Form (Rev January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2019 Open to Public Inspection

A	For the	e 2019 c	alendar year, or tax year beginning 07/01/19, and ending 06/30/20		
_	Check if ap			D Employer	r identification number
	Address cl	hange	MARSHALL HOME FOR MEN, INC.		
$\overline{\sqcap}$	Name cha	anno	Doing business as	86-03	209672
$\exists$		-		E Telephone	
닏	Initial return		3314 S. 16TH AVENUE  City or town, state or province, country, and ZIP or foreign postal code	520-	624-5193
Ш	terminated		l		70F 40F
$\Box$	Amended	return		G Gross rece	eipts\$ 795,435
$\exists$	Application	n bondino	F Name and address of principal officer  H(a) Is this a grou	p return for su	ubordinates? Yes X No
لسا	Application	m pending	JOE CIMINO		ıded?
			3314 S. 16TH AVE.		(see instructions)
		<u>-</u>	Toebon Ma 03/13	attacina iist (	(see mandonoris)
	Tax-exem		X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527		
<u>J</u>	Website:		H(c) Group exem		
*****		rganization		969	M State of legal domicite AZ
<u>F</u>	art i		ımmary		
		-	scribe the organization's mission or most significant activities		
ဥ		PROV	IDES LODGING, FOOD AND CARE FOR ELDERLY OR INFIRM MEN.		
Governance					
Š		<b>.</b>	N □ (1)	- 4 -	
ဖိ	1 2 0		is box > if the organization discontinued its operations or disposed of more than 25% of its net asset	1 1	6
•ඊ ග			of voting members of the governing body (Part VI, line 1a)	4	5
itie	1		of independent voting members of the governing body (Part VI, line 1b)	5	37
Activities &	1		nber of individuals employed in calendar year 2019 (Part V, line 2a)	6	0
ĕ	1		nber of volunteers (estimate if necessary) elated business revenue from Part VIII, column (C), line 12	7a	0
	ł		ated business taxable income from Form 990-T, line 39	7b	
	1 01	vet unier	Prior Year		Current Year
•	8 0	Contribut		,802	181,240
<b>(</b> 3)	9 P			,376	614,182
A SELECTION OF SERVICES	10 lr	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	18	13
\$	11 0		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
S	12 T	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 711	,196	795,435
m	13 0	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		0
U	14 B	Benefits <sub>I</sub>	paid to or for members (Part IX, column (A), line 4)		0
S	15 S	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10) 514	,179	<u>551,757</u>
-15	16a F	Professio	nal fundraising fees (Part IX, column (A), line 11e)		0
<b>,</b>	ьт	Total fund	draising expenses (Part IX, column (D), line 25) ▶ 0		
ACA	" "	Other exp		,722	238,044
Net Assets or \$500	18 T			,901	789,801
2	19 F	Revenue	ices experience destructure to trent into the	,705	5,634
Sor	<u> </u>	F. 4 .	ets (Part X, line 16) SEP 2 2020 SEP 2 2020		End of Year
Ssel	20 T		ets (Part X, line 16)  SEP 2 2020  SEP 3 2020  SEP 5 5	,284	389,455
et P	21 T			,772	112,309
_	art II	•		, 514	277,146
			gnature Block		
tr	nuer pen ue, corre	riallies of p ect, and co	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes Emplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	e or my Kno	owieuge and beller, ICIS
		T		1 .	24 2.1
Sig	an		ignature of Officer	Date	26.2.2
He	-		JOE CIMINO EXECUTIVE DIR	ECTOR	
		F 7	ype or print name and title		
_		Print/Typi	e preparer's name Preparer's signature Date	Check	if PTIN
Pai	id	DOUGLA	SRHOLM Dough R Holm CPA 8/24/	self-emp	ployed P00008036
Pre	eparer	Firm's na	Welm C Welensuele CDA D C	m's EIN	45-3622720
Use	e Only		3208 E Fort Lowell Rd., Suite 105		
		Firm's ad	. m 37 95716 1695	ione no	520-777-3137
Ма	y the IR		s this return with the preparer shown above? (see instructions)		X Yes No
		vork Redu	uction Act Notice, see the separate instructions		Form <b>990</b> (2019)
DAA	٠				

<u>Form 9</u> 90 (201	19) MARSHALL HOME	FOR MEN, INC.	86-0209672		Page <b>2</b>
Part III		n Service Accomplishments			
4 5 6		ontains a response or note to	any line in this Part III		
	escribe the organization's miss DES LODGING, FO	OD AND CARE FOR EI	LDERLY OR INFIRM	MEN.	
prior For	organization undertake any sig rm 990 or 990-EZ? describe these new services o	nificant program services during the	year which were not listed on the		Yes X No
services	=	, or make significant changes in how	rit conducts, any program		Yes X No
4 Describe expense	e the organization's program sees Section 501(c)(3) and 501(c)	ervice accomplishments for each of i e)(4) organizations are required to rej e, for each program service reported			
ASSIST		765,222 including gran N, INC. IS A STATE LITY PROVIDING LOD INFIRM MEN. THE E	E LICENSED	) (Revenue \$	614,182)
4b (Code N/A	) (Expenses \$	including gran	its of \$	) (Revenue \$	)
,					
4c (Code N/A	) (Expenses \$	including gran	its of \$	) (Revenue \$	)
4d Other pr	ogram services (Describe on S	Schedule O )	<del></del>		
(Expens	· ·	including grants of \$	) (Revenue \$		)
4e Total pro	ogram service expenses 🕨	765,222			

