## Form **990**

(Rev January 2020)

Department of the Treasury

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

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

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

OMB No. 1545-0047

2019

Open to Public

Internal	Reven	ue Service	▶ G	o to www.i	rs.gov/Form9	90 for instruction	ons and the I	atest i	nformati	on.		Inspect	ion	
A Fo	r the	2019 caler	ndar year, or ta						d ending	)		, 20		
<b>B</b> Che	ck if ap	pplicable	C Name of orga	anization S	SEEKING I	NDEPENDEN	T GROWTH	NO		D Emplo	yer iden	itification n	umber	
Add	ress cl	hange	Doing busine							•	•	95701		
Nam	ne char	nge	<del></del>		ox if mail is not de	livered to street a	dress)	Roo	m/suite	E Telepi				
Initia	al retur	·n	2320 EMP	ORIA S	ST				- 1	3	303-3	56-528	5	
Fina	l retur	n/	City or town,	state or pro	vince, country	, and ZIP or fore	eign postal cod	de	1	G Gross				
 term	nnated		AURORA C						1	receip		1	27,894	
Ame	ended r				f principal offic	er		H(a)	ls this a g	roup return	forsubor	dinates? Y	es X No	
App	lication	n pending	SEE ATTA					H(b)	Are all sul	bordinates	included?	Пν	es 🗌 No	
Tax	-exer	npt status	X 501(c)(3)	501(c)(	) ∢(ınsert n	o) 4947(a)(1	) or 527	1	If "No," at	ttach a list	(see instru	ctions)	_	
J We	bsite	:▶ N/A	1.1	<u> </u>		· • • • • • • • • • • • • • • • • • • •	<u> </u>	H(c)	Group ex	emption nu	mber 🕨			
<b>K</b> Forr	m of or	ganization	Corporation	Trust	Association	Other >	L Yea	ar of form	nation ]	1983	M State	of legal domic	ile CO	
Par		Summa			<u> </u>	<u> </u>	<u> </u>				1			
	Briefly describe the organization's mission or most significant activities													
_ }			FOR LOW											
Governance	1100	51110	LOIL BOIL							•				
na L														
ē	2	Check this	box ▶ If the	organizatio	n discontinue	d its operations	or disposed of	f more	than 25%	of its ne	t assets			
			voting member								3		2	
8			_	•		erning body (Pai	t VI. line 1b)				4			
Activities &						ar 2019 (Part V,					5			
훓ㅣ			per of volunteers				•				6		3	
Ă	-		ated business re	•	• •	mn (C), line 12				• • • • • • • • • • • • • • • • • • • •	7a			
			ted business tax								75		(	
								-0	SIVE	or Year	1	Current	Year	
_	8	Contributio	ns and grants (	Part VIII. line	e 1h) .		TF			19	3\			
ž			ervice revenue (						- 0	non t	₹/			
Revenue		_	t income (Part V			and 7d)	.//.	230	0 5 2	A50 7	<u> </u>		1	
œ	44	Other reve	nuo (Bort VIII. o	olumo (A) I	noc E Ed Oc	0c 10c and 11	e) <u> </u>	ייטט		1175	, 457		4,633	
	12	Total reven	nue add lines	8 through	11 (must equa	Part VIII, colum	n (A). Ine 127	50	NEN	, <del>U</del> 5	467	•	4,64	
	13	Grants and	sımılar amount	s paid (Part	IX, column (A	), lines 1-3)	··· <b>/</b> ···	<del>UY</del>						
	14													
اي						art IX, column (A	), lines 5-10)	ĺ						
ise			al fundraising fe					1						
Expenses			aising expenses			*			W. S. C.	Na de Mil				
ΔĬ						11f-24e) · · ·		}	UN DESCOVER.	200	,421	1	17,57	
	18				1	, column (A), lin		- 1			,421		17,57	
			ess expenses. S			,				-194			12,92	
<del>,  </del>									Beginnin	g of Curren	-	End of \		
Fundances	20	Total asset	s (Part X, line 16	6)	JAN	1 任 (ULI				<u> </u>			12,92	
	21		ties (Part X, line	-	155	با /الجانية ديم 🗀	iëti.	.		•				
Bo			or fund balance		line 21 from lii	-   -	1-1-1				<u> </u>	-1	12,92	
art	_		ure Block					J			-			
				e examined th	nis return, includi	ng accompanying s	chedules and sta	atements	s, and to th	ne best of n	ny knowlec	dge and belief.	ıtıs	
						sed on all informat					-	_	i	
		N X	PNic	~-/	<u>.</u>	56	CYRESI	Der	~~		· · · · · · ·	20/20	110	
ign		Sign	ature of officer				/				~□	ate /	/	
ere		<u>CA</u>	ROLYN VI	GIL			PRES	IDE:	NT		<u> </u>	5/202	<u></u>	
			or print name									7	_	
		Print/	Type preparer's	name	Prepare	rs signature	Da	ite /		Check	☐ ıf	PTIN		
aid			LY CLAUS	S	Kelly(	busi	\	1518	2020			P00178	005	
-	arer	Firm's	name ► HR		GROUP	INC	<u></u>	1 1				871840		
se	Only			788 E		AVE	·			none no		<u> </u>		
		<b>—</b> —	RNTON CO							720)8	72-0	255		
ay th	e IRS			••		(see instruction	s)			- / -			X No	
			tion Act Notice										<b>90</b> (2019	

