990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2019
Open to Public

A	For th	o 2019 calen	dar year, or tax year beginning	january 1	, 2019, and en	dina de		maperation	
В		if applicable:	C Name of organization friends of	The best of the second	, 2010, dilu cii	uning on	cember 31	, 20 19	
		s change	Doing business as	ourne, mc			D Emplo	oyer identification number	
F	Name c			and to put and	Objects and the second	Day of the last		20557#2384	
F	Initial re	7.5	Number and street (or P.O. box if 548 Home Ave	mail is not delivered to stre	ef address)	Room/suite	E Teleph	tone number	
F	Entremel	turn/terminated				The Property lies	ZHE THEFA	260-745-3658	
H			City or town, state or province, or	untry, and ZIP or foreign p	ostał code				
님		od return	Fort wayne, IN 46807	LINECHES OF MY	CALCULATE OF THE PARTY OF THE P		G Gross	receipts \$ 30996	
ш	Applicat	tion pending	F Name and address of principal offi	on: Neil Sowards		H(a) is t	his a group return for	sbordrater? Yes V N	
-	Description of the last		548 Home Ave fort Wayne in 4			H(b) An		s included? Yes N	
-		umpit status:	∑ 501(c)(3)) ◄ (insert no.)	1947(a)(1) or 527			t (see Instructions)	
1		n: ► friendso				T 24 (1979)	oup exemption (
K	Form of	organization: /	Corporation Trust Associat	ion Other >	L Year of for		TOTAL SECTION AND ADDRESS OF THE PARTY OF TH	STATE OF THE PARTY	
llä	art I	Summa					1 10 41414		
	1	Briefly des	cribe the organization's missi	on or most significan	activities to be	In the negation	of Monance	Maria de la companya della companya	
8		of orphans,	bible schools, seminaries, libr	aries student echolan	thing beautifures	p ore people	or myanmar	through relief, support	
Activities & Governance			1.	minos, seducine seriorar	sups, neathcare,	nospitals an	d clinics		
-	2	Check this	box ► ☐ If the organization	discontinued its sport	etlenn as sta				
300	3	Number of	voting members of the gover	ning hady (Dart M. K.	auons or dispose	ed of more to		ts net assets.	
ĕ	4	Number of	independent voting members	and body (ratt vi, iii	is raj.	1119	- 3	1	
60	5	Total numb	er of individuals assets and in	or the governing bo	dy (Part VI, line 1	b)	- 4	1	
5	6	Total numb	er of individuals employed in	calendar year 2019 (Part V, line 2a)		. 5		
Vet.		Total corel	er of volunteers (estimate if n	ecessary) , , .		4 . 4 .	6	20	
7	7.61	Total unired	ited business revenue from P	art VIII, column (C), li	ne 12		. 7a		
_	b	Net unrelat	ed business taxable income f	rorn Form 990-T, line	39		, 7b		
	10.40					Prior	1000	Current Year	
里	8	Contributio	ns and grants (Part VIII, line 1	h)			263124		
8	9	Program se	rvice revenue (Part VIII, line 2	g)			203124	309969	
Revenue	10	Investment	income (Part VIII, column (A),	lines 3, 4, and 7di			8		
-	11	Other reven	ue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c a	nd 11e)	COLUMN TO THE			
	12	Total revenu	e—add lines 8 through 11 (mo	ast equal Part VIII col	imm (A) line 12)		11800	1800	
	13	Grants and	similar amounts paid (Part IX,	274930	311778				
	14	Benefits pa	d to or for members (Part IX,	262661	282340				
10	15	Salaries, oth	er compensation, employee be	sensite (Post IV and	(4) (5)			11 4-13	
150	16a	Professiona	fundraising fees (Part IX, col	3500	3600				
Expenses	ь	Total fundes	ising expenses (Part IX, colur	umin (A), line 11e) .	at t 2 t 4				
ă	17	Other even	coe (Dust IV column (A) II	nn (U), wie 25)	-	30 DE			
	18	Total expen	ses (Part IX, column (A), lines	11a-11d, 11f-24e)			2035	3680	
	19	Downers to	ses. Add lines 13-17 (must ed	tual Part IX, column (A), fine 25) .		268196	289800	
u tri	10 1	neverine res	s expenses. Subtract line 18	from line 12		III RUDON	6734	21978	
2 2	00	4197412888				Beginning of (Current Year	End of Year	
Fund Belences	20	Total assets	(Part X, line 16)	4 FR FR FR	4 - 1 1 1 1		97548	59237	
끃	21	l otal liabiliti	es (Part X, line 26)	OF RESIDENCE A	43.404 F-4			99237	
	22 1	Net assets o	r fund balances. Subtract line	21 from line 20 .			97548	59237	
	7311	Signatur		THE REAL PROPERTY.	Follow Son			- The second of	
Und	or penalti	ies of perjury, I	declare that I have examined this retu Declaration of/preparer (other than of	orn, including accompanying	g schedules and stat	tements, and to	the best of my	knowledge and ballet it is	
inje	correct,	and congrete.	Declaration of preparer (other than of	ficer) is based on all inform	ation of which prepar	er has any knov	vledge.	Anomologia and beret, it is	
		A XX	ana Apowad	A CONTRACTOR	Latitude of the	1	-11	12020	
ig	n	Signature	of officer	CHOCK BY DISCORDER	Commission in the	7) / C	12020	
ler	e	A Di	ana Sowards	Secretari	A STATE OF		7/6	2020	
		19	rint name and title	3-1-1-1-1	1		1/4/	acc ac	
	4	The second second second		reparer's signature	THE PARTY			Table 1	
'ai				253224	1	ate	Check.		
	parer						self-employ	Ped Day	
Se	Only	-				Fin	m's EN ▶		
mil	the me	Firm's acidre		The same of the	and the sale	Ph	one no.	196	
ay	HIE IHS	discuss thi	s return with the preparer sho	wn above? (see instr	uctions)		0.6 + 1+ *	☐Yes ☐ No	
or P	aperwo	rk Reduction	Act Notice, see the separate i	nstructions.		No. 11282Y		From 990 2010	