ABOO

Page 3

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			••
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		ŀ	v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	_4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ا ـ	ĺ	v
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6	İ	X
7	"Yes," complete Schedule D, Part I	- 8 -	<del> </del>	
•	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del>- '-  </del>	<del></del>	
•	complete Schedule D, Part III	8	ı	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			<u> </u>
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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,"	į	1	
	complete Schedule D, Part VI	11a	X	
þ	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d			İ	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
e		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		I	7.5
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
<b>L</b>	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{x}{x}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del></del>	X
b		170		
	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	İ	X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	$\longrightarrow$	<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	1	x
	nomesus onverament on Pan IA, committat line 17 ff, Yes "Complete Schedule i Pans Land II	Z 1		^

P	art 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			
	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		_x
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			ĺ
	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?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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
þ	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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled 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, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
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	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		$\overline{\mathbf{x}}$
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	_32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		- 1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		$\frac{x}{x}$
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," 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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		<u> </u>
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	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

•	_	_	_	_	$\sim$	_		^	
	<b>ہ</b> ۔	. 11	٠,	11	u	_	٠,	٠,	

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Ried for the calendar year ending with or within the year covered by this return 1 2 3 37  Note: If the sum of lines 12 and 2 is greated than 250, you may be required to effect of each instructions?  Note: If the sum of lines 12 and 2 is greated than 250, you may be required to effect seen instructions?  Note: If the sum of lines 12 and 2 is greated than 250, you may be required to effect seen instructions?  Note: If the sum of lines 12 and 2 is greated than 250, you may be required to effect seen instructions?  Note: If the sum of lines 12 and 2 is greated than 250, you may be required to effect seen instructions?  Note: If the sum of lines 12 and 2 is greated than 250, you may be required to effect seen instructions?  Note: If the sum of lines 12 and 12 is greated than 250, you may be required to effect seen instructions?  A say that during the calendary seer, do the organization have an intensit in . or a spinute or other subtribution or instruction of the sum of the foreign country (such as a bank account, securities account, or other financial accounts?  A say that during the sum of the foreign country (such as a bank account, securities account, or other financial accounts?  See instructions of finant groupements for infructions or sum of the sum	Pa	int V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Sistements, filed for the calendary year ending with or within the year covered by this return?  Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  Did the origination have unified bourses spross, snoomed \$1,000 or more during the year?  3a				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax naturins?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to #efile gene instructions)  3a Did the organization have unrelated business gross income of \$1,000 or mine during the year?  4b If "Yes," has if filed a Form 990-T for this year? if "No" to line 3b, provide an explanation or Schedule O  4c All any time during the calendar year, did the organization have an interest in, or a significant or other financial account; a filed a Form 990-T for this year? if "No" to line 3b, provide an explanation or other financial account; a filed a Form 990-T for this year?  4c If "Yes," interest the name of the foreging country by see enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5c Was the organization is provided tax sheller transaction at any time during the tax year?  5d Did any taxable party notify the organization that it was or is a party to a prohibeted tax cheller transaction?  5d Did any taxable party notify the organization that it was or is a party to a prohibeted tax cheller transaction?  5d Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or griffs were not tax deductible as charitable contributions or griffs were not tax deductible as charitable contributions and party for goods and services provided to the payor?  7 organizations that may receive deductible contributions under section 170(c).  8 bid Horganization receives a surprise of the value of the goods or services provided?  9 bid Horganization receives a surprise of the value of the goods or services provided?  1 bid the organization receives a contribution of qualified intellectual property, do the organization file a Form 1088-C?  8 preserved to the organization make any taxable deliberations.  9 contribution of	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3		Statements, filed for the calendar year ending with or within the year covered by this return 2a 37			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b Al any time during the calendar year, did the organization flowed an explanation on Schedule O  4c Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over,  5c Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over,  5c Al any time during the calendar year, did the organization flower an interest in, or a signature or other authority over,  5d Al any time during the calendar year, did the organization flower an interest in, or a signature or other authority over,  5d Al any time of the foreign country to the sea beath account, securities account, or other financial accounts (FBAR)  5e enstructions for filing requirements for filing the search and the organization has the search accounts of the organization has the search accountry of the organization has the search accountry of the organization has the organization has the organization has the organization has the organization has the organization has the organization has the organization has the organization has the organization has the organization has the organization has the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soft and contributions finat when the organization soft and contributions finat when the organizations of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts and the organization shall and the organization shall and the organization shall and the orga	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b !! "Yes", that is filled a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  A All any time during the calendary 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 (such as a bank account, securities account, or other financial account)?  See instructions for fining requirements for FinoCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for fining requirements for FinoCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See in structions a party to a prohibited tax sheller transaction at any time during the tax year?  5a W. If "Yes" to line 5a or 5b, did the organization file Form 8885-77  Boes the organization have enrual gross receipts that are normally greater than \$100,000, and did the organization normal supers receipts that are normally greater than \$100,000, and did the organization normal property that are normally greater than \$100,000, and did the organization normal normal supers receipts that are normally greater than \$100,000, and did the organization normal normal property of the supers of the organization receive a payment in excess of \$75 made parity as a contributions or gifts were not tax deductible?  To praint a finite than a party of the organization northy the donor of the value of the goods or services provided: the payor?  To be the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  To be the organization receive an contribution of undertody, or a personal benefit contract?  To be the organization receive an contribution of undertody, or a personal benefit contract?  To be the organization received a contribution of cars, boats, airplaces, or other vehicles, did the organization file of them \$202.  To be the organization rec		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A lawy time during the Calendary 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, secretiles account, or other financial accounts?  b If "Yes," enter the name of the foreign country?  5a Was the organization of the foreign country?  5b Was the organization of the foreign country?  