For Paperwork Reduction Act Notice, see the separate instructions

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

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

20 18

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

<sup>8</sup> Do not enter social security numbers on this form as it may be made public

☐ Go to www irs gov/Form990EZ for instructions and the latest information

Open to Public Inspection

A	For the 20	018 calendar y	ear, or tax year beginning	July 1	, 2018, a	ind ending	Jı	ıne 30	, 20	19		
, <b>B</b>	Check if app	olicable	C Name of organization			-	D Emplo	yer iden	tification number	7		
	Address ch	·							810924197			
	Name char	ige	Number and street (or PO box, if mail is not delive	red to street address	) 21	Room/suite	E Telepi	none nu	mber			
	Initial retur	n	3220 Visionary Bay Ave					70:	2-969-8203			
L	i	n/terminated	City or town, state or province, country, and ZIP or	foreign postal code	_		F Grou	p Exem	ption			
¥	Amended i		N Las Vegas, NV 89081					ber 🛭	·			
	•	-			<del>-</del>	н		_	f the organization i	s not		
	Website	ng Method	entlemenbychoice org			''			ch Schedule B	77		
			<del></del>	) Ø (insert no )	[] 4047(a)(1) as	527			EZ, or 990-PF)			
_	Tax-exemp			Association	☐ 4947(a)(1) or☐ Other	ا /عدب	(10111133	0, ,,,				
		organization				f total assets						
			0,000 or more, file Form 990 instead of Form		ooo or more, or n	1 (0(8) 833013		8 ,				
	Part I		Expenses, and Changes in Net Asse		ncoc	(see the	instruct	ions f	or Part I)			
	rait i		he organization used Schedule O to re			,	moduce	101131	Orraici, E	8		
- 5	<del></del>				uestion in tijis	raiti		1	· · · · · ·	50774		
	1		ns, gifts, grants, and similar amounts rec				•			29963		
6		=	vice revenue including government fee:	s and contracts	/ · · · · ·	•		3	<del></del>	2570		
ص <u>ا</u>	3		o dues and assessments					-		23/0		
2019	4	Investment					٠ ,	4				
	5a		nt from sale of assets other than invento	•	. <u>5a</u>	<del>-</del>	- 0	17.64				
λ.α4 4.Δ.	b		other basis and sales expenses		. <u>5b</u>	<u> </u>		7745.55		^		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)										
NOV	6	_	fundraising events	<i>c</i>	. 1			4 574 15				
	a	\$15,000)										
	2											
SCANNED	b											
<b>2</b> 8	볼		nising events reported on line 1) (atta		1	1		18				
₹			gross income and contributions exceed		· · 6b		0	200				
$\mathcal{O}$	c		expenses from gaming and fundraising		<u>6c</u>		- 0	<b>经</b>				
	d		or (loss) from gaming and fundrais	ing events (ad	d lines ba and	a ob and su	ibtract					
		line 6c)						6d				
	7a		of inventory, less returns and allowances		. 7a		. 0	المرابع المراجع				
	b	Less. cost o	5		. 7b	<b>.</b>	0			•		
	C		or (loss) from sales of inventory (Subtrac	t line 7b t <del>rom lii</del>	DECEIV			7c		0		
	8		ue (describe in Schedule O)		RECEIV			8		0		
_	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	- 6		ပ္	. 8	9		83307		
	10		similar amounts paid (list in Schedule O)	030	OCT 1 5 2	1019 ·   🍎		10		0		
	11	· · · · · · · · · · · · · · · · · · ·	d to or for members	<u>.  m </u>		SS.		11	<del></del>			
ų	<u>,</u>   12	Salaries, otl	er compensation, and employee benefit	ts 🕜 . 🖵	O POEN	~		12		7000		
	<u> </u>   13		fees and other payments to independe	nt contractors	OWDEN,	<u>UI.</u>		13		11054		
	보 14		rent, utilities, and maintenance .			•		14	<u> </u>	16658		
ú	15		blications, postage, and shipping					15		2717		
	16		nses (describe in Schedule O) 🌃 .					16		44485		
_	17	Total exper		<u>.</u>	<u> </u>	<u>.</u>	. 🛭	17		81914		
	18		eficit) for the year (Subtract line 17 from					18		1393		
•	음   ·19		or fund balances at beginning of ye	ar (from line 2	7, column (A)	) (must agre	e with	- 33				
3	ŝ	end <b>-</b> of-yea	figure reported on prior year's return)					19		21961		
401A	20 يَ	Other chan	ges in net assets or fund balances (explai	ın ın Schedule O	)			20		3033		
	21	Net assets	r fund balances at end of year. Combine	lines 18 throug	h.20		8_	. 21 .		26387_		
Fo	or Panerw	ork Reduction	Act Notice, see the separate instructions		Cat	No 10642l			Form 990-EZ	(2018)		