Part I	Ш	Stateme	nt of Program Service	e Accomplishments a response or note to any line in this	Part III	7
1	Brief	ALCOHOLD THE REAL PROPERTY.	e the organization's mis		run	+ + + - 15
			ole of Myanmar through			
				ibraries, student scholarships, healthcare	n, hospitals and clinics	
2	Did	the organic	ration undertake any e	ignificant program services during the	year which were not listed on the	
-	prior	Form 990		I de la levera la revarioria .		Yes No
3	servi	ices?	ization cease conduction in the conduction is conducted in the conducted i	ting, or make significant changes in Schedule O.	how it conducts, any program	□Yes ☑No
4	ехре	enses. Sec	ction 501(c)(3) and 501	service accomplishments for each of (c)(4) organizations are required to rep y, for each program service reported.	its three largest program services, ort the amount of grants and alloca	as measured by stions to others
4a	(Coc	de:) (Expenses \$	64137 including grants of \$	64137) (Revenue S)
	Gran	nts for the s College, C	IT, HpuMyaSa Bible sch	arious bible colleges, bible schools and t col, HpuMyaSan School, KBTI, KBTS, KK e School, Pwo Karen Bible School, Rober	BBSC, KothaByu seminary, LITSOM,	he schools MIT school,
4b	Gran Pu T	nts for the o	Shay, Daw Pan shwe, N	53380 including grants of \$ mar. The grants went to the following orp lyit Tar Yelt Mon, Grace, KBC CC, New Ec	63380) (Revenue \$ shanages; Hitos Mu Htaw Ber, Agape, 6 den, Paradise, Pu Mooler, Pu Saw Bu i) Chit Myit Tar, and
4c	(Cor	nts for the s) (Expenses \$ support of and supplies	33904 including grants of \$ for various, clinics, hospitals, healthcare	33904) (Revenue 5 , eduction and staff of the following:)
				ew 25 love clinic, Ahlone, Bago Yoma, Yu	vama Unuren Medical Clinic	
4d	(Exp	penses \$	n services (Describe or 48155 includir		ue \$)	2013

Part	Checklist of Required Schedules		VI -	
			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		1
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C. Part III	5		1
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 "Yes," complete Schedule D, Part II.	6		1
7	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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		
9	complete Schedule D, Part III	8		1
	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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VII, X, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	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 167 If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		4
.0	Did the organization report an amount for other liabilities in Part X, line 257. If "Yes," complete Schedule D, Part X	11e		1
,	Old the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120		1
b	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		1
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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.	145	,	
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	1	
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	/	
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		1
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		1
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		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 if "Yes." complete Schedule I, Parts Land II.	21		,

Form 990 (2019)

Part	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		7
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.	00	,	
24a	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a	4	,
160	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions):	100		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
C	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R, Part I.	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		1
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		1
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		1
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	V	
Part	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
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1e	1	