5c Was the organization price of the organization flet at was or is a party to a prohibited tax sheller transaction?  5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization flet organization to let was one to tax deductible or organization solicit any contributions that were not tax deductible as charlable contributions?  6c D Soes the organization nective annual gross receipts that are normally greater than \$100,000, and did the organization is orbit and the very solicitation an express statement that such contributions or giffs were not tax deductible?  6c D Soes the organization nective a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c D If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d D If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d D If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form \$222 filed during the year  6d Did the organization econeval contribution of a qualified intellectual property, did the organization file a Form \$225 filed during the year  6d Did the organization decrease and contribution of organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contribut?  7f X S pomosring organization make a distribution used one organization during the year.  9g Did the sponsoring organization make a distribution used organizati	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  by If Yes,* enter the name of the foreign country.*  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  50 Dos the organization have amount gross receipts that are normally greater than \$100,000, and did the organization that was manual gross receipts that are normally greater than \$100,000, and did the organization no incide with every solicitation an express statement that such contributions or grifts were not tax deductible?  60 If Yes,* of the organization incide with every solicitation an express statement that such contributions or grifts were not tax deductible?  61 If Yes,* of the organization necessor as payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  62 If Yes,* of the organization entity the donor of the value of the goods or services provided?  63 If Yes,* office the organization incide with every solicitation and express provided?  64 If Yes,* office the organization entity the donor of the value of the goods or services provided?  75 If Yes,* office the organization network and young the year  65 Doff the organization received a contribution of qualified intellectual property, did the organization foreign of young transfer the year  66 Doff the organization received a contribution of qualified intellectual property, did the organization file a Form \$202 or the year of the very solicitation of young the year of the organization received a contribution of organization foreign and contribution of the year of young the year of young the year of young the year of young the year of young the year of young the year of young the year of young the year of you	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," either the name of the foreign country > See instructions for fithing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  58 Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year?  59 Day any taxoble party notify the organization that it was or is a party to a prohibited tax shelfer transaction?  50 If "Yes" lot be of so 75, did the organization that it was or is a party to a prohibited tax shelfer transaction?  50 If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible as charlable contributions?  50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  51 Dot the organization stat are premien in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  52 Dot the organization sell, exclusing, or otherwise dispose of tangble personal property for which it was required to file Form \$2822 filed during the year  52 Dot the organization sell, exclusing, or otherwise dispose of tangble personal property for which it was required to file Form \$2822 filed during the year  53 Did the organization during the year, pay premiums, divectly or indirectly, to pay premiums on a personal benefit contract?  53 Total Total Press, and the organization during the year, pay premiums, divectly or indirectly, to pay premiums on a personal benefit contract?  54 Total Total Press, and the organization make any time during the year?  55 Did the organization during the year, pay premiums, divectly or indirectly, to pay premiums on a personal benefit contract?  56 Did the organization during the year, pay premiums, divectly or indirectly, to pay the pressoration free Form 8899 as required?  57 Total Press, the pressoration grants and the pr	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			_
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR)  Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Sa   X   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   Sb   X    If Yes it to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?   Sc    Sc   If Yes it to line 5a or 5b, did the organization file Form 8865-17   Sc    Sc   If Yes it to line 5a or 5b, did the organization file Form 8865-17   Sc    Sc   If Yes it to line 5a or 5b, did the organization necessity and the properties of the properties of the properties of the properties of the properties of the properties of the properties of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?    Organizations that may receive deductible contributions under section 170(c).    If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?    7a   X    If the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?    7b   If Yes, if did the organization notify the donor of the value of the goods or services provided?    10   If Yes, if the organization neceived any funds, directly or indirectly, to pay premiums on a personal benefit contract?    11   If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?    12   If the organization received a contribution of oras, boats, apipares, or other vehicles, did the organization file a Form 1098-0?    12   Sponsoring organization have excess business holdings at any time during the year?    12   Sponsoring organization maintaining donor advised funds.    13   If the organization is a distribution of cars, boats, apipares, or other vehicles, did the organization file a Form 1098-0?    12   Sponsoring organization maintaining donor advised funds.    13   Organization is provided to the properties of the properties	b	If "Yes," enter the name of the foreign country ▶			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 C If "Ses" to line 5a or 5b, did the organization file Form 8886-T?  5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Dot the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 If "Yes," indicate the number of Forms 8282 filed during the year  10 Life the organization sell, exchange, or otherwise dispose of tanglible personal propenty for which it was required to life Form 8292.  10 Life the organization, during the year in directly, to pay premiums on a personal benefit contract?  10 Life the organization, during the year in the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?  11 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  12 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  13 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund amintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund amintained by the sponsoring organizations maintaining donor advised funds.  14 Did the sponsoring organizations. Enter  15 Intellectual property is a property organization file a Form 1098-C?  16 Sponsoring organizations make any tissable distributions under section 4969?  17 Sponsoring organizations maintaining donor a		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soloid any contributions that were not tax deductible as charitable contributions?  8 J Y'es", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8 J G Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8 J G Yes", did the organization that may receive deductible contributions under section 170(c).  8 J G Yes", did the organization notify the donor of the value of the poods or services provided?  9 J G W G G G G G G G G G G G G G G G G G	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
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Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Filed during the year  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7c	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g X  1f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h X  8 Sponsoring organizations maintaining donor advised funds.  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  10 Initiation fees and capital contributions included on Part VIII, line 12  10 Gross receipts, included on Form 990, Part VIII, line 12  11 Gross income from members or shareholders  11 Gross income from efform deresources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  14 If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization is incensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O  15 Inter the amount of reserves on hand  16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  17 Interpretation is incensed to issue qualified health plans  18 Interpretation of the section 4960 tax on payments for indoor tanning services during the tax year?  19 If "Yes," s	_				<u>X</u>
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sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11c  10c  10d  11d  10a  11d  11d  11d  11d  11d			7h		<u> </u>
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O					
	16		16		X
		If "Yes," complete Form 4720, Schedule O			

