	٠		!	Short Form		OMB N	lo. 1545-1150
4.	Form	99	10-EZ	Return of Organization Exempt From Income	Гах	20	<b>18</b>
			_	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	foundati	ons)	910
				► Do not enter social security numbers on this form as it may be made pu	blic.	Open	to Publi
			of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest informat		Ins	pection
				r year, or tax year beginning , 2018, and ending			. 20
			ppircable	C Name of organization 22	D Emplo	yer identificatio	
		ddress c	hange	Jericho House		56-21940	5 <b>5</b>
		lame cha	ange .	Number and street (or P.O. box, if mail is not delivered to street address) 22 Room/suite	E Telepi	none number	
	=	nıtı <b>al rel</b> u		2824 Liberty Road		336-275-96	25
	☴	inal relu: umandad	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	p Exemption	
			n pending	Greensboro, NC 27406 03	Num	ber 🕨 🌇	N/A
	G A	ccoun	Ing Method:	☐ Cash ☐ Accrual Other (specify) ► H	Check •	if the orga	anization is no
	-	obsite			-	to attach Sche	_
<b>~</b> ?				200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Form 99	0, 990-EZ, or 9	)90-PF).
02	KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other			
70				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets		
10	(Parl	t II, col		500,000 or more, file Form 990 instead of Form 990-EZ	· · ·	\$	29,03
	Pa	srt i		e, Expenses, and Changes in Net Assets or Fund Balances (see the			
	<b>40</b> 000			the organization used Schedule O to respond to any question in this Part I	• • •		
	22	1		ns, gifts, grants, and similar amounts received	· ·	1	21,09
	23	2	-	prvice revenue including government fees and contracts	$\cdot \cdot \downarrow$	2	7,86
	7	3	Membersh:	p dues and assessments		3	
	?1	4	Investment		[	4	
		5a		unt from sale of assets other than inventory 68			
		b	Less: cost	or other basis and sales expenses		Shift.	
		C		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	[	5c	
		6	Gaming an	d fundraising events:	Ī		
ر ـ ٢		8		orne from gaming (attach Schedule G if greater than			
3630	Revenue		\$15,000)				
න	2	b	Gross inco		13		
٤)	<b>K</b>		from fundr	aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000) 6b	6		
p- ·	الا						
1_	7	Ç	Less: direc	t expenses from gaming and fundraising events 6c   e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract		
<del>=</del>	$\mathcal{O}$	a		e or (loss) from gaming and tong along stone (assume the second s	[	6d	
<del></del>	7		-	s of inventory, less returns and allowances	1		
C	0	7 <b>a</b>	1t	of goods sold			
(Z'-	<i>i</i>	b	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. ,	7c	
	10	8	Other reve	nue (describe in Schedule O)	[	8	
	7	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	29,03
		10	Grants and	d similar amounts paid (list in Schedule O)	, .	10	
•		11	Repetits n	aid to or for members		11	
	ø,	12	Salaries o	ther compensation, and employee benefits 💜		12	10,53
	Ехрепзез	13	Profession	al fees and other payments to independent contractors 📴		13	1,50
_	Je.	14	Occupanc	v rent, utilities, and maintenance		14	16,37:
99	ភ្ជ	15	Printing o	ublications, postage, and shipping	• • '	15	28
0 5 2019		16	Other exp	ensea (describe in Schedule O) 🌃 🔒	• •	16	7,96:
<b>ኒ</b> ዮ		17	Total avo	anges Add lines 10 through 16	<u>.</u>	17	36,65
0		18	Evense or	(deficit) for the year (Subtract line 17 from line 9)		18	(7,626
:a	ğ	19	Nat agent	a or fund balances at beginning of year (from line 27, column (A)) (must agre	e with		20 CA
DEC	S		end-of-ve	ar figure reported on prior year's return)		19	78,08
NED	Net Assets	20	Other cha	nges in net assets or fund balances (explain in Schedule O)		20	70.44
Щ		21	Net assets	or fund balances at end of year. Combine lines 18 through 20	, >	21	70,46 <b>990-EZ</b> (201
4	Eo	Pene	nwork Reduc	tion Act Notice, see the separate instructions. Cat. No. 108421		Form	### (201)

10/01/2019 11:23 FAX

1.

