                                | iule A, Part II, I | line 14           |                   |  | 15   | %            |
|     | 33 1/3% support test - 2019. If the organiza                              |                    |                   |                   |  | % or more, che                                   | eck this     |
|     | box and stop here. The organization qualifie                              |                    |                   |                   |  | •  |              |
| t   | 33 1/3% support test - 2018. If∕the organiza                              |                    |                   |                   |  |  |              |
|     | this box and stop here. The organization qu                               |                    |                   |                   |  |  |              |
| 17a | 10%-facts-and-circumstances test - 2019.                                  | If the organiza    | ation did not ch  | eck a box on l    | ine 13, 16a, or                                  | 16b, and line 1                                  |              |
|     | 10% or more, and if the organization meets                                |                    |                   |                   |  |  |              |
|     | Part VI how the organization meets the "fact                              | ts-and-circums     | tances" test T    | he organizatio    | n qualifies as                                   | a publicly supp                                  | orted        |
|     | organization  |                    |                   |                   |  |  |              |
| b   | 10%-facts-and-circumstances test - 2018.                                  |                    |                   |                   |  |  | <del>-</del> |
|     | 15 is 10% or more, and if the organization m                              |                    |                   |                   |  |  | ·····•       |
|     | Explain in Part VI how the organization mee                               |                    |                   |                   |  |  | olicly       |
|     | supported organization  |                    |                   |                   |  |  |              |
| 18  | <b>Private foundation.</b> If the organization did n                      |                    |                   |                   |  |  |              |
|     | instructions /  |                    |                   | ,, ira, o         | , on ook th                                      |  | ▶ □          |

90 or 990-EZ) 2019 Gentlemen of Vision Rites of Passage Enterprises

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

(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 )