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a '	'No"	-93							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se	e inst	ructio	ns							
	Check if Schedule O contains a response or note to any line in this Part VI		_	X							
Sec	ction A. Governing Body and Management										
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6										
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain on Schedule O										
b	Enter the number of voting members included on line 1a, above, who are independent  1b 5										
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
	any other officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct										
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		_X_							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
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		X							
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		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
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										
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		_X_							
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de)									
			Yes	No							
0a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>							
þ	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?	10b	x								
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
2a	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 rise to conflicts?	12b	Х								
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	X								
3	Did the organization have a written whistleblower policy?	13	Х								
4	Did the organization have a written document retention and destruction policy?	14	X	<del></del>							
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
þ	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)										
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?	16a		<u>X</u>							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1									
_	organization's exempt status with respect to such arrangements?	16b									
<u>Sec</u>	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ AZ										
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)										
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain on Schedule O)										
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and										
	financial statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	OE CIMINO 3314 S. 16TH AVE.										
TT	UCSON AZ 85713 520	<u>~62</u>	<u>4 - 5</u>	<u> 193</u>							

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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

(A) Name and title	(B) Average hours per week (list any	y related organization comp  (C)  Position  (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(VV-2/1099-MISC)	(VV-2/1099-IVIISC)	organization and related organizations
(1) JOE CIMINO										<del></del>
	40.00									
EXECUTIVE DIRECTOR	0.00	<u> </u>	<u> </u>	X				52,215	0	0
(2) DALE BUTCHER		1								
	2.00				ĺ					
DIRECTOR	0.00	X	L.	ļ				0	0	0
(3) TOM CARR										
	2.00	ŀ						_		
DIRECTOR	0.00	X	<u> </u>					0	0	0
(4) CHRIS CHANDLER										
	2.00	}								_
DIRECTOR	0.00	X		_	<u> </u>			0	0	0
(5) DAVID LIVINGSTON		1								
	2.00									_
TREASURER	0.00	X		X	<b> </b> -			0	0	0
(6) DOUG WOLFE	0.00									
	2.00	]	}			]		ام		•
PRESIDENT	0.00	X	├-	X	-	$\vdash$		0	0	0
(7)										
(8)			-					1		
(9)	<del></del>		_			-				
					!					
10)										
(11)			-		-					

N00010 Page <b>8</b>	
) I amount her isation the ition and anizations	

' (A) Name and title		(B) (C)  Average hours per week (list any hours for (S) (C)  Average hours per week officer and a director/truste						an 90)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and				
		nours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	, -		nization	s	
	_														
								•					_	-	
									,						
	·····												_	_	
1b c	Subtotal Total from continuation she	ets to Part VII, S	Secti	on A	\		<u>L</u> J	<b>&gt;</b>	52,215						
<u>d</u>	Total (add lines 1b and 1c)							<b></b>	52,215						
<u> </u>	Total number of individuals (in reportable compensation from				thos	e list	ted a	bov	e) who received more than	\$100,000 of		<del></del> -	Vas	No	
3	Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated	d		3	Yes	X	
4	For any individual listed on lin- organization and related organ											4		X	
5	Individual  Did any person listed on line 1 for services rendered to the or									individual		5		x	
Sect	ion B. Independent Contracto														
1	Complete this table for your fit compensation from the organ										ear				
	Name and	(A) business address							Descrip	(B) tion of services		Cor	(C) npensat	on	
														_	
											-				
				_						-					
2	Total number of independent received more than \$100,000								se listed above) who	0			· · · · · · · · · · · · · · · · · · ·		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) (D) (B) Related or exempt Total revenue Unrelated Revenue excluded from tax under function revenue business revenue sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 113,935 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 67,305 1f g Noncash contributions included in lines 1a-1f **1g** 181,240 h Total. Add lines 1a-1f ▶ Business Code 614,182 614,182 Program Service Revenue Program Service Revenue f All other program service revenue 614,182 g Total. Add lines 2a-2f  $\blacktriangleright$ Investment income (including dividends, interest, and 13 13 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6a Gross rents 6a b Less rental expenses 6b 6c c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue b Less cost or other basis and sales exps 7b c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a b Less direct expenses 8b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 281102000. 15 returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11a b d All other revenue Total. Add lines 11a-11d 795,435 614,195 0 Total revenue. See instructions

Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign				,
	organizations, foreign governments, and foreign				
	ındıviduals See Part IV, lines 15 and 16				*
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				- <del></del>
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		i		
_	persons described in section 4958(c)(3)(B)	405 050	454 004	12 054	
7	Other salaries and wages	487,978	474,924	13,054	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	21 600	28 000	3 520	
9	Other employee benefits	31,608 32,171	28,080 32,171	3,528	<del></del>
10	Payroll taxes	32,1/1	32,1/1		<del></del>
11	Fees for services (nonemployees)				
a	Management				
b	Legal	3,300	<del>-</del>	3,300	<del>- ,    </del>
d	<del></del>		-		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	8,878	8,878		
12	Advertising and promotion	4,697		4,697	
13	Office expenses	15,793	15,793		
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				
21	Payments to affiliates		05 05 6	<del></del>	·
22	Depreciation, depletion, and amortization	25,056	25,056		
23	Insurance	13,903	13,903		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If	-		t t	
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O)	40,803	40,803		
a	<del> </del>	36,787	36,787		
b	UTILITIES	26,816	26,816		
c d	FOOD SUPPLIES	16,519	16,519		
e	All other expenses	45,492	45,492		
25	Total functional expenses. Add lines 1 through 24e	789,801	765,222	24,579	
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   following SOP 98-2 (ASC 958-720)	.02,001	. 557222	-1,3.3	

Part X Balance Sheet

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 95,349 6,294 Cash-non-interest-bearing 1 58,132 101,344 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 5,310 10,408 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 15,75111,986 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,050,784 basis Complete Part VI of Schedule D 10a 880,416 191,797 170,368 Less accumulated depreciation 10b Investments—publicly traded securities 11 11 Investments—other securities See Part IV, line 11 12 12 13 13 Investments-program-related See Part IV, line 11 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 277,284 389,455 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 5,772 16,559 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 95,750 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 5,772 112,309 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ► X **Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 271,512 277,146 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Š 271,512 277,146 32 32 Total net assets or fund balances 277,284 389,455 Total liabilities and net assets/fund balances

Form 990 (2019)

Forn	990 (2019) MARSHALL HOME FOR MEN, INC. 86-0209672			Pa	age <b>12</b>
Pa	rt 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)	1	_	795,	435
2	Total expenses (must equal Part IX, column (A), line 25)	2		789,	801
3	Revenue less expenses Subtract line 2 from line 1	3		5,	634
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		271,	512
5	Net unrealized gains (losses) on investments	5	_		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1			
	32, column (B))	10		277,	146
Рa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis				
þ	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				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		ĺ	1	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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	$\bot$	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				}
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		Щ
			F	orm <b>99</b> (	<b>)</b> (2019)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection Employer identification number

			MARSHALL HOM	E FOR MEN, INC.			80-020	9012	
P	art i	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns	
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 12, c	heck only	one box	)	$\circ$	
1		A church, cor	nvention of churches, or asse	ociation of churches described in	n section	170(b)(1	I)(A)(i).	2 q	
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ))		1) [	
3	П			ce organization described in sec			iii).	V 1	
4	П	A medical res	search organization operated	in conjunction with a hospital d	lescribed	ın sectio	n 170(b)(1)(A)(iii). Enter the he	ospital's name,	
	لـــا	city, and state	- ·					·	
5	$\Box$	-		of a college or university owned	or operate	ed by a g	overnmental unit described in		
Ŭ	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	The same of the sa								
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public							
8	$\Box$		section 170(b)(1)(A)(vi). (Co		пу				
9	H	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)							
3	Ш	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	<u> </u>							
			<del>-</del>	0, 1975 See section 509(a)(2).					
11	Ц	~		exclusively to test for public safe	-				
12		of one or mor	re publicly supported organiz	exclusively for the benefit of, to particular described in section 509	(a)(1) or	section 5	509(a)(2). See section 509(a)(	3).	
		_	-	at describes the type of support					
	а			erated, supervised, or controlled ver to regularly appoint or elect a				ng	
				omplete Part IV, Sections A ar		or the un	ectors of trustees of the		
	b	_ · ·	• •	pervised or controlled in connec		ts sunno	rted organization(s), by having		
	D			ting organization vested in the s				ed	
			ion(s) You must complete				<b>3</b>		
	С	Type III f	functionally integrated. A s	upporting organization operated	In conne	ction with	, and functionally integrated wi	th,	
				tructions) You must complete  I. A supporting organization ope				n/c)	
	d	that is no	t functionally integrated. The	e organization generally must sa	itisfy a dis	tribution	requirement and an attentivene	ess	
	е	Check th	is box if the organization rec	nust complete Part IV, Sectior eived a written determination fro	m the IR	S that it is			
	_		· ·	n-functionally integrated support	ing organ	ization			
	f		nber of supported organizati					<u> </u>	
	g		ollowing information about th	e supported organization(s)	<del></del>		<u> </u>	<del></del>	
(		me of supported (II) EIN rganization		(iii) Type of organization (described on lines 1–10	(iv) is the organization listed in your governing		(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))		nent?	instructions)	instructions)	
_					Yes	No			
(A)									
(B)	)		-			-			
(-									
(C	)								
(D	)								
(E	)					_			
					<del>                                     </del>				
<b>-</b> - 4			1			[			

