<-- 990-EZ

Department of the Treasury

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

OMB No. 1545-0047

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

Open to Public Inspection

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2019 calendar year, or tax year beginning 2019, and ending C Name of organization ? B Check if applicable: D Employer identification number Address change Name change and street (or P.O. box if mail is not delivered to street address) Telephone number Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated F Group Exemption Amended return Number ▶ 📴 Application pending H Check ► ☐ if the organization is not G Accounting Method: Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) ☐ 501(c) ()*◀ (insert no.) ☐ 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). Other Not K Form of organization:

Corporation ☐ Trust ☐ Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 ?1 2 Program service revenue including government fees and contracts 2 ?1 3 3 Membership dues and assessments 21 4 4 Investment income 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue OGDEN. Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7a Gross sales of inventory, less returns and allowances . . . SCANNED AUG 1 6 202 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) 10 10 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 22 . 12 13 Professional fees and other payments to independent contractors 13 14 14 15 Printing, publications, postage, and shipping... 15 16 Other expenses (describe in Schedule O) 16 Total expenses. Add lines 10 through 16 . 17 17 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20

21 Ì	Part	Balance Sheets (see the instructions	for Part II)	•			
		Check if the organization used Schedule		ny question in this	Part II		🗆
			· · · ·		(A) Beginning of year		(B) End of year
:	22	Cash, savings, and investments		[a-0	22	
2	23	Land and buildings			20500	23	24900
4	24	Other assets (describe in Schedule O)		1	20900	24	00 100
2	25	Total assets		1	25900	25	3 899
2	26	Total liabilities (describe in Schedule O)			20900	26	Que Cos
•	27	Net assets or fund balances (line 27 of column	n (B) must agree with	h line 21) [27	
2 G	art				Part III)	\Box	.}
		Check if the organization used Schedule	-	•	•	<u> </u>	Expenses
W	hat is	the organization's primary exempt purpose?	REARBL		2 8 FAV 5		quired for section
		pe the organization's program service accompli			rogram services		(c)(3) and 501(c)(4) anizations, optional for
		asured by expenses. In a clear and concise n					ers.)
		s benefited, and other relevant information for ea		o con viceo provide.	s, are named or		
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,	30 <u>10</u>	j ii tiis amount	iliciades foreign gra	ints, check here .	· · · · · ·	250	*
<i>/</i>							
		\ If the amount	includes foreign are	nto shook hove		20-	
,			includes foreign gra		· · · P 🗆	30 a	<u> </u>
č		ther program services (describe in Schedule O)					
			includes foreign gra			31a	
		otal program service expenses (add lines 28a				32	
Ļ	art l				•	istru	ctions for Part IV)
_		Check if the organization used Schedule		(c) Reportable 2	(d) Health benefits,	÷	
		(a) Name and title	(b) Average hours per week	compensation	contributions to employe	e (e)	Estimated amount of
		(a) Name and title	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
	0-	1-05 Q T2-	,	(not paid, enter -0-)	delened compensation	+-	
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	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
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	Yes	No.
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	33		
35a	change on Schedule O. See instructions	34		\
33a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		$\sqrt{}$
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	112	
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		السح
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
a	Initiation fees and capital contributions included on line 9			
ь 40а	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		\mathbf{A}
41	List the states with which a copy of this return is filed			<u>v</u> -
42a	The organization's books are in care of Santo Land Telephone no.	M	<u> </u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	42b	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . [If "Yes," enter the name of the foreign country	42c		X _
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	, I	► □
			Yes	, I
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		- W -
	completed instead of Form 990-EZ	44a 44b		X
	completed instead of Form 990-EZ	44b 44c		N X X
c d	completed instead of Form 990-EZ	44b 44c 44d		X X X
b	completed instead of Form 990-EZ	44b 44c		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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46		he organization engage, directly or in					_	Yes	No
Part		ndidates for public office? If "Yes," of Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sch	s Only s must answer que	stions 47–49b a	nd 52, and	complete the			ies . 🗆
Did the organization engage in lobbying activities or have a section 501(h) election in effect during year? If "Yes," complete Schedule C, Part II								Yes	No
48 49a b 50	Did to	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's loyees) who each received more than	o an exempt non-cha ection 527 organization five highest compens	ritable related org n? sated employees (anization? other than o	officers, directo	ors, trus	a b tees, ar	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contributi	ealth benefits, sons to employee ans, and deferred npensation		ated amo ompensa	
f 51	Com	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest compe	ensated independe	ent contract	 tors who each	receive	ed more	e than
	(a)	Name and business address of each independ	ent contractor	(b) Type of	Service	(c)	Compens	ation	
					/				
d 52	Did	number of other independent contra the organization complete Schedu pleted Schedule A	_		. ►		a ▶□ Y	es 🔲	No
Under po	enalties rect, an	of perjury, I declare that I have examined this do complete. Declaration of preparer (other part	eturn, including accompany officer) is based on all info	ying schedules and statemation of which prepa	ements, and to rer has any kno	the best of my knowledge.	owledge a	ind belief,	, rt is
Sign Here Paid	.21	Signature of officer EAN W LEAN Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Date Check	2C)		
Prepa Use (Only	Firm's name ► Firm's address ► discuss this return with the preparer	shown shows? Sas :	netructions		self-employ Firm's EIN ▶ Phone no.	ed Y		No