Section A. Public Support

|     | ction A. Fublic Support  |                     |                 |                 |                 |                  |              |
|-----|--|---------------------|-----------------|-----------------|-----------------|------------------|--------------|
| Cal | endar year (or fiscal year beginning in)▶  | (a) 2015            | <b>(b)</b> 2016 | (c) 2017        | (d) 2018        | (e) 2019         | (f) Total    |
| 1   | Gifts, grants, contributions, and membership fees  |                     |                 |                 |                 |                  |              |
|     | received (Do not include any "unusual grants ")  | 20,707              | 24,842          | 24,868          | 26,578          | 75,000           | 171,995      |
| 2   | Gross receipts from admissions, merchandise  |                     |                 |                 |                 |                  |              |
|     | sold or services performed, or facilities furnished in any activity that is related to the | •                   |                 |                 |                 |                  |              |
|     | organization's tax-exempt purpose · · · · ·  |                     |                 |                 |                 |                  |              |
| 3   | Gross receipts from activities that are not an   |                     |                 |                 |                 |                  |              |
|     | unrelated trade or business under section 513 .  | l                   |                 |                 |                 |                  |              |
| 4   | Tax revenues levied for the  |                     |                 |                 |                 |                  |              |
|     | organization's benefit and either paid to  | ]                   |                 |                 |                 |                  |              |
|     | or expended on its behalf  |                     |                 |                 |                 |                  |              |
| 5   | The value of services or facilities  |                     |                 |                 |                 |                  |              |
|     | furnished by a governmental unit to the  |                     |                 |                 |                 |                  |              |
|     | organization without charge  |                     |                 |                 |                 |                  |              |
| 6   | Total. Add lines 1 through 5   | 20,707              | 24,842          | 24,868          | 26,578          | 75,000           | 171,995      |
| 7a  | Amounts included on lines 1, 2, and 3  |                     |                 |                 |                 |                  |              |
|     | received from disqualified persons   |                     |                 |                 |                 | 1                |              |
| b   | Amounts included on lines 2 and 3  |                     |                 |                 |                 |                  |              |
|     | received from other than disqualified  |                     |                 |                 |                 |                  |              |
|     | persons that exceed the greater of \$5,000   |                     | İ               |                 |                 |                  |              |
|     | or 1% of the amount on line 13 for the year  |                     |                 |                 |                 |                  |              |
| C   | Add lines 7a and 7b  |                     |                 |                 |                 |                  |              |
| 8   | Public support. (Subtract line 7c from   |                     |                 |                 |                 |                  |              |
|     | line 6)  |                     |                 | ļ               |                 |                  | 171,995      |
| Se  | ction B. Total Support   | _                   |                 |                 |                 |                  |              |
| Cal | endar year (or fiscal year beginning in)▶  | (a) 2015            | <b>(b)</b> 2016 | (c) 2017        | (d) 2018        | (e) 2019         | (f) Total    |
|     | Amounts from line 6  | 20,707              | 24,842          | 24,868          | 26,578          | 75,000           | 171,995      |
| 10a | Gross income from interest, dividends,   |                     |                 |                 |                 |                  |              |
|     | payments received on secunties loans, rents,   |                     |                 |                 |                 |                  |              |
|     | royalties, and income from similar sources   |                     |                 |                 | ]               |                  |              |
| b   | Unrelated business taxable income (less  |                     |                 |                 |                 |                  |              |
|     | section 511 taxes) from businesses   |                     |                 |                 | İ               |                  |              |
|     | acquired after June 30, 1975   |                     |                 |                 | _               |                  |              |
| С   | Add lines 10a and 10b  |                     |                 |                 |                 |                  |              |
| 11  |  |                     |                 |                 |                 |                  | · · · ·      |
|     | activities not included in line 10b, whether   |                     |                 |                 |                 |                  |              |
|     | or not the business is regularly carried 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,  |                     |                 |                 |                 | _                | <del>-</del> |
|     | and 12)  | 20,707              | 24,842          | 24,868          | 26,578          | 75,000           | 171,995      |
| 14  | First five years. If the Form 990 is for the or  |                     |                 |                 |                 |                  |              |
|     | organization, check this box and stop here   |                     |                 |                 | <u></u>         | <u></u>          | ▶ 🔲          |
|     | ction C. Computation of Public Suppor  |                     |                 |                 |                 |                  |              |
|     | Public support percentage for 2019 (line 8, c  |                     |                 |                 |                 | 15               | 100.00 %     |
| 16  | Public support percentage from 2018 Sched  | ule A, Part III, li | ne 15           | <u> </u>        | · · · · · · · · | 16               | 100.00 %     |
|     | ction D. Computation of Investment In  |                     |                 |                 |                 |                  |              |
|     | Investment income percentage for 2019 (line  |                     |                 |                 |                 | 17               | 0.00 %       |
|     | Investment income percentage from 2018 Se  |                     |                 |                 |                 | 18               | 0.00 %       |
| 19a | 33 1/3% support tests - 2019. If the organiz   |                     |                 |                 |                 |                  | and line     |
|     | 17 is not more than 33 1/3%, check this box  |                     |                 |                 |                 |                  |              |
| b   | 33 1/3% support tests - 2018. If the organiz   | ation did not ch    | eck a box on li | ne 14 or line 1 | 9a, and line 16 | s is more than 3 | 3 1/3%, and  |
|     | line 18 is not more than 33 1/3%, check this   |                     |                 |                 |                 |                  |              |
| 20  | Private foundation. If the organization did n  |                     |                 |                 |                 |                  |              |