	990-EZ (2018)  Tt II Balance Sheets (see						Page 2
	Check if the organization	n usea Scheaule	O to respond to a			<u></u>	<u></u>
				١,٠	(A) Beginning of year	~~~	(B) End of year
22	Cash, savings, and investmen			• • • • •	16,800		13,922
23	Land and buildings				139.958		135,411
24	Other assets (describe in Sche				1,049	·	848
25	Total assets				157,807		150,181
26	Total liabilities (describe in Si				79,719	<u> </u>	79,719
27	Net assets or fund balances				78.088	<u> 27  </u>	70,462
Par	Check if the organization	n used Schedule				Ø	Expanses ulted for section
Desc as m perso	t is the organization's primary ex- cribe the organization's program neasured by expenses. In a cle- ons benefited, and other relevant essisted 12 clients, providing them v	service accompli ar and conclae m information for ea	nanner, describe th ach program title.	e services provided	, the number of	501	c)(3) and 601(c)(4) nizations, optional for
2.0	employment, and helped them with		nansparanon, più	P Sepision meth in Milan			
29	(Grante \$		includes foreign gr	ants, check here .	▶ 🗇	28 <u>a</u>	36,658
	(Grants \$			ants, check here	<b></b>	29a	<u> </u>
30	Coranis &					200	
	(Grants \$	) If this amount	Includes foreign gr	ants, check hare	• 🖂	30a	
31	Other program services (describ	e in Schedule O)	,				
	(Grants \$	) If this amount	includes foreign gra	ants, check here .	<u>.</u> 🔁 🛄	31a	
32	Total program service expens	es (add lines 28a l	through 31a)	<u> </u>	<u>, , , .</u>	32	36,658
Part		Trustees, and Key	Employees (hat eac	h one even if not comp	ensated—see the int	struc	tions for Part IV)
	Check if the organization	n used Schedule	O to respond to a	ny question in this l	Part IV	<u></u>	<u> </u>
	(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1098-MISC) (if not paid, enter -0-)	<ul> <li>(d) Health benefits, contributions to employed benefit plans, and deferred compensation</li> </ul>		Estimated emount of their compensation
	y mangus utive director		50 +	10,530	(		0
	merke d president		2			0	0
board	zigiar zigiar	·	2	0		0	0
board	patterson d member		2		1	0	0
board	harris d member	·	2			0	0
board	ny liatroid d mamber		2	4		0	0
	il jones d member		2			0	
-47			·		<b> </b>	+	
			<u>-</u>	<del> </del>			
			1	-	<del> </del>	+	
			<u> </u>		<del> </del>	+	
					<u> </u>	Т.	m 990-EZ (2018)

