Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2019 calend	ar year, or tax year beginning / Twly , 2019, and ending	30	TIL	e, 20 20		
-	heck if ap			-	-	ication number		
	Address c			A STATE OF THE PARTY OF THE PAR	09316 3			
	Name cha		E Telephone number					
	Initial retur		3232445288					
	Final retur	n/terminated	32 Lakeshore City or town, state or province, country, and ZIP or foreign postal code	E Groun	Group Exemption			
Amended return					Number ►			
						organization is not		
	Vebsite	ting Method:				Schedule B		
						, or 990-PF).		
KF	orm of	organization	☐ Corporation ☐ Trust ☐ Association ☐ Other Community On	chestra				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets				
(Pai	rt II, col	umn (B)) are	S500,000 or more, file Form 990 instead of Form 990-EZ		\$			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruct	tions for	Part I)		
			the organization used Schedule O to respond to any question in this Part I					
	1	Contribution	ons, gifts, grants, and similar amounts received		1	47759		
	2	Program s	ervice revenue including government fees and contracts		2	4972		
	3	Membersh	ip dues and assessments		3	0		
	4	Investmen	t income		4	5205		
	5a	Gross amo	ount from sale of assets other than inventory 5a					
	b	Less: cost	or other basis and sales expenses					
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c			
	6		d fundraising events:					
	a		ome from gaming (attach Schedule G if greater than					
Revenue		\$15,000)						
Ve	b		me from fundraising events (not including \$ of contributions	S				
Re			aising events reported on line 1) (attach Schedule G if the					
			ch gross income and contributions exceeds \$15,000) 6b					
	C		et expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract				
		line 6c)			6d			
	7a		s of inventory, less returns and allowances					
	b		of goods sold		-			
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c			
	8		nue (describe in Schedule O)		8	57936		
-	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	57930		
	11		aid to or for members		11			
"	12		ther compensation, and employee benefits		12			
ses					13	22741		
Expens	13		al fees and other payments to independent contractors		14	1226		
X	15	The state of the s	ublications, postage, and shipping	_	15	2585		
	16		enses (describe in Schedule O)		16	2624		
	17		enses. Add lines 10 through 16		17	29176		
	18		(deficit) for the year (subtract line 17 from line 9)		18	28760		
ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree					
188			ar figure reported on prior year's return)		19	95114		
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	-	20	-4450		
	21		or fund balances at end of year. Combine lines 18 through 20	_	21	119424		

Pai		,				
	Check if the organization used Schedule	O to respond to ar	ny question in this			<u>.</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			95114		116424
23	Land and buildings			2000	23	2000
24	Other assets (describe in Schedule O)			3000		3000
25	Total assets			98114		119424
26	Total liabilities (describe in Schedule O)			05444	26	110101
27	Net assets or fund balances (line 27 of column			95114	2/	119424
Par						Expenses
14/1-	Check if the organization used Schedule	e O to respond to ar	ly question in this	Part III	(Red	quired for section
	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompline asured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the			othe	anizations; optional for ers.)
-	ons benefited, and other relevant information for ea	acri program une.				
28						
	(Granta \$) If this amount	includes foreign gra	nto obook boro		28a	
29					202	
29						
	(Grants \$) If this amount	includes foreign gra	ente check hore		298	
30	(Grants \$) It this amount	includes foreign gra	ints, check here .		290	
30						
	(Cranta \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign are	nto chook horo		200	
21	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra			30a	
31		includes foreign gra			312	
32	Total program service expenses (add lines 28a				32	
STATE OF THE PARTY.	List of Officers, Directors, Trustees, and Ke					Parties and the second
	Check if the organization used Schedule				iotru	
	Oncok ii the organization adda contoatik		(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-		1	Estimated amount of other compensation
Willia	ım Hulsker	2				
Pres	dent	-		0	0	0
Rich	ard McClelland	2				
	surer			0	0	0
Maril	yn Bowerman	1				
Secr				0	0	0
	ne Salathiel	1				
Direc				0	0	, 0
Barb	ara Cushing	1				
Direc	ctor			0	0	0
Soni	a Lee	1				
Direc	ctor			0	0	0
Leon	a Forbes	1				
Direc	ctor			0	0	0
					1	
	-8					

-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
			V	NI-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	00-		,
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38a		1
39	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40		
41	List the states with which a copy of this veture is filed	40e		V
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
440	Did the averaged as a secretary and described finds design the second first the second firs		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
C	Did the organization receive any payments for indoor tanning services during the year?	44c		V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodula O.			
45-	explanation in Schedule O	44d		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

P	-	~	-	-
_	a	u	e	

							Yes	No	
46	Did the organization engage, directly or in to candidates for public office? If "Yes," c							,	
Part \			, raiti			. 46		\	
art	All section 501(c)(3) organizations		estions 47–49h and	52 and co	mplete th	e tables	for lin	es	
	50 and 51.	s must answer que	Scions 41 400 and	02, and 00	inpicto tii	Ctubico		00	
	Check if the organization used Sch	nedule O to respond	to any question in t	his Part VI				. П	
	Chook ii the organization acca cor	iodalo o to respons	a to any quotien in t				Yes	No	
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	n in effect	during the	tax			
	year? If "Yes," complete Schedule C, Part							1	
48	Is the organization a school as described in							1	
49a	Did the organization make any transfers to							1	
b	If "Yes," was the related organization a se								
50	Complete this table for the organization's	five highest compen	sated employees (oth	er than offic	ers, direct	ors, truste	es, ar	nd ke	
	employees) who each received more than	\$100,000 of compe	nsation from the orga			e, enter "I	None.	"	
	(a) Name and title of each employee			(d) Health contributions benefit plans, comper		(e) Estimated amount of other compensation			
	NONE								
f	Total number of other employees paid over								
51	Complete this table for the organization'	s five highest comp	ensated independent	contractors	who eac	h received	d more	e than	
	\$100,000 of compensation from the orga	inization. If there is n							
	(a) Name and business address of each independ	dent contractor	(b) Type of service		(c) Compensation				
			-						
							* /		
d	Total number of other independent contra	actors each receiving	over \$100 000	•					
52	Did the organization complete Schedu			nizations n	nust attac	h a			
-	completed Schedule A					.► Ye	s 🗌	No	
Under p	penalties of perjury, I declare that I have examined this rrect, and complete. Declaration of preparer (other than	return, including accompa	nying schedules and statem	ents, and to the	best of my ledge.	nowledge ar	nd belie	f, it is	
, 50	Ruhande McCletter.				(O July 20)				
Sign	Signature of officer				е	1			
Here	Richard E. McClelland Treasurer Type or print name and title								
		Preparer's signature	· In	ate	T -	PTIN			
Paid	Print/Type preparer's name	l lopaidi s signature			Check L self-empl	」 if ∣			
Prep					Firm's EIN ▶				
Use	Only Firm's name Firm's address F				one no.				
May t	he IRS discuss this return with the prepare	r shown above? See	instructions			► □ Ye	s 🗌	No	