### **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.)

|           |        | _   |         | _  |             |
|-----------|--------|-----|---------|----|-------------|
| Section A | ۹. All | Sub | portina | Or | ganizations |
|           |        |     |         |    |             |

| Sec | tion A. All Supporting Organizations   |                 | <u> </u>        |    |
|-----|--|-----------------|-----------------|----|
| 4   | Assall of the assaurations are add assauration lated by a second assauration and a                                     |                 | Yes             | No |
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing                   |                 |                 |    |
|     | documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by        | <u> </u>        |                 |    |
| 2   | class or purpose, describe the designation If 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 <b>Part VI</b> how the organization determined that the supported | <u> </u>        |                 |    |
| _   | organization was described in section 509(a)(1) or (2)   | 2               |                 |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer       |                 |                 |    |
|     | (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             | <b> </b>        |                 |    |
|     | organization made the determination  | 3b              |                 |    |
| С   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)       | L               |                 |    |
|     | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use                  | 3с              |                 |    |
| 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   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign            |                 |                 |    |
|     | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion             | ii              |                 |    |
|     | despite being controlled or supervised by or in connection with its supported organizations                            | 4b              |                 |    |
| 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        |                 |                 |    |
|     | 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    |                 |                 |    |
|     | 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               | —- <del> </del> |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more                  | +               | -               | 1  |
|     | 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 <b>Part VI</b> .   | 9a              |                 |    |
| b   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which        | - <del></del> - |                 |    |
| _   | the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b>                                | 9b              |                 |    |
| С   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit        | 30              | -+              |    |
| ·   | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b>     | 9c              | <del></del>     |    |
| 10° | Was the organization subject to the excess business holdings rules of section 4943 because of section                  | 36              |                 |    |
| .va | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated              |                 |                 |    |
|     | supporting organizations)? If "Yes," answer 10b below  | 100             |                 |    |
| ٠,  |  | 10a             |                 |    |
| IJ  | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to                 |                 | - 1             |    |

determine whether the organization had excess business holdings )