detalled description of each activity in Schedule O  Were any significent 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 same. Otherwise, explain the change on Schedule O. See instructions  By 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)?  By the "Yes" to line \$3a, has the organization line for my 90-T for the year? If "Yes," gromplets Schedule O. Yes the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(s) notice, reporting, and groxy tax requirements during the year? If "Yes," complete Schedule O, and groxy tax requirements during the year? If "Yes," complete Schedule N and groys tax requirements during the year? If "Yes," complete Schedule N and groys tax requirements during the year? If "Yes," complete Schedule N and groys tax requirements during the year? If "Yes," complete Schedule N and groys tax requirements during the year? If "Yes," complete Schedule N and groys tax requirements during the year? If "Yes," complete Schedule N and groys tax requirements during the year? If "Yes," complete Schedule N and groys tax requirements during the year? If "Yes," complete Schedule N and groys tax requirements during the year of the tax year covered by this return?  By the properties Schedule I, part If and enter the total amount movined  Sable Science Schedule I, part I and enter the total amount movined  Sable Science Schedule I, part I and enter the total amount movined  Sable Science Schedule I, part I and groys tax requirements for particular engages in any section 4958 excess benefit transaction during the year of did tenganization and groy in any section 4958 excess benefit transaction during the year of did tenganization and year in any section in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ	333 34 35a b c 36 37a b	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 34 35a 35b 36c 37b	Yes
Yes   Note the organization engage in any significant activity not previously reported to the IRS7 !! "Yes," provide a detailed description of each activity in Schedule O. Were any significant changes made to the organization or governing documents? !! "Yes," attach a conformed copy of the amended documents at they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.    Yes   Note   Yes	35a b c 36 37a b 38a	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	34 35a 35b 35c 37b	Yes
the corganization engage in any significant activity not previously reported to the IRS? If "Yea," provide a detailed destription of sect activity in Shordule O.  Were any significant changes made to the organization of governing documents? If "Yea," attach a conformed copy of the amended documents if they reflect a change to the organization amen. Otherwise, explain the change on Schedule O. See instructions.  So 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, 6e, and 7s, among others?)  If "Yes," to line 35s, has the organization liked a From 190-T for the year? If "Yea," provide an explanation in Schedule O. See the Comparization and properties of 101(e)(4, 501(e)), organization subject to section 603(e) organization business activities (such as those reporting on the year? If "Yes," complete Schedule C. Part III.  Did the organization and properties applicable parts of Schedule N.  Firster amount of political expenditures, direct or Indirect, as described in the instructions ≥ 37s    Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  If "Yes," complete Schedule L, Part II and enter the total amount involved   Section 501(e)(X) organizations. Enter amount of the tax year covered by this return?   Sab   10   10   10   10   10   10   10   1	35a b c 36 37a b 38a	detailed description of each activity in Schedule O	34 35a 35b 35c 36	
detailed description of each activity in Schedule O  Were any significant changes made to the organizing occurrents? If "Yes," ettach 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  If 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)?  If "Yes" to line \$3a, has the organization file of Form 1990-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), or 501(c)(	35a b c 36 37a b 38a	detailed description of each activity in Schedule O	34 35a 35b 35c 36	
Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the emanded documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See Instructions   Solid 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, 6s., and 7s, among others)?   If "Yes" to line 35s, has the organization filed a Form 990-T for the year? If "Yes," provide an explanation in Schedule O Was the organization for Schedule O Was the organization for Schedule O Was the organization of Instead (G) (G), organization subject to section 603(4), oxide)   If yes the line 35s, has the organization filed a Form 990-T for the year? If "Yes," complete Schedule C, Part III	35a b c 36 37a b 38a	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See Instructions	34 35a 35b 35c 36	
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.  550 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 ≥ 6, et. and 7a, among others?)  5 If "Yes" to line 35a, has the organization liled a Form 990-T for the year? If "No," provide an explanation in Schedule O. We the organization a section 501(c)(A), 501(c)(B), or 501(c)(B) organization abject to section 6033(a) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule O. Part III	35a b c 36 37a b 38a	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See Instructions	36a 35b 36c 36	
beinge on Schedule O. See Instructions  Bot 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, 6s, and 7s, among others)?  If "Yes" to line 35s, has the organization illed a Form 990-T for the year? If "No," provide an explanation in Schedule O. Was the organization decision filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. Was the organization are certain of 10(14), 501(6)(5), organization aubject to section 8033(s) notice, propring, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III 95c.  Bot the organization and and and an area of the fire year? If "Yes," complete Schedule C. Part III 95c.  Bot the organization berrow from, or make any loans to, any officer, director, truston, 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?  By the "Yes," complete Schedule L. Part II and enter the total amount involved 95c.  Boetion 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9 95c.  Gross meopits, included on line 9, for public use of club facilities 95c.  Boetion 501(c)(3), 501(c)(4), and 501(c)(2s) organizations. Did the organization during the year under:  section 4911 ▶ : section 4912 ▶ : section 4915 ▶ 95c.  Section 501(c)(3), 501(c)(4), and 501(c)(2s) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year organization and year or disqualified persons during the year organization and year or disqualified persons during the year organization and year or disqualified persons during the year organization and year or disqualified persons during the year organization and year or disqualified persons during the year organization and year or disqualified persons during the year organization and year or disqualified persons during the year organization and yea	b c 36 37a b 38a	change on Schedule O. See Instructions  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)?  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(a) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  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  Enter amount of political expenditures, direct or indirect, as described in the instructions   37a  Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustoe, 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?  If "Yea," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:	36a 35b 36c 36	
156    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)?	b c 36 37a b 38a	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)?	36a 35b 36c 36	