Cat No 10642I



Dage	

Land and buildings	Partyl Balance Sheets (see the instructions for	or Part II)				
22 Cash, savings, and investments	Check if the organization used Schedule O	to respond to any q	uestion in this Part II	<u> </u>	<u></u>	<u> </u>
Land and buildings				(A) Beginning of year		(B) End of year
24 Other assets (describe in Schedule O)   1259   24   5.20   25   7 total absets   2276   25   268   268   268   278   278   288   288   278   288	22 Cash, savings, and investments			21502	22	21178
24 Other assets (describe in Schedule O)	23 Land and buildings			0	23	
Total lassets (describe in Schedule O) 26  Total lassets or fund balances (line 27 of column (B) must agree with line 21) 21961 27 2638  Part III Statement of Program Service Accomplishments (see the instructions for Part III)			[	1259	24	5209
Total liabilities   describe in Schedule   O   27   Net assets of fund balances   (line 27 of column (B) must agree with line 21)   27   2638					-	26387
Net assets or fund balances   (line 27 of column (8) must agree with line 21)   21961   27   2638			· · · · ·		-	
Statement of Program Service Accomplishments (see the instructions for Part III)  Check if the organization used Schedule O to respond to any question in this Part III  What is the organization's primary exempt purpose?  Youth Personal Development and Leadership "Sched O Soliciphia d'Oliciphia	•	(P) must paraguet	h lino 31)		-	
Check if the organization used Schedule O to respond to any question in this Part III  What is the organization's primary exempt purpose? Youth Personal Development and Leadership *Sched O Solicity and 501c(14) an	(	<del></del>			2/	
What is the organization's primary exempt purpose?  Youth Personal Development and Leadership "Sched O Sin(18) and 301((14) organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28 We served 155 students from 6 schools with our life skills training program. We held 48 sessions focusing on leadership, image, financial management, and etiquette training that improved the possibility of graduation and higher education 9 volunteers contributed 296 hours in program mentorship activities valued at 57795  29 We hosted a 1-day annual graduation gala for 130 students from 6 schools who completed the program and to announce future objectives for the upcoming year \$21,117.0 fin-kind donations was used for the event hall, dimner, equipment, and dessing cooms. Volunteers contributed an estimated 60 hours valued at \$15,000 Volunteers contributed an estimated 60 hours valued at \$15,000 Volunteers contributed an estimated 60 hours valued at \$15,000 Volunteers contributed an estimated 60 hours valued at \$15,000 Volunteers contributed and estimated 60 hours valued at \$15,000 Volunteers contributed 8 hours valued at \$200 Volunteers contributed 8 hours valued at \$200 Volunteers were excised to a fine dining experience with hands-on training lin-kind donations were valued at \$15,000 Volunteers contributed 8 hours valued at \$200 Volunteers were stated as \$200 Volunteers were expensed. (If this amount includes foreign grants, check here 8 300 200 Volunteers contributed 8 hours valued at \$200 Volunteers. (If this amount includes foreign grants, check here 8 31a						Fynancas
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as measured by expenses. In a clear and concise manner, describe the services provided, the number of bersons benefited, and other relevant information for each program title.  28 We seved 155 students from 6 schools with our life skills training program. We held 48 sessions focusing on leadership, image, financial management, and etiquette training that improved the possibility of graduation and higher education 9 volunteers contributed 296 hours in program mentorship activities valued at \$7795.  29 We hoisted a 1-day annual graduation gala for 130 students from 6 schools who completed the program and to announce future objectives for the upcoming year, \$231,117 of in-kind donations was used for the event hall, dinner, equipment, and dressing rooms. Volunteers contributed an estimated 60 hours valued at \$16,784.  30 To enhance the experience of entiquette training and allow students to be comfortable with their new skillset in affluent surroundings, 99 students were escored to a fine dining experience with hands-on training In-kind donations were valued at \$15,000 Volunteers contributed 8 hours valued at \$215.  (Grants \$ ) If this amount includes foreign grants, check here	What is the organization's primary exempt purpose?	Youth Personal Develo	opment and Leadership *	Sched O		
28   We served 155 students from 6 schools with our life skills training program. We held 48 sessions focusing on leadership, image, financial management, and etiquette training that improved the possibility of graduation and higher education 9 volunteers contributed 296 hours in program mentorship activities valued at 57595.   Grants 5	as measured by expenses. In a clear and concise r	manner, describe th	of its three largest pi ne services provided	rogram services, , the number of		•
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We hosted a 1-day annual graduation gala for 130 students from 6 schools who completed the program and to announce future objectives for the upcoming year \$21,117 of in-kind donations was used for the event hall, dinner, equipment, and dressing rooms Volunteers contributed an estimated 60 hours valued at \$15,784					30-	22200