| Part IV   Supporting Organizations (continued)   11   Has the organization accepted a gift or contribution from any of the following persons?   2   A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?   5   A family member of a person described in (a) above?   Family member of a person described in (a) above?   Family member of a person described in (a) above?   Family member of a person described in (a) or (b) above?   Family member of a person described in (a) or (b) above?   Family member of a person described in (a) or (b) above?   Family member of a person described in (a) or (b) above?   Family member of a person described in (a) or (b) above?   Family member of a person described in (a) or (b) above?   Family member of a person described in (a) above?   Family member of a person described in (b) and (c)   The power of a person described in (a) above?   Family member of a person described in (b) and (c)   The power of a person described in (b) and (c)   The power of a person described in (c) a person described in (c) a person described in (c) a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c) and (c)   The power of a person described in (c)   The power of a person described in (c)   The power of a person described in (c)   The power of a person d   | Schedi | ule A (Form 990 or 990-EZ) 2019 Gentlemen of Vision Rites of Passage Enterprises 27-3574889   |          | P        | age 5        |
|--|--------|---|----------|----------|--------------|
| 11 Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  A family member of a person described in (a) above?  A 55% controlled entity of a person described in (a) above?  A 55% controlled entity of a person described in (a) of (b) above? If "Yes" to a, b, or c, provide detail in Part VI 11c  Section B. Type I Supporting Organizations  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 and what conditions or restrictions, if any, applied to such powers during the supported organizations and what conditions or restrictions, if any, applied to such powers during the supported organization of the rithan the supported organization(s) that operated, supervised, or controlled the supporting organization of the rithan the supported organization of the rithan the supported organization of the rithan the supported organization of the rithan the supported organization of the rithan the supported organization of the rithan the supported organization of the rithan the supported organization of the rithan the supported organization of the rithan the supported organization of the rithan the supported organization of the rithan the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organization organization organization organization organization organization organization organization organization organization organization organizat | Pa     | rt IV Supporting Organizations (continued)  |          |          |              |
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| below, the governing body of a supported organization?  A family member of a person described in (a) above?  c. 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  Tito  Section B. Type I Supporting Organizations  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 activates. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization(s) that operated, supervised, or controlled the supported organization of the rithan the supported organization(s) that operated, supervised, or controlled the supporting organization of the rithan the supported organization(s) that operated, supervised, or controlled the supporting organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization's supported organizations, supported organizations in the same persons that controlled or managed the supported organization's supported organizations in the same persons that controlled or managed the supported organization's supported organizations in the same persons that controlled or managed the supported organization's supported organization or the endition or supported organization or supported organization's supported organization's supported organization's supported organizati |        |   |          |          |              |
| b A family member of a person described in (a) above?  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  Section B. Type I Supporting Organizations  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or efect 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 electivities of the organization's directors or trustees were allocated among the supported organization's activities of the benefit of any supported organization of genitarios, and what conditions or restrictions, if any, applied to such powers during the tax year  2 Did the organization operate for the benefit of any supported organization of the supported organization (s) that operated, supervised, or controlled the supporting organization of graphizations or trustees of each of the benefit cared out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations  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 Organizations  1 Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is axyear, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization(s) or (ii) serving organization docribinations organizations. The organization is officers, directors, or trustees either (i) app | а      |   | 112      |          |              |
| c 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  Section B. Type I Supporting Organizations  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 flustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year  2 Did the organization operate for the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization or or thin the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations  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) or the supporting organizations are supported organization(s).  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 organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed organization's provi | h      |   |          |          |              |
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| 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  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 VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations  3. Section C. Type II Supporting Organizations  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 the supported organization was vested in the same persons that controlled or managed the supported organization or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization or trustees of the supported organization or trustees of the supported organization. All Type III Supporting Organizations  1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's law year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or (ii) or (ii) serving on the governing body of a supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's su |        |   |          |          |              |
| 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 VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  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 the supported organization(s)? If "No," describe in Part VI how control or management of the supporting organizations was vested in the same persons that controlled or managed the supported organization or management of the supporting organizations.  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 copy of the Form '990 that was most recently filed as of the date of notification, and (iii) copies of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization or (ii) serving on the governing body of a supported organization or elected by the supported organization or (ii) electronic organization is investment policies and in directing the use of the organization's supported organization's investment policies and in directing the use of the organization's supported organizations have a significant voice in the organization is investment policies and in directing the use of the organization's supported organization's investment policies and in directing the use of the organization's supported organization's organization's investment policies and in directing the role  |        |   |          |          |              |
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| Section C. Type II Supporting Organizations    Ves No  |        |   |          |          |              |
| 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 the 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 the supported organization(s)   If "No," describe in Part VI how control or management of the supporting organizations was vested in the same persons that controlled or managed the supported organizations (i)   If the supported organization was vested in the same persons that controlled or managed the supported organization or management of the supporting Organizations by the last day of the fifth month of the organization is 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 organization's officers, directors, or trustees either (i) appointed or elected by the supported 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) as supported organization is 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 supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization is the parent of each of its supported organizations. Complete line 3 below  1 Check the box next to the method   |        |   |          |          |              |
| 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 the supported organization was vested in the same persons that controlled or managed the supported 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, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  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 of the relationship described in (2), did the organizationship with the supported organizations's uncome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard  3 Section 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 instructions) and 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 (see instructions and substantially all of the organization was responsive? If "Yes," then in Part VI identify those supported organization's activities during the tax year directl | 0      |   | 2        |          |              |
| 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 the supported organization(s)  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 organization's governing documents in effect on the date of notification, to the extent not previously provided?  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)  3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organizations in the organization yield in this regard  3 Section 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 instructions)  a The organization satisfied the Activities Test. Complete line 2 below  b The organization satisfied the Activities Test. Complete line 2 below  c The organization and continuous activities during the tax year directly further the exempt purposes of the supported organization's sativities during the tax year directly further the exempt purposes of the supported organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to thos | sec    | tion C. Type II Supporting Organizations  |          | V        | N.           |
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| or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)  Section D. All Type III Supporting Organizations  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 organization's governing documents in effect on the date of notification, to the extent not previously provided?  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 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 supported organizations played in this regard  Section 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 instructions) a 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 (see instructions)  2 Activities Test Answer (a) and (b) below.  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization and explain how these activities directly furthered their exempt purposes, how the organization as expons | •      |   |          |          | - 1          |
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| Activities Test Answer (a) and (b) below.  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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 that these activities constituted substantially all of its activities  Yes No  Yes No  | C      |   | see ir   | struci   | tions)       |
| the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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 that these activities constituted substantially all of its activities  | 2      | Activities Test Answer (a) and (b) below.   |          | Yes      | No           |
| 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 that these activities constituted substantially all of its activities   | а      |   |          |          |              |
| how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  |        |   |          |          | - 1          |
| that these activities constituted substantially all of its activities  |        |   |          |          |              |
|  |        |   |          |          |              |
| Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more  | ı.     |   | 2a       |          | <del>,</del> |
|  | D      |   |          |          | İ            |
| of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the  |        |   |          | [        | 1            |
| reasons for the organization's position that its supported organization(s) would have engaged in these   |        |   |          |          |              |
| activities but for the organization's involvement  3. Parent of Supported Organizations. Analysis (a) and (b) helevis  | 2      |   | ∠b       |          | ;            |
| 3 Parent of Supported Organizations Answer (a) and (b) below.  3 Did the organization have the power to regularly appoint or cleat a majority of the officers, directors, or   |        |   |          |          | - 1          |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | a      |   | 32       | <u> </u> |              |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | b      |   | Ja       |          |              |
| of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard  3b  |        |   | 3b       | —        |              |