Sche	dule A (Form 990 or 990-EZ) 2019 MAF	RSHALL HOM	E FOR ME	N, INC.	86	<u>-02096</u>	72		Page 2
	Support Schedule for O	rganizations C	escribed in S	Sections 170(b)	(1)(A)(iv) and	170(b)(1)	(A)(vi	)	$\overline{}$
	(Complete only if you che	cked the box or	n line 5, 7, or 8	of Part I or if th	ne organizatioi	n failed to d	ualify	under	
	Part III If the organization								
Sec	tion A. Public Support								/
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) 70	tal
	, , , , , , , , , , , , , , , , , , , ,				<del></del>	<del>                                     </del>			
1	Gifts, grants, contributions, and								
	membership fees received (Do not include any "unusual grants")						ĺ		
	include any unusual grants /		<u> </u>		<del></del>	<del>{</del>	$\longrightarrow$		
2	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf	<del></del>	<u></u>	<del>                                     </del>	<del></del>	<del> /</del>			
3	The value of services or facilities						ľ		
	furnished by a governmental unit to the						l		
	organization without charge			ļ <u> </u>			$\longrightarrow$		
4	Total. Add lines 1 through 3					ļ <i>/</i>			
5	The portion of total contributions by					1			
	each person (other than a			1	and the same of th		J		
	governmental unit or publicly supported organization) included on			1					
	line 1 that exceeds 2% of the amount				<i>*</i>		- 1		
	shown on line 11, column (f)				<i>f</i>				
6	Public support. Subtract line 5 from line 4				4			-	
Sec	tion B. Total Support				7				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017 /	(d) 2018	(e) 2019	9	(f) To	tal
7	Amounts from line 4								
8	Gross income from interest, dividends,								
	payments received on securities loans,			/			-		
	rents, royalties, and income from similar sources			/		ł	-		
_									
9	Net income from unrelated business activities, whether or not the business								
	is regularly carried on			/		1	1		
	• •								
10	Other income Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10		/						
12	Gross receipts from related activities, etc	(see instructions)		. <del>k</del>	******************************		12		
13	First five years. If the Form 990 is for the		second third fo	ourth or fifth tax vea	ir as a section 50	1(c)(3)			
	organization, check this box and stop her	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aran, or man tax you	40 4 55511611 65	1(0)(0)			
Sec	tion C. Computation of Public St		age						نــــــــــــــــــــــــــــــــــــــ
14	Public support percentage for 2019 (line 6	··——		nn (fl)			14		%
15	Public support percentage from 2018 Scho	/		(4)			15		%
16a	33 1/3% support test—2019. If the organ	/		13 and line 14 is 3	3 1/3% or more	check this			
	box and stop here. The organization qual	/							▶ □
b		/			5 is 33 1/3% or m	ore check			ت -
	this box and stop here. The organization	/			0 10 00 170 70 01 11	ioro, oridor			
17a	10%-facts-and-circumstances test—201				a or 16h and lin	a 1 <i>1</i> 1 is			
110		-							
	10% or more, and if the organization meet								
	Part VI how the organization meets the "fa	icis-and-circumsta	nces test The Of	gamzadon qualifies	as a publicly sup	housea			ightharpoonup
	organization	o Kuba		- h 1 - 40 45	- 40L - 47-				
þ	/ / / / / / / / / / / / / / / / / / / /	_							
	15 is 10% or more, and if the organization								
	Explain in Part VI how the organization me	eets the "facts-and	-circumstances" t	est The organization	on qualifies as a p	ublicly			, _
	supported organization								
18	Private foundation. If the organization die	d not check a box of	on line 13, 16a, 16	6b, 17a, or 17b, che	ck this box and s	ee			, _
	instructions					i			
						Cabadula A /	Farm 01	20 000 5	-71 2040

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.)