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donations were valued at \$1,500 Volunteers contributed 8 hours valued at \$215	30 To enhance the experience of etiquette training and allow:	students to be comforta	ble with their new skillse	t in	ĺ	
Grants \$   If this amount includes foreign grants, check here   8	affluent surroundings, 99 students were escorted to a fine (	dining experience with h	ands-on training In-kind	1		
Grants \$   If this amount includes foreign grants, check here   8	donations were valued at \$1,500 Volunteers contributed 8	hours valued at \$215				
31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here			its. check here	🛭 🗍	30a	200
Grants S   If this amount includes foreign grants, check here   8						<del>-</del>
Total program service expenses (add lines 28a through 31a)	· ·	includes foreign gran	ts chack hara		212	
List of Officers, Directors, Trustees, and Key Employees Check if the organization used Schedule O to respond to any question in this Part IV  Check if the organization used Schedule O to respond to any question in this Part IV  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  Brandon Maeda  Board Chairman  5 0 0 0 Henry K Smith  Treasurer  5 0 0 0 0 Lee Otaguro  Board Member  Annette David  Board Member  10 10 10 10 10 10 10 10 10 10 10 10 10				· · · · · · · · · · · · · · · · · · ·		E300
Check if the organization used Schedule O to respond to any question in this Part IV  (c) Reportable compensation (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (if not				<u> </u>		
(b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-)  Brandon Maeda  Board Chairman  Henry K Smith  Treasurer  Anisa Poole Secretary  Lee Otaguro Board Member  Annette David Board Member			•		uction	is for Part IV)
Compensation   Compensation   Compensation   Compensation   Contributions to employee   Denefit plans, and deferred compensation   Compensation   Contributions to employee   Denefit plans, and deferred compensation   Denefit plans, and de	Check if the organization used Schedule O	to respond to any q			<del></del>	<u> </u>
Board Chairman	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		
Board Chairman       0       0         Henry K Smith       5       0       0         Treasurer       5       0       0         Anisa Poole       5       0       0         Secretary       5       0       0         Lee Otaguro       5       0       0         Board Member       5       0       0         Annette David       5       0       0         Board Member       5       0       0         Richard Jack III       40       40	Brandon Maeda	5				
Treasurer 5 0 0  Anisa Poole 5 0 0  Secretary 5 0 0  Lee Otaguro 5 0 0  Board Member 5 0 0  Annette David 5 0 0  Board Member 5 0 0  Richard Jack III 40			0	)	0	
Treasurer       0       0         Anisa Poole       5       0       0         Secretary       5       0       0         Lee Otaguro       5       0       0         Board Member       5       0       0         Annette David       5       0       0         Board Member       5       0       0         Richard Jack III       40       40	Henry K. Smith	_				
Secretary	Freasurer	"]	C		0	
Secretary	Anisa Poole		_			
Lee Otaguro         5         0         0           Board Member         5         0         0           Board Member         5         0         0           Richard Jack III         40         40	Secretary	5		,	o	
Soard Member   Some state of the state of					<del>* </del>	
Annette David  Board Member  5 0 0 0 Richard Jack III 40		5				
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Richard Jack III 40		5				
40		+		)	0	
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	xecutive Director		7000	<u> </u>	0	· · · · · · · · · · · · · · · · · · ·
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	Part					
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Pan	Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		···	
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions	34		,	
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	
	c b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	?;
,	37a 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?	37b 38a		- Williams	7
	39 a 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				
	40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶		10		
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>✓</b>	7
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	j.			
	е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	_
	41	List the states with which a copy of this return is filed ▶ Hawaii				
	42a	The organization's books are in care of ▶ Richard Jack III Telephone no. ▶	702-96	9-820	3	
	b	Located at ▶ 3220 Visionary Bay Ave, N. Las Vegas, NV  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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42b	Yes	No ✓	
	С	Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c	-	<b>V</b>	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Tv	<b>▶</b> □	-
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	 44a		No V	j
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	**************************************	<u> </u> -
	c d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		<b>√</b>	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h			