activities (such as those reported on lines 2, 6a, among others)?  b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C. Was the organization a section 501(c)(6), 601(c)(6), 601(c)(6), organization aubject to section 6033(e) notice reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III \$65.  Did the organization dergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spelicable parts of Schedule N.  Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a    Bit Prea," complete Schedule I. Part II and enter the total amount involved   38b    b If "Yes," complete Schedule I. Part II and enter the total amount involved   38b    b Gross receipts, included on line 9   38a    b Gross receipts, included on line 9   59   59   50    Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization during the year under: section 4911 ▶   50    Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization during the year or did it engage in an excess benefit transaction in a prior year of the section 4911 ▶   50    Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on organization an expense or disqualified persons during the year under sections 4912, 4955, and 4958    Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on organization an expense or disqualified persons during the year under sections 4912, 4955, and 4958    Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on organization an expense or disqualified persons during the year under sections 4912, 4955, and 4958    Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on organization and the torganization and the torganization have an interest in or a signature	b c 36 37a b 38a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35b 35c 36	
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanetion in Schedule O Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 503(a) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  10 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III.  11 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	36 37a b 38a	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(a) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c 36	
C Was the organization a section \$01(c)(4), \$01(c)(6), or \$01(c)(6) organization aubject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	36 37a b 38a	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(a) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  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	35c 36 37b	
reporting, and proxy tax requirements during the year? if "Yes," complete Schedule C, Part III.  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  The Enter amount of political expenditures, direct or indirect, se described in the instructions	36 37a b 38a	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	36 37b	
18 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedula N  17a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   37b    18 Did the organization file Form 1120-PCL for this year?  19 Did the organization file Form 1120-PCL for this year?  18 Did the organization file Form 1120-PCL for this year?  18 Did the organization file Form 1120-PCL for this year?  18 Did the organization file Form 1120-PCL for this year?  18 Did the organization file Form 1120-PCL for this year?  19 Did the organization file Form 1120-PCL for this year?  10 Did the organization file Form 1120-PCL for this year?  10 Did the organization file Form 1120-PCL for this year?  10 Did the organization file Form 1120-PCL for this year?  10 Did the organization file Form 1120-PCL for this year?  11 I"Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year or did the engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 ("Yes," complete Schedule L. Part I for organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  19 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization flavore for years are section 4901 ("Yes," complete Form 880-E7  10 List the states with which a copy of this return is filed ▶  10 Located at ▶  11 Per organization for years did the organization have an interest in or a signature or other authority over a financial account in a Cregin country be section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tex-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of For	37a b 38a	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 37b	
during the year? If "Yea," complete applicable parts of Schedule N  To Enter amount of political expenditures, direct or indirect, as described in the instructions ▶  17 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶  18 Did the organization borrow from, or make any leans to, any officer, director, trustoe, 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?  18 Did the organization borrow from, or make any leans to, any officer, director, trustoe, 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?  18 Did the organization borrow from, or make any leans to, any officer, director, trustoe, or key employee or were any such loans and still outstanding at the end of the tax year covered by this return?  18 Did the organization borrow from, or make any leans to, any officer, director, trustoe, or key employee or were any such loans and still outstanding at the end of the tax year covered by the return?  18 Did the organizations. Enter amount of tax on line any of the prior forms 900 or 990-EZ? If "Yes," complete Schedule L, Part I contained by the organization on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  19 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  20 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  21 Elst the states with which a copy of this return is filed ▶  22 Telephone no. ▶  22 Telephone no. ▶  23 Did the organization box are in care of ▶  24 Any time during the calendar year, did the organization have an interest nor a signature or other authority over a financial account in a foreign country ▶  22 Section 501(c)(3), 501(c)(4), 501(c)(4), 501(c)(4), 501(c)(4), 501(c)(4), 501(c)(4), 501(c)(4	37a b 38a	during the year? If "Yes," complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustoe, 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?  If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:	37b	
Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a   37b   3	b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustoe, 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?  If "Yea," complete Schedule L, Part II and enter the total amount involved	37b	
Did the organization file Form 1120-POL for this year?  188	b 38a	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustoo, 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?  If "Yea," complete Schedule L, Part II and enter the total amount involved	37b	
188    10th the organization borrow from, or make any loans to, any officer, director, trustoe, 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 the return?   38a   38b   38a   3	38a	Did the organization borrow from, or make any loans to, any officer, director, trustoe, 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?  If "Yes," complete Schedule L, Part II and enter the total amount involved		2007
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?    If "Yes," complete Schedule L, Part II and enter the total amount involved   388   38		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved		
b If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	1 1
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The state of the s		explanation in Schedule O	<u> </u>	
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b Did the organization receive any payment from or engage in any transaction and to be completed instead of	t	the state of the second from or proceeding any transaction with a collicion of the process of the second from the		
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule is may need to be completed instance.		meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed with the	. 135	
Form 990-EZ, See instructions		Form 990-F7. See instructions	146	) L