Form Software Copyright 1996 - 2020 HRB Tax Group, Inc

BWF 990

19 9901

616

		Page Z
Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
1	Briefly describe the organization's mission	
	PROVIDE AFFORDABLE HOUSING FOR LOW INCOME AND OR DISABLED CITIZENS	
	OF INNER CITY AURORA CO	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? Yes	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services?	⊠ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
	SEE ATTACHMENT #2	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	- · · · · · · · · · · · · · · · · · · ·	
40	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	····
70	(Code ) (Expenses 5 including grants of 5 ) (Nevenue 5 )	—′
4d	Other program services (Describe on Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		<	
_	complete Schedule A	1	Х	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		. ^
J	assessments, or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III $N/A$	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Λ
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
۰	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>-</b>		
8				Х
	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		-
9				
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		v
44		10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-		v
<b>.</b>	complete Schedule D, Part VI .	11a		X
D	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more	446		v
_	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more	110		Х
a	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		^_
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Λ
,	the organization's separate of consolidated financial statements for the tax year include a footible that addresses  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445		Х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Δ
120	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa		^
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1/12	ļ	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
,	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			Λ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	- '0		
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		- 1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"	$\vdash$	
	If "Yes," complete Schedule G, Part III	19		Х
ວດວ	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? $N/A$ Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
-1	·	04		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Par	t IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.55	1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a · · · · · · · · · · · · · · · · · · ·	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\cdot \cdot \cdot \mathbb{N}/\mathbb{A}$	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds? $\cdots$	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $N/A$	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ļ
	If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	ļ		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	1	Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1	<del></del>	<u> </u>
۲,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ł
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<u> </u>
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		l	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"		`	
-	complete Schedule L, Part IV	28a	├	X
<b>.</b>	A family member of any individual described in line 28e2 if "Vee." complete Schedule L. Bart IV	205	İ	l ,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<del> </del>	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	202		,,
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	-	X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	<del> </del>	┢
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<del> </del>	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	<del></del>	┢
32	complete Schedule N, Part II	32		l <sub>v</sub>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		X
33	sections 301 7701–2 and 301.7701–3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		<del>                                     </del>	1
-	or IV, and Part V, line 1	34		Х
35a	The state of the s	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			<del></del>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			$\vdash$
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		l x