Form 99	90-EZ (2	<b>0</b> 18)						F	age <b>4</b>
46		he organization engage, directly or in ndidates for public office? If "Yes," o						Yes	No
Part	VI	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s Only s must answer que	stions 47–49b and	d 52, and	d complete th	<u>I</u>		es 🔲
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elect		ect during the	tax 47	Yes	No ✓
48 49a b	Did th	e organization a school as described in the organization make any transfers to the s," was the related organization a se	n section 170(b)(1)(A)(i o an exempt non-cha	ı)? If "Yes," complete ırıtable related organ	e Schedul nization?		48 49a 49b		V V
50	Com	plete this table for the organization's oyees) who each received more than	five highest compen-	sated employees (ot	her than anization	officers, direct . If there is non	ors, trustee		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribu benefit p	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimate other com		
None									
f 51	Com	number of other employees paid ov- plete this table for the organization', ,000 of compensation from the orga	s five highest compe		it contrac	 tors who each	n received	more	than
Nan-	(a)	Name and business address of each independ	ent contractor	(b) Type of se	rvice	(c	) Compensation	on	
None							<u></u> _		
					<u></u>				
	Total	number of other independent contra	entors each receiving	over \$100,000			0		
52	Did 1	the organization complete Scheduleted Schedule A	_	ection 501(c)(3) org	anization	s must attacl		<u>_</u>	No
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than					nowledge and	belief,	ıt ıs
Sign Here	?1	Signature of officer Richard Jack III				Date	<del>/                                    </del>		
Paid		▼ Type or print name and title Print/Type preparer's name Eric Bryant	Preparer's signature		Date 04-1	Check Self-emplo		)5168(	 )7
Prepa Use (		Firm's name  The Nonprofit Center	Las Vossa NV 90145		/	Fırm's EIN ▶	46-068	7949	

Firm's address ► 410 S. Rampart Blvd, Las Vegas, NV 89145

May the IRS discuss this return with the preparer shown above? See instructions

702-583-5846

► ☐ Yes ☑ No

Phone no

## 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.

20**18** 

Open to Public Inspection

Employer identification number Name of the organization 810924197 GENTLEMEN BY CHOICE COMMUNITY DEVELOPMENT CORPORATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 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.) R 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 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2018 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 Gifts, grants, contributions, membership fees received (Do not include any "unusual grants") 24229 32073 46263 53344 155909 revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . 24229 32073 155909 Total. Add lines 1 through 3 The portion of total contributions by person (other than governmental unıt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 24229 32073 46263 53344 155909 Amounts from line 4 . Gross income from interest, dividends. 8 payments received on securities loans, rents, royalties, and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 54323 8886 29963 15474 210232 Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc (see instructions) . . . 12 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) organization, check this box and stop here  $\overline{\mathbf{v}}$ Section C. Computation of Public Support Percentage % Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 % 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 16a box and **stop here**. The organization qualifies as a publicly supported organization . . 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 this box and stop here. The organization qualifies as a publicly supported organization 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 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

supported organization

instructions

. . . . . . .

▶ □

# 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.)

	If the organization fails to qualify	<u>under the te</u>	sts listed belg	ow, please co	omplete Part	11.)	
<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 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						<del></del>
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 7a	<b>Total.</b> Add lines 1 through 5 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						
с 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)			10.00			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b					/	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			`			_
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						-
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8		•			15	%
16	Public support percentage from 2017 Sch			<u> </u>	<u>. ·</u>	16	%
	on D. Computation of Investment In					<del></del>	
17	Investment income percentage for 2018 (		• •	-		17	%
18 19a	Investment income percentage from 2017 331/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box	ization did not and stop here.	check the box The organization	on line 14, ar on qualifies as a	nd line 15 is m a publicly suppe	orted organizatio	on 🕨 🗌
b	331/3%-support tests—2017. If the-organiz						
20	line 18 is not more than 331/3%, check this the Private foundation. If the organization di	-	_	-	•	-	=

#### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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B)	3c		
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	5c		
to ed or	6		
or ty	7		
77	8		
re ed	9a		
ch			
fit	9c	2.5	
on ed	10a		
to	10b		