Form 9	90-EZ (	2018)						f	ege 4
48	Did 1	the organization engage, directly or i	ndirectly, in political of	campaign activities	on behalf	of or in apposit	ion 🏣	Yes	
	(Q CE	indidates for public office? If "Yes,"	complete Schedule C	, Part I			46	32337	
Part	VI	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s Only ns must answer que	estions 47-49b a	nd 52, an	d complete the		for lin	es
	_							Yes	No
47	Did t year	ihe organization engage in lobbying ? If "Yes," complete Schedule C, Par	activities or have a	section 501(h) ele	ction in ef	fect during the	tax 47	1.00	~
48	Is the	organization a school as described i	n section 170(b)(1)(A)(i	ii)? If "Yes," comple	te Schedu	le E	48		1
49a	Did t	he organization make any transfers t	o an exempt non-cha	ritable related org	anization?		. 49a		~
50 50	Com	es," was the related organization a se plete this table for the organization's oyees) who each received more than	five highest compen	sated employees (	other than	officers directo	ors, truste	96 JD	d key
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	(d) H contribu	lealth benefits, toons to employee blans, and deferred impensation	(e) Estimate other con	d amou	int of
NONE									
							. <del></del>		
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									_
f 51	Comp	number of other employees paid over plete this table for the organization? 000 of compensation from the orga	s five highest compe	ensated Independe	nt contrac	who each	received	more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of	lervice	(0)	Compensati	on .	
NONE		***************************************							
		***************************************							
					<u> </u>				
<b>52</b>	Did t	number of other independent contra he organization complete Schedu leted Schedule A	le A? Note: All se	ction 501(c)(3) or	<u> </u>	<u> </u>	► ✓ Yes		
Under po	nalbes rect, an	of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all info	ying schedules and stat rmation of which prepa	emente, and t er has any kr	o the best of my knowledge.	owladge and	beliaf,	it is
Sign Here		Signature of officer Benny Mangus, Executive Director	ſ	Date					
Paid		Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check	f PTIN		
Prepa		Firm's name				self-employ	ed		
Use (	Only	Firm's name >				Phone no.			
May th	e IRS	discuss this return with the prepare	shown above? See I	nstructions	<u> </u>		Form 99	_=_	(2018)