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	事業		學學					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1		TEE !					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? $N/A$	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3.4 E	5 3 mg 2						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O $N/A$	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	wa . +	X					
b	If "Yes," enter the name of the foreign country	10	<b>3</b> 3						
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	فنصف		المنافقة					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any tayable party patry the arganization that it was as years to a prohibited toy shelter transaction?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		_^					
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		-					
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
b									
-	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	25.50	2:33:5	West vil					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1.15	15.1	1					
	and services provided to the payor?	7a	-	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots N/A$	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	-	1	الكنانة					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	27.044	X					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1 1	Ž	73.34					
	sponsoring organization have excess business holdings at any time during the year?	8	A. V.	X 5.32 V					
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	مسعنقا	X X					
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X					
10	Section 501(c)(7) organizations. Enter	MEN	nga Kanga	1.55					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	30	775 A	× 1					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	and	12.34	1.27					
11	Section 501(c)(12) organizations. Enter	3		200 P					
а	Gross income from members or shareholders	Co.	溪						
b	Gross income from other sources (Do not net amounts due or paid to other sources	3.00	3.54	70					
	against amounts due or received from them )	書に	**	益型					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ر دور کارو در دور کا	176	* 1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1,33	1.31	3.3					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X					
	Note: See the instructions for additional information the organization must report on Schedule O.	H CARA		100					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	6	24.					
	the organization is licensed to issue qualified health plans	1	7.	£ 13					
C	Enter the amount of reserves on hand	7.73	<b>,9,3</b>	Pant					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A.	14b		<del>                                     </del>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			Х					
	If "Yes," see instructions and file Form 4720, Schedule N.	15 5:55	la je <sup>ner</sup>	7					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	عست	X					
	If "Yes," complete Form 4720, Schedule O.	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gr	A A					
DA	19 9905 BWF 990 Form Software Copyright 1996 - 2020 HRB Tax Group, Inc.	Form							

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst	ruction	s	
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management			
•			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	2	, 7	15.4
	If there are material differences in voting rights among members of the governing body, or	3-	T	·
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			- <del>-</del>
b	Enter the number of voting members included on line 1a, above, who are independent 1b	) • * •	14	1.5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	]	43	
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<del></del>
Ū	the year by the following		ļ	, a.,
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1		
<del></del>	DI POLICIO (TING COCACITE FOQUECA INTERNALICA GOST POLICIO INTERNALICA GOSTA		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  N/A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<del></del>		1.3
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			<u> </u>
_	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done · · · · · · · · · · · · · · · · · · ·	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	9		<u>s</u> ,
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	44,	٦. <u>نين</u>	
а	The organization's CEO, Executive Director, or top management official	15a	-	X
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-2 .,	. "	<del>- ^ `</del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			, Tr
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	2	94	
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	5	1 F	,
	organization's exempt status with respect to such arrangements?  N/A	16b	-	-
Section	on C. Disclosure	1 100	L	Ц
17	List the states with which a copy of this Form 990 is required to be filed  CO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50)	I(c)		
.5	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	.(0)		
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	and		
.5	financial statements available to the public during the tax year.	, 4114		

20

State the name, address, and telephone number of the person who possesses the organization's books and records

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII .........

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations See instructions for the order in which to list the persons above

Check this box if neither the or		ally lel	aleu u	rgamz (C		ompens	aicu i	(D)	(E)	(F)
(A) Name and title	(B) Average hours per week		(do not box, un officer :	Pos check less pe and a di	ition more th rson is rector/	nan one both an trustee)	ı	Reportable compensation from	Reportable compensation from related	Estimated amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MICHAEL VIGIL TREASURER	5.00	X						0	0	(
CAROLINE VIGIL SECRETARY	5.00	X						0	0	(
ROBERT JORDAN MAINTENANCE	25.00				X			38,112	0	(
										_ <del></del>
<u>.</u>		<del></del>	ļ							

Form **990** (2019)