500	tion A. Public Support	quality under the	tests listed be	slow, picase co	inpicte i art ii j	<del>' </del>	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(5) 2010	(0) 23	(2) 20 10	(0) _ 0 1	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ı	received (Do not include any "unusual grants ")	159,702	178,023	239,465	138,802	181,240	897,232
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	501,003	538,808	529,458	562,376	614,182	2,745,827
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	660,705	716,831	768,923	701,178	795,422	3,643,059
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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						3,643,059
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	660,705	716,831	768,923	701,178	795,422	3,643,059
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15	7	6	18	13	59
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	15	7	6	18	13	59
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	Total support. (Add lines 9, 10c, 11,		_				
	and 12)	660,720	716,838	768,929	701,196	795,435	3,643,118
14	First five years. If the Form 990 is for the		secona, tnira, tou	rtn, or τιπη tax year	r as a section 501(	c)(3)	▶ □
500	organization, check this box and stop her tion C. Computation of Public St						
	Public support percentage for 2019 (line 8			n (fl)		15	100.00%
15 16	Public support percentage for 2019 (line of Public support percentage from 2018 Sch			(1))		16	100.00%
16 Sec	tion D. Computation of Investme			<del> </del>			100.00 70
17	Investment income percentage for 2019 (I			. column (fl)	<del> </del>	17	%
18	Investment income percentage from 2018			, (-//		18	%
19a	33 1/3% support tests—2019. If the orga			14, and line 15 is i	more than 33 1/3%	, and line	
	17 is not more than 33 1/3%, check this b	ox and stop here. T	The organization q	ualifies as a public	ly supported orgar	nization	► X
b 20	33 1/3% support tests—2018. If the organine 18 is not more than 33 1/3%, check the Private foundation. If the organization discontinuous control of the organization control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization discontinuous control of the organization disco	nis box and stop he	re. The organizati	on qualifies as a pu	ublicly supported o	rganization	<b>▶</b> □
20	- Tivate roundation. If the organization di	a not oncor a box o					<u> </u>

## 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 Organization	Section	Α.	All	Supporting	Organization
--	---------	----	-----	------------	--------------

- 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
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 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
- 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
- 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)
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- 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
  - 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 )

		<u></u>	
-		Yes	No
	1		
	2	•	
	3a	<u> </u>	<del></del>
	<b>0</b> L		
	3b		
	3с		
	4a		
	4b		
	40		
ļ	4c		
İ	5a		
ļ	5b		
	5c		
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	-		
	7		<del></del>
Ī	8		
-	9a		
-	9b		
ŀ	9c	İ	
ŀ	7		
	10a		
	46.	1	
A (Fo	10b rm 990	or 990-E	Z) 2019
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DAA

activities but for the organization's involvement

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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 Part VI the role played by the organization in this regard

2b

3a

Schedule A (Form 990 or 990-EZ) 2019 MARSHALL HOME FOR MEN, INC.	<u> </u>	86-0209	672 Page 6					
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga								
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			ee					
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E								
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		<u> </u>					
3 Other gross income (see instructions)	3							
4 Add lines 1 through 3	4							
5 Depreciation and depletion	5							
6 Portion of operating expenses paid or incurred for production or								
collection of gross income or for management, conservation, or								
maintenance of property held for production of income (see instructions)	6							
7 Other expenses (see instructions)	7							
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
Aggregate fair market value of all non-exempt-use assets (see								
instructions for short tax year or assets held for part of year)								
a Average monthly value of securities	1a							
b Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a, 1b, and 1c)	1d							
e Discount claimed for blockage or other								
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					
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							
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-functionally integrated T	ype II	I supporting organization (s	see					
instructions)								

Schedule A (Form 990 or 990-EZ) 2019

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	tion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exempt purpor	ses							
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported							
	organizations, in excess of income from activity								
3_	Administrative expenses paid to accomplish exempt purposes of support								
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)		<del></del>						
<u>6</u>	Other distributions (describe in Part VI) See instructions	·							
	Total annual distributions. Add lines 1 through 6								
8	Distributions to attentive supported organizations to which the organizations	ation is responsive							
	(provide details in Part VI) See instructions								
9_	Distributable amount for 2019 from Section C, line 6								
10_	Line 8 amount divided by line 9 amount								
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable					
			Pre-2019	Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019								
	(reasonable cause required-explain in Part VI) See instructions								
3	Excess distributions carryover, if any, to 2019								
a	From 2014		······································						
b	From 2015								
СС	From 2016								
d	From 2017								
е	From 2018								
<u>f</u>	Total of lines 3a through e								
<u>g</u>	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2019 distributable amount		······································						
<u>i</u> _	Carryover from 2014 not applied (see instructions)								
i	Remainder Subtract lines 3g, 3h, and 3i from 3f								
4	Distributions for 2019 from								
	Section D, line 7 \$	***************************************	<u>.</u>						
	Applied to underdistributions of prior years								
<u>b</u>	Applied to 2019 distributable amount	<u> </u>	**************************************						
	Remainder Subtract lines 4a and 4b from 4		<del></del>						
5	Remaining underdistributions for years prior to 2019, if								
	any Subtract lines 3g and 4a from line 2 For result								
	greater than zero, explain in Part VI See instructions								
6	Remaining underdistributions for 2019 Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI See instructions								
7	Excess distributions carryover to 2020. Add lines 3j								
8	and 4c Breakdown of line 7								
	Excess from 2015		<del></del>						
	Excess from 2016		<del></del>						
	Excess from 2017		······································	***************************************					
	Excess from 2018								
	Excess from 2019		<del></del>						

Schedule A (Form 990 or 990-EZ) 2019

MARSHALL HOME FOR MEN, INC.