Part	Supporting Organizations (continued)			
		Cost and opening	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			-4
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	£	2015
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	ion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	K.25242	357 773
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below	nstrud	ctions	;)
b	The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	structi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	* 7	í. ^ <b>%</b>	n
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b-	-Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		-

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1_		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	,	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			Service E
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	· 数分/激光/器/ / 2022	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	lv in	tegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	<del></del>
Sect	on D—Distributions			Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions		<del></del>	
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6	<del></del> _	<del></del>	
10	Line 8 amount divided by line 9 amount		· · · · · · · · · · · · · · · · · · ·	
	Elife o amount divided by line o amount		(ii)	(iii)
Secti	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		移動会の選択の必要	
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI). See			
	instructions			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
b	From 2014	4-14-0 HT 2 N 15-15-15-15-15-15-15-15-15-15-15-15-15-1		
<u>c</u>	From 2015 .		The State County of	
<u>d</u> _	From 2016 .			
	From 2017 .			75/17/2005/19/2005/19/2005
f	Total of lines 3a through e	**************************************		A THE RESERVE OF THE PARTY OF T
<u>g</u>	Applied to underdistributions of prior years	#(C 1) # (C 1)		de l'asserti
<u>h</u>	Applied to 2018 distributable amount	40 - 7865 73 3 22 60 73 488 60		
<u> </u>	Carryover from 2013 not applied (see instructions)	·		3278 2 27 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
<u>J</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from	8.43848203844080		
4	Section D, line 7:		A PARTY NAMED IN	
<u> —                                   </u>	Applied to underdistributions of prior years		74.498647.5 2.5888 <u>88</u> 54	1000 C 10
<u></u>	Applied to 2018 distributable amount	Property and the second		MAKES A MARKET LEVEL TO STREET TO STREET
C	Remainder, Subtract lines 4a and 4b from 4.	and the same of th		
5	Remaining underdistributions for years prior to 2018, if			
•	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h		- F4.6	
	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.		artetar jara is	talia at the
8	Breakdown of line 7			
а	Excess from 2014	Minnell Co. Market		
b_	Excess from 2015			
C	Excess from 2016	30.00 m		
<u>d</u>	Excess from 2017		A STATE OF THE STA	
e	Excess from 2018		作機器の必要的の協会	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II Sect	ion A Public Support
This filing	reflects a 2015 filling, but the actual filling was in 2016 - there was no filling in 2015. The numbers were pushed back a year because
the filing d	ate changed from calendar year ending in December to fiscal year ending in June. This occurred last year in 2018, and there was
no space o	n this form to reflect a short year filing.
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<b></b>	
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

GENTLEMEN BY CHOICE COMMUNITY DEVELOPMENT CORPORATION

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ

 OMB No 1545-0047

20 19

Open to Public Inspection

Employer identification number

810924197

Response to Part | Line 16 - Description of Other Expenses 1841 75 Advertising and Marketing Awards and Gifts 1344 87 Bank and Merchant Fees 440 75 Finance Charges 131 50 Gala Expenses 16265 78 Insurance - Prof Liability 596 92 Meals and Entertainment 1451 01 3297 89 Office Supplies Taxes and Licensing 225 64 4439 94 Training Travel 7051 68 Uniforms 7397 10 TOTAL 44,484 83 Response to Part I Line 20 - Changes in Net Assets or Fund Balances This figure reflects an increase in office furniture, fixtures, leasehold improvements, and excess inventory AMENDMENT - Part II Lines 22 and 26, Column A, were amended to reflect the correct amounts, as well as Part I Line 20 Response to Part II Line 24 - Changes in Net Assets or Fund Balances These figures reflect an increase in office furniture, fixtures, and leasehold improvements Response to Part II Line 26, column A - Total Liabilities This figure represents a loss in value of excess inventory Response to Part III - Organization's Primary Exempt Purpose Gentlemen By Choice Community Development Corporation's (GBC) Youth Personal Development and Leadership program is a socialemotional intervention and prevention alternative designed to provide training in the areas of Leadership, Image, Financial management and Etiquette (LIFE) The program promotes positive growth development, supportive relationship, problem-solving and civic engagement in the service and development of the whole child. The program deliberately targets at-risk youth from underserved communities. A strategic blend of structure, discipline, and professionalism provide youth with the how to in LTF E skills training. Priority is placed on teaching adaptability, critical problem solving and teamwork among other things GBC is currently operating in Nevada, Washington, and Hawaii