| Type in Non-Functionally integrated 505(a)(3) Supporting Or                          |        |  |                             |
|--|--------|--|-----------------------------|
| 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 Sectio                 | <del></del>                 |
| Section A - Adjusted Net Income  |        | (A) Prior Year                         | (B) Current Year (optional) |
| 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                   |        |  |                             |
| collection of gross income or for management, conservation, or                       |        |  |                             |
| maintenance of property held for production of income (see instructions)             | 6      |  |                             |
| 7 Other expenses (see instructions)  | 7      |  |                             |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                       | 8      |  |                             |
| Section B - Minimum Asset Amount   |        | (A) Prior Year                         | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see                        |        |  |                             |
| instructions for short tax year or assets held for part of year)                     |        |  | :                           |
| Average monthly value of securities  | 1a     |  |                             |
| b Average monthly cash balances  | 1b     |  |                             |
| c Fair market value of other non-exempt-use assets                                   | 1c     |  |                             |
| d Total (add lines 1a, 1b, and 1c)   | 1d     |  |                             |
| e Discount claimed for blockage or other   | 1      |  |                             |
| factors (explain in detail in Part VI)   |        |  |                             |
| 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,        | $\top$ |  |                             |
| see instructions).   | 4      |  |                             |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                   | 5      |  |                             |
| 6 Multiply line 5 by .035  | 6      | -                                      |                             |
| 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)              | 11     | 1,000                                  |                             |
| 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      |  | <del></del>                 |
| 5 Income tax imposed in prior year   | 5      |  |                             |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to               | $\top$ | <u> </u>                               |                             |
| emergency temporary reduction (see instructions)                                     | 6      |  |                             |
| 7 Check here if the current year is the organization's first as a non-functionally   | integi | ated Type III supporting               | g organization (see         |

instructions)