Part	VII Section A. Officers	, Directors	s, Trust	ees, K	(ey En	nploye	es, and	High	est Compensated E	mployees (continue	d)		
-	(A) Name and title	(B) Average		box, u		tion more ti erson is	nan one both an /trustee)	_	( <b>D)</b> Reportable	( <b>E</b> ) Reportable	1	(F) timated ount o	
		hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation om the anization I relate nization	on ed
				ļ									
												<del></del>	
												<u></u>	
				ļ									
	Subtotal	<u> </u>						•	38,112				
c d	Total from continuation sh Total (add lines 1b and 1c)	eets to Pa		Section	n A			<b>•</b>	38,112				
2	Total number of individuals reportable compensation fro	(including l			to tho:	se liste	d above	) who		\$100,000 of	1		
3	Did the organization list any	<u>-</u>			or trus	tee. ke	ev emplo	vee. o	r highest compensat	ed		Yes	No
4	employee on line 1a? If "Yes	s," complet	e Sched	lule J f	for suc	h indi	/idual	•			3		X
7	organization and related org			•					· ·		4		X
5	Did any person listed on line for services rendered to the										5		<u>,,</u>
Section	n B. Independent Contracto												
1	Complete this table for your	=											
	compensation from the orga	(A)	ероп со	ompen	sation	tor the	calenda	ar yeai	r ending with or withi (B)	n the organization's		 C)	
	Name and	business	address	3					Description of se	ervices	Compe		n
		<u> </u>											
2	Total number of independer		•	-				e liste	d above) who		e-	•	

Part	VIII	Statement of Rev Check if Schedule O co		nonse or	note to any line in t	his Part VIII			
		Crieck ii Scrieddie O Co	THAITS & TES	porise or	Tote to any line in t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns		1a	<del></del>				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b		7			
S, G	c	Fundraising events		1c		7			
ar /	d	Related organizations		1d		]			,
imi;	e	Government grants (contri	ibutions) .	1e		]			
Fior	f	All other contributions, gift	ts, grants, &						
ᄚ		similar amounts not includ	led above	1f		_			
d d	_	Noncash contributions include							
_ <u>                                      </u>	h	Total. Add lines 1a-1f .			. •				
					Business Code				
ဗ	2a								<u> </u>
Program Service Revenue	b	<del></del>							
Š	С								
e a	d					<u> </u>		-	
ĎΕ	e	All all			-				
•	f	All other program service : <b>Total.</b> Add lines 2a-2f .					<del>.</del>		
	g					+			<u> </u>
	3	Investment income (included other similar amounts)	_	us, interes	si, anu ▶	10			
	۱,	Income from investment o		It bond n					
	4   5	Royalties .	•	•	loceeus -				
	"	noyalles .	(ı) Re	- · · · · · · · · · · · · · · · · · · ·	(II) Personal				-
	6a	Gross rents		127,884					
		Less rental expenses		123,251		┪			İ
	l	Rental income or (loss)	6c	4,633		-			
		Net rental income or (loss)			<b>•</b>	4,633	4,633		
		,	(ı) Secu	urities	(II) Other				
	7a	Gross amount from sales of assets other than							
		inventory	7a						,
	b	Less cost or other basis							
		and sales expenses	7b						
	C	Gain or (loss)	7c						
	d	Net gain or (loss)							
	8a	Gross income from fundra	aising events			1			
e	İ	(not including \$			:				
ē		of contributions reported of	on line 1c)						
Вè		See Part IV, line 18		- 8a		_			,
Other Revenue	i .	Less direct expenses							
₹		Net income or (loss) from		events	· · · · · · · · · · · · · · · · · · ·	ļ			
	9a	Gross income from gamin	g activities						
		See Part IV, line 19		· 9a		-			
		Less direct expenses		[9b					
	1	Net income or (loss) from		vities	<u> </u>				<del>- </del>
	iva	Gross sales of inventory, l		400					,
	١ ,	returns and allowances Less cost of goods sold		10a		-			
		Net income or (loss) from							
	-	Net income of (loss) from	Sales Of Hive	entory	Business Code				<del> </del>
Sno	11a				Business Code	<del> </del>			+
Miscellaneous Revenue	b		٠			-			1
iscellane Revenue	c					1			1
lisc Re		All other revenue .				<u> </u>			1
Σ		Total. Add lines 11a-11d				<u> </u>			1
	12	Total revenue. See instru	ictions		<u> </u>	4,643	4,633		1

## Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all co			plete column (A).	
	Check if Schedule O contains a response or note to		(B)	(C)	·· · · · · · · · · · · · · · · · · · ·
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			,;	
	and domestic governments. See Part IV, line 21			,	
2	Grants and other assistance to domestic				15
	individuals. See Part IV, line 22			- +	
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals. See Part IV,			•	
	lines 15 and 16			·	, t
4	Benefits paid to or for members				4 1
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				· <u>-</u> -
7	Other salaries and wages  Pension plan accruals and contributions (include				
8	·				
_	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	- :-			
	Fees for services (nonemployees)				
11	Management	21,600	21,600		
a b	Legal	600			
C	Accounting	4,500	4,500		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		1 44	_	
f	Investment management fees		<u> </u>	•	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	74,709	74,709		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	603	603		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	15,560	15,560		
24	Other expenses Itemize expenses not covered	•		,	
	above (List miscellaneous expenses on line 24e. If		*		
	line 24e amount exceeds 10% of line 25, column	,			
	(A) amount, list line 24e expenses on Schedule O.)				X * * "," * * * *
а					
b					
C					
d					
е	All other expenses	117,572	117,572		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	117,572	117,572		
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note	e to any line in this Part X .			<u></u> $\square$
				(A)		(B)
			<u></u>	Beginning of year		End of year
	1	Cash non-interest-bearing			1	
	2	Savings and temporary cash investments			2	-112,929
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or fo	rmer officer, director,			
		trustee, key employee, creator or founder, substant	tial contributor, or 35%			
		controlled entity or family member of any of these p	persons		5	
	6	Loans and other receivables from other disqualified	persons (as defined			, t
		under section 4958(f)(1)), and persons described in	n section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	[		7	
ş	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
⋖	10 a	Land, buildings, and equipment cost or	1 1	1		, ,
		other basis Complete Part VI of Schedule D	10a	'	<u>  </u>	i
	l b	Less accumulated depreciation	10b		10c	
	11	Investments publicly traded securities			11	
	12	Investments other securities. See Part IV, line 11			12	
	13	Investments program-related. See Part IV, line	•		13	_
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal I	ine 33)	0	16	-112,929
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20				20	
	21	Escrow or custodial account liability Complete Part	•		21	
ý)	22	Loans and other payables to any current or former				٠ ، ،
Liabilities		trustee, key employee, creator or founder, substant		, •	'	
abil		controlled entity or family member of any of these p			22	
=	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated the	·		24	•
	25	Other liabilities (including federal income tax, payal				
		parties, and other liabilities not included on lines 17				
		of Schedule D	24). Complete Falt X		25	
	26	Total liabilities. Add lines 17 through 25 · · · ·		0	26	0
	20	Organizations that follow FASB ASC 958, check		_		
Ş		and complete lines 27, 28, 32, and 33.	Here's Ed	•		-
ĕ	27	Net assets without donor restrictions			27	-112,929
ala	28	Net assets with donor restrictions			28	
<b>B</b>	20	Organizations that do not follow FASB ASC 958	, check here	· · · · · · · · · · · · · · · · · · ·		7.5 %
Ë		and complete lines 29 through 33.	, check here		-	, ,
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
şţs	30	Paid-in or capital surplus, or land, building, or equ	inment fund		30	<del></del> -
SSE	31	Retained earnings, endowment, accumulated incor	· •		31	
¥Α	32	<del>-</del> '			32	-112,929
ž	33	Total liabilities and net assets/fund balances	ŀ	0	33	-112,929
	ر بر ا	ויינמו וופטווונוכים מווע דוכו מסטכנס/ועווע שמומוונפט			JJ	114,040

Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)			,643				
2	Total expenses (must equal Part IX, column (A), line 25)		117	,572				
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities							
7	Investment expenses							
8	Prior period adjustments							
9	Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	-	-112	,929				
Par	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other		Yes	No				
20	Were the organization's financial statements compiled or reviewed by an independent accountant?	20		X				
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	2a	<del> </del>	1				
	reviewed on a separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis			1.7				
h	Were the organization's financial statements audited by an independent accountant?	2b	·	X				
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		<del>                                     </del>	1				
	separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	- 11		ا				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	ŀ						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? $\dots N/R$	A 2c	<u> </u>	<u> </u>				
	If the organization changed either its oversight process or selection process during the tax year, explain on	l		-				
	Schedule O.		.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a	↓	Х				
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A							
DA	19 99012 BWF 990 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc	Form	990 (	2019)				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number										
SEEKING INDEPENDENT GROWTH NOW INC	74-2295701										
Part I 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) )											
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(a)	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  10 X An organization that normally receives (1) more than 33 <sup>1</sup> / <sub>3</sub> % of its support from contribut	one membership fees and gross										
receipts from activities related to its exempt functions—subject to certain exceptions, and											
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.)											
11 An organization organized and operated exclusively to test for public safety. See section	•										
12 An organization organized and operated exclusively for the benefit of, to perform the fund	• • • • • • • • • • • • • • • • • • • •										
of one or more publicly supported organizations described in section 509(a)(1) or section											
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
a 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 d	rectors or trustees of the										
supporting organization. You must complete Part IV, Sections A and B.											
<b>b</b> Type II. A supporting organization supervised or controlled in connection with its supp	orted 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.											
c Type III functionally integrated. A supporting organization operated in connection wi	h, 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	on with its supported organization(s)										
that is not functionally integrated. The organization generally must satisfy a distribution is											
requirement (see instructions). You must complete Part IV, Sections A and D, and P											
e Check this box if the organization received a written determination from the IRS that it is	of DEN, UT										
functionally integrated, or Type III non-functionally integrated supporting organization	OODLN, C.										
f Enter the number of supported organizations											
g Provide the following information about the supported organization(s)	(v) Amount of monetary (vi) Amount of other										
(i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (sted in your gaverning document?	cupport (con instructions) our port (one instructions)										
above (see instructions))	Support (See Mail additions)										
Yes No											
(A) (B)											
(C)											
(C) (D)											
(E)											
Total	<del>                                     </del>										
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule A (Form 990 or 990-EZ) 2019										

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

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

Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	· • • • • • • • • • • • • • • • • • • •	<b>•</b>	(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.")									
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									
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									
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					-1			-1	
С	Add lines 7a and 7b					-1			-1	
8	Public support. (Subtract line 7c from line 6)	<u>.   _ </u>		<u> </u>	<u> </u>			5 / 5	1	
Sec	tion B. Total Support				<b>,</b>					
Cale	ndar year (or fiscal year beginning in)	▶∟	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e	2019	(f) Total	
9	Amounts from line 6	<u> </u>								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					204,569			204,569	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
c 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					204,569			204,569	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)									
13	Total support. (Add lines 9, 10c, 11, and 12.)					204,569			204,569	
14	First five years. If the Form 990 is for the organization, check this box and stop her		zation's first	, second, third, fo		ear as a section		(3)	• 🛘	
Sec	tion C. Computation of Public S	uppo	rt Percer	ntage						
15	Public support percentage for 2019 (line 8,	, colun	nn (f), divide	d by line 13, colu	mn (f))	•	15		0.00%	
16	Public support percentage from 2018 Sche	edule A	A, Part III, lin	e 15 .			16		%	
Sec	tion D. Computation of Investme									
17	Investment income percentage for 2019 (li	ine 10	c, column (f)	, divided by line	13, column (f))		17		100.00%	
18	Investment income percentage from 2018						18		%	
19a	33 <sup>1</sup> /3% support tests 2019. If the orga									
	17 is not more than 33 1/3 %, check this box		-	-			-		▶ []	
b	331/3% support tests 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
	line 18 is not more than 33 1/3 %, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
20	Private foundation. If the organization did	not c	heck a box o	on line 14, 19a, o	r 19b, check this	box and see inst	ruction	ns		

#### **SCHEDULE O**

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SEEKING INDEPENDENT GROWTH NOW INC

**Employer identification number** 74-2295701