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46	Did t	he organization engage, directly or in	ndirectly, in political c	ampaign activities or	n behalf of o	r in opposition	_	Yes	No			
	to ca	ndidates for public office? If "Yes," of	complete Schedule C	, Part I		· · · · · ·	46		X			
Part \	Vi.	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	ns must answer que			omplete the ta	bles f	or line	es 🗆			
47		he organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) election	on in effect	during the tax	47	Yes	No			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E											
49a Did the organization make any transfers to an exempt non-charitable related organization?									X			
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."											
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	banafit plans	to employee (e) E and deferred of	stimate her com					
								_				
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51	Com	number of other employees paid ovolete this table for the organization, 000 of compensation from the organ	's five highest compe		contractors	who each rec	eived	more	than			
		Name and business address of each independ		(b) Type of sen	vice	(c) Com	pensati	on				
				M								
d	Total	number of other independent contra	actors each receiving	over \$100.000	<u> </u>							
52	Did t	the organization complete Scheduleted Schedule A			nizations m] Yes		ło_			
Jnder pe rue, com	natties ect, an	of perjury, I declare that I have examined this indicate the complete. Declaration of preparer (other that	return, including accompany officer) is passed on all info	ring schedules and statement of which preparer	ents, and to the has any knowle	best of my knowled	ige and	belief,	ıt ıs			
Sign Here	?;	Signature of officer Edward a day Type or print name and title	Seene	SIA	Date	2/14/2						
Paid		Print/Type preparer's name	Preparer's signature	Da	ate	Check If self-employed	PTIN					
Prepa Jse C		Firm's name ▶			Firm	n's EIN ▶						
		Firm's address >	chown above? Coo is	nstructions	Pho	ne no.] Yes		<u></u>			
viay In	S INS	discuss this return with the preparer	SHOWIT ADOVE! See II	instructions			<u>n 990</u>					

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

▶ Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization do 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). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) ☐ 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 university: An organization that normally receives: (1) more than 331/2% 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 331/2% 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 b 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, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . .

g Provide the following informati	ion about the sup	ported organization(s).	•			·
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	<u> </u>		Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						<#f
Total	9			(m		•

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17100	13975	14028	W310	17659 42769	80069
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					6	
3	The value of services or facilities furnished by a governmental unit to the organization without charge				·		
4	Total. Add lines 1 through 3	VUOO	13.97	14025	17370	17689	80069
5_	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	-		l			
6	Public support. Subtract line 5 from line 4					e	30069
	on B. Total Support				,		
Calen 7 8	Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total 80069
	payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business 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.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•	ons)	tyons third fourth	in 310	12	8006 n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor	t Percentag	е				
	Public support percentage for 2019 (line 6	6, column (f) di	vided by line 1			14 102	
15	Public support percentage from 2018 Sch					15 / 2-	
16a	331/3% support test—2019. If the organibox and stop here. The organization qual						
b	331/3% support test—2018. If the organization	-		-			/—v
_	this box and stop here. The organization						▶ 🖈
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "	ets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a ation qualifies	nd stop here.	Explain in supported
	organization						▶ 🛘
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of the	tion meets th neets the "fact	e "facts-and-c ts-and-circums	circumstances" stances" test.	test, check t The organization	his box and s	a publicly
40							▶ 🗆
18	Private foundation. If the organization did instructions						