86-0209672

Page 8

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)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Inspection

OMB No 1545-0047

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

Open to Public

Name	of the organization		Employer identification number
М	ARSHALL HOME FOR MEN, INC.		86-0209672
	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	unds or Other Similar Funds of Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised	
	funds are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or don	nor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" on	Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check	k all that apply)	
	Preservation of land for public use (for example, recreation or edu	cation) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a co	onservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inc	• •	2c
d	Number of conservation easements included in (c) acquired after 7/25	i/06, and not on a	
_	historic structure listed in the National Register		[_2d
3	Number of conservation easements modified, transferred, released, e.	xtinguished, or terminated by the orgai	nization during the
	tax year >	January N	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic more violations, and enforcement of the conservation easements it holds?	mioning, inspection, handling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing consequation	
0	Stan and volunteer hours devoted to morntoning, inspecting, handling	or violations, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation ea	esements during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(	
^	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easen	•	
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	e organization's imancial statements th	at describes the
	art III Organizations Maintaining Collections of Art	Historical Treasures or Oth	ar Similar Assots
	Complete if the organization answered "Yes" on		——————————————————————————————————————
1a	If the organization elected, as permitted under FASB ASC 958, not to		
	of art, historical treasures, or other similar assets held for public exhib		ance of public
_	service, provide in Part XIII the text of the footnote to its financial state		
þ	If the organization elected, as permitted under FASB ASC 958, to repr		
	art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, o	•	, provide the
	following amounts required to be reported under FASB ASC 958 relationships and the second sec	ing to these items	
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990 Part X		<b>₽</b> %

1,050,784

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

880,416

170,368

e Other

Part VII	Complete if the organization answered "Yes		
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
Financial d	derivatives		
Closely he	eld equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12)	<u> </u>	
art VIII	Investments – Program Related.		
_	Complete if the organization answered "Yes	<u>s" on Form 990, Part IV, lin</u>	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
	· <del></del>		
		í	1
)	n (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	
) ) al. (Column <b>'art IX</b>	Other Assets.		
al. (Column			e 11d. See Form 990, Part X, line 15.
al. (Column	Other Assets.	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15. (b) Book value
al. (Column	Other Assets.  Complete if the organization answered "Yes	on Form 990, Part IV, lin	
al. (Column	Other Assets.  Complete if the organization answered "Yes	on Form 990, Part IV, lin	
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes	on Form 990, Part IV, lin	
al. (Column	Other Assets.  Complete if the organization answered "Yes	on Form 990, Part IV, lin	
al. (Column	Other Assets.  Complete if the organization answered "Yes	on Form 990, Part IV, lin	
al. (Column	Other Assets.  Complete if the organization answered "Yes	on Form 990, Part IV, lin	
al. (Column	Other Assets.  Complete if the organization answered "Yes	on Form 990, Part IV, lin	
al. (Column	Other Assets.  Complete if the organization answered "Yes	on Form 990, Part IV, lin	
al. (Column	Other Assets. Complete if the organization answered "Yes (a) Description	on Form 990, Part IV, lin	(b) Book value
al. (Column	Other Assets. Complete if the organization answered "Yes (a) Description (b) must equal Form 990, Part X, col (B) line 15)	on Form 990, Part IV, lin	
al. (Column art IX	Other Assets. Complete if the organization answered "Yes (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.	o" on Form 990, Part IV, lin	(b) Book value
al. (Column	Other Assets. Complete if the organization answered "Yes (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes	o" on Form 990, Part IV, lin	(b) Book value
al. (Column	Other Assets. Complete if the organization answered "Yes (a) Description  of (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes line 25.	o" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes line 25  (a) Description of liability	o" on Form 990, Part IV, lin	(b) Book value
al. (Column art IX	Other Assets. Complete if the organization answered "Yes (a) Description  of (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes line 25.	o" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes line 25  (a) Description of liability	o" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes line 25  (a) Description of liability	o" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes line 25  (a) Description of liability	o" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes line 25  (a) Description of liability	o" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes line 25  (a) Description of liability	o" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes line 25  (a) Description of liability	o" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes line 25  (a) Description of liability	o" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes line 25  (a) Description of liability	o" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,

Sche	edule D (Form 990) 2019 MARSHALL HOME FOR MEN, INC.	86-02096	72	Page 4
Pá	Reconciliation of Revenue per Audited Financial States	ments With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	]	
С	Recoveries of prior year grants	2c	]	
d	Other (Describe in Part XIII )	2d	]	
е	Add lines 2a through 2d	·—·	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	7	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	art XII Reconciliation of Expenses per Audited Financial State	ements With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	_[ [	
b	Prior year adjustments	2b	]	
С	Other losses	2c	]	
d	Other (Describe in Part XIII )	2d	]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	]	
b	Other (Describe in Part XIII )	4b	_	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

OMB No 1545-0047

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.

**Open to Public** Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

MARSHALL HOME FOR MEN, INC.

86-0209672

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Conflicts of interest are resolved by the Board of Directors.

A review is performed by the Board of Directors prior to filing.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Executive Director's salary is determined by the Board of Directors.

Form 990, Part VI, Line 15b - Compensation Process for Officers No officers, other than the Executive Director, receive any compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available to the public upon request.