900 🗗

## (SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

2018

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_	Reason for Public Ch	arity Status (A	II organizations mu	st comp	lete this		174035
The	Carried a britain individual	JOHUH DECHUSEL	I IS TEAT HASE I TAYALI	^M 1') ab	001 I		10115,
•	The control convention of Cuft	cnes. Or associa	ition of churches deed	tribad in	caction d	TARALAS IN	1
2	TILL APPLICATIONS OBSCUINED IN SECTIO	וווואון דונסוט די חי	⊾(Attach Schedule F⊤	íFarm aa	0 AZ 00A	E71 ( )	(
3 4	THE COODERATIVE IN	OSDITAL BANJICA N	roonization decembed	<del> </del>		/-1 / A 1 / Marie	
•	hospital's name, city, and sta	gon operated in (	conjunction with a ho	spital des	scribed in	section 170(b)(1)(4	()(III). Enter the
5	section 170(b)(1)(A)(iv), (Con	inhigher at the lift					ntal unit described in
6 7	TILL STATE OF STATE OF TODAY BOAR	y receives a sub	Stantial part of its sur	d in <b>sec</b> i pport fro	tion 170(t m a gove	p)(1)(A)(v). rnmental unit or fro	m the general public
8	A community trust described	in section 170(t	)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:	nization describe ant college of ag	ed in <b>section 170(b)(1</b> priculture (see instructi	)(A)(ix) o ions), En	er the na	me, city, and state o	of the college or
	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	nt income and un after June 30, 19	related business taxa 75. See section <b>509</b> (	ible incol 8)(2), (Co	rceptions. Tie (less s Implete P	, and (2) no more tha section 511 tax) from art III.)	
11	An organization organized and	d operated exclu	sively to test for publi	ic safety.	See sect	llon <del>6</del> 09(a)(4),	
12	An organization organized and of one or more publicly support Check the box in lines 12a through	orted organizatio	ons described in <b>sect</b>	lon 509(i	a)(1) or s	ection 509(a)(2) Se	a saction 500(a)(3)
8		nization operated n(s) the power to	d, supervised, or contr regularly appoint or s	rollod by	its suppo alority of	rted organization(s).	typically by giving
b	Type II. A supporting orga control or management of	nization supervis	sed or controlled in co organization vested in	nnection the same	with its	supported organizat that control or man	lon(s), by having age the supported
C		rated. A suppor	ting organization oper	rated in c			ally integrated with,
	its supported organization	•	•		-	• •	
d	Type III non-functionally inter that is not functionally inter requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement ar	
9	Check this box if the organ functionally integrated, or 1	nization received Type III non-fund	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III
f	Enter the number of supported of		, , , , , , , ,	-			[
g	Provide the following information		orted organization(s).				<u></u>
	(f) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	hated in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)			,				
Total							

Page Schedule A (Form 990 or 990-EZ) 2018 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 falls to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (e) 2018 **(b)** 2015 (c) 2016 (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 Gifts, grants, contributions, membership fees received. (Do not 28,718 21,094 136,39 include any "unusual grants.") . . . 38,312 27.894 20.375 levied for revenues organization's benefit and either paid to or expended on its behalf . . . O The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . 21.094 136,35 20,375 38.312 27,894 Total. Add lines 1 through 3 . . . . The portion of total contributions by person (other than each governmental publicly unit or supported organization) included on line 1 that exceeds 2% of the amount 27,35 shown on line 11, column (f) . . . . 109,03 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2018 (f) Total (d) 2017 (b) 2015 (c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 21,094 136,35 28,718 27,894 20,375 38,312 Amounts from line 4 . . . . . . Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from 78 65 227 233 similar sources . . . . . . . . 126 Net income from unrelated business activities, whether or not the business 0 is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 137,17 Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 12 13 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . Public support percentage from 2017 Schedule A, Part II, line 14 15 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 15 b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

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

Schedule A (Form 990 or 990-EZ) 20 SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

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ericho House			56-2194055
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90-EZ Part II Line 24 furniture appliances, equipment			
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90-EZ Part 4 Line 26 Mortgage on House			
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