| Pa         | Part V ` Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |                             |  |   |  |  |  |
|------------|--|-----------------------------|--|---|--|--|--|
| Sec        | tion D - Distributions   |                             |  | Current Year                              |  |  |  |
|            | Amounts paid to supported organizations to accomplish exem                                   |                             |  |   |  |  |  |
| 2          | Amounts paid to perform activity that directly furthers exempt                               | purposes of supported       |  |   |  |  |  |
|            | organizations, in excess of income from activity   |                             |  |   |  |  |  |
|            | Administrative expenses paid to accomplish exempt purposes                                   | s of supported organizat    | tions                                  |   |  |  |  |
|            | Amounts paid to acquire exempt-use assets  |                             |  |   |  |  |  |
|            | Qualified set-aside amounts (prior IRS approval required)                                    |                             |  |   |  |  |  |
|            | Other distributions (describe in Part VI). See instructions                                  |                             |  |   |  |  |  |
|            | Total annual distributions. Add lines 1 through 6  |                             |  |   |  |  |  |
| 8          | Distributions to attentive supported organizations to which the                              | organization is respons     | 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   |                             |  |   |  |  |  |
|            | Section E - Distribution Allocations (see instructions)                                      | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |  |  |  |
| _1_        |  |                             |  |   |  |  |  |
| 2          | Underdistributions, if any, for years prior to 2019  |                             |  |   |  |  |  |
|            | (reasonable cause required - explain in Part VI) See   |                             |  |   |  |  |  |
|            | instructions.  |                             |  | <u> </u>                                  |  |  |  |
|            | Excess distributions carryover, if any, to 2019  |                             | ,                                      |   |  |  |  |
|            | From 2014  |                             |  |   |  |  |  |
|            | From 2015  |                             |  |   |  |  |  |
|            | From 2016  |                             |  |   |  |  |  |
|            | From 2017  |                             |  |   |  |  |  |
|            | From 2018  |                             |  |   |  |  |  |
|            | Total of lines 3a through e  |                             |  |   |  |  |  |
|            | Applied to underdistributions of prior years   |                             |  |   |  |  |  |
|            | Applied to 2019 distributable amount   |                             |  |   |  |  |  |
| <u>i</u> _ | Carryover from 2014 not applied (see instructions)   |                             |  | i   |  |  |  |
| <u>j</u>   | Remainder Subtract lines 3g, 3h, and 3i from 3f  |                             |  |   |  |  |  |
| 4          | Distributions for 2019 from  |                             |  |   |  |  |  |
|            | Section D, line 7 \$   |                             |  |   |  |  |  |
|            | Applied to underdistributions of prior years   |                             |  |   |  |  |  |
| b          | Applied to 2019 distributable amount   |                             |  |   |  |  |  |
|            | 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  |                             |  |   |  |  |  |
|            | greater than zero, explain in Part VI See instructions                                       |                             |  |   |  |  |  |
| 6          | Remaining underdistributions for 2019 Subtract lines 3h                                      |                             |  | 1   |  |  |  |
|            | and 4b from line 1 For result greater than zero, explain in                                  |                             |  |   |  |  |  |
|            | Part VI See instructions   |                             |  |   |  |  |  |
| 7          | Excess distributions carryover to 2020 Add lines 3j  |                             |  |   |  |  |  |
|            | and 4c   |                             |  |   |  |  |  |
| 8          | Breakdown of line 7  |                             |  |   |  |  |  |
|            | Excess from 2015   |                             |  |   |  |  |  |
| b          | Excess from 2016   |                             |  | ,   |  |  |  |
| С          | Excess from 2017   |                             |  |   |  |  |  |
| d          | Excess from 2018   |                             |  |   |  |  |  |

e Excess from 2019

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| Part VI     |  |  |  |
|-------------|--|--|--|
|             | III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section   |  |  |
|             | B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, |  |  |
|             | 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E,   |  |  |
|             | lines 2, 5, and 6 Also complete this part for any additional information (See instructions)                            |  |  |
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# **SCHEDULE 0**

(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.

OMB No 1545-0047

27-3574889

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Gentlemen of Vision Rites of Passage Enterprises

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Employer identification number

| Gentlemen of Vision Rites of Passage Ente | 27-3374009  |             |
|---|-------------|-------------|
| 01. Description of other expenses (Part   |             |             |
| Description                               | Amount      |             |
| Mentee College Tours & Field Trips        | 16,545      |             |
| Office & Computer Expense                 | 1,983       |             |
| Food & Supplies                           | 1,830       |             |
| Special Event & Bus Expense               | 10,228      |             |
| Uniforms Expense                          | 17,125      |             |
| License and Fees                          | 1,592       |             |
| Other Programming Expense                 | 13,409      |             |
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