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Om 99	0 (2019)			inge S
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax b If at least one is reported on line 2a, did the organization file all required foderal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 290, you may be required to e-file (see instructions) 3a. Did the organization have unrelisted businesse gross incorner of \$1,000 or more during the year? 3a. ✓ the "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schadule 0 3b. If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schadule 0 3b. If "Yes," here the name of the foreign country See instructions for filing requirements for FinCRH Form 114, Report of Foreign Bank and Financial Account; FBAR]. Was the organization any to a prohibited tax schelar transaction at any time during the star year? 4b. Did any taxable party notify the organization that it was or is a party to a prohibited tax schelar transaction at any time during the tax year? 4c. If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the orpanization of the Form 8886-T? 4c. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the orpanization of the section of the year of the declarible? 4d. The year of the organization include with every solicitation an express statement that such contributions or great were not tax declarible? 4d. Organizations that may receive deductible contributions and party for goods and services provided to the payor? 5d. If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d. If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d. If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d. If "Yes," the foliation of paying the year, ye premiums on a personal benefit contract? 7d.	Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		V.	814
b If at least one is reported on line 2a, did the organization fie all regularion federal employment tax returns? Notes If the sum of lines is and 2a is greater than 250, your may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 190-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3c At any time during the celendar 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, escurities account, or other financial accountry 5c If "Yes," there the names of the foreign Country See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If "Yes If the see of \$1,000 the organization that it was or is a party to a prohibited tax shelter transaction at the properties of the properties of the school of the see	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	NO
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country between as a baria excount, excurting account, or other financial accountry? b If "Yes," enter the name of the foreign country be as a baria excount, securities account, or other financial accountry? See instructions for filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizations solicit any contributions that were not tax deductible as chantitable contributions? b If "Yes," did the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 1 If "Yes," did the organization notity that donor of the value of the goods or services provided? 2 If "Yes," did the organization notity that donor of the value of the goods or services provided? 3 If "Yes," indicate the number of Forms 8282 filed during the year 4 If "Yes," indicate the number of Forms 8282 filed during the year 5 If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization received a pyrement in excess of purpose that the organization file Form 1904 or purpose that the organization received accordination of category permitums, directly, or a personal benefit contract? 7 If the organization received accordination of category permitums, directly, or a personal benefit contract? 9 If the organization received accordination of category permitums, directly or an appropriate form of the					7
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account; (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes to line Su of St, did the organization file Form 8886-1? Cos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization station that were not tax deductible as charitable contributions? If "Yes," did 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). b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? If "Yes," indicate the number of Forms 882£ filed during the year C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to this Form 882c? If Yes, "indicate the number of Forms 882£ filed during the year If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr			-		1
b if "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCRN 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? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 50 or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? By Oses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any orecrive deductible and scalaritable contributions? b If "Yes," did 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). b) If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? b) If "Yes," indicate the number of Forms 2020 filed during the year. c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2020? b) If the organization or occeive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f) Did the organization, during the year, psy premiums, directly or indirectly, no a personal benefit contract? If the organization received a contribution of cars, boats, siplanes, or otherwiscis, did the organization file Form 8098 serguing organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised, or related person? Section 501(c)(7) organizations. Enter: l) Gross income from here benefits of the organization flies of form 1041? If we reter the amount		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4n		1
by Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? by Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line Sa or 5b, did the organization file Form 8886-T? can be reganization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? by If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? by If "Yes," did the organization to the payor? child the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year by If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f) If the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? f) If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization for the manual provided funds and provided fund maintained by the sponsoring organization maintaining donor advised funds. b) If the sponsoring organization maintaining donor advised funds. b) If the organization have excess business holdings at any turne during the year? c) Section 501(c)(12) organization and the provided funds and the provided funds a	b	If "Yes," enter the name of the foreign country.▶			
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against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 930 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-	against amounts due or received from them.)	100		
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
a is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	b		0.7		
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	13		490		1
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13c 13c 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 is the organization an educational institution subject to the section 4968 excise tax on net investment income?		Note: See the instructions for additional information the organization must report on Schedule O.	138		Y
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Veryes," has it filled a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Veryes, "see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	b	the organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	c				-
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		Did the organization receive any payments for indoor tanning services during the tax year?	-	-	1
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule U	190		1
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	excess parachute payment(s) during the year?	15		1
	2257	II TIS. SEE INSULCIONS AND HIS FORM WALL, OCHOODING W.	122		1
HI COMPANY OF THE CONTRACT OF	16	is the organization an educational institution subject to the section 4955 excise as on net investment income? If "Yes," complete Form 4720, Schedule O.	13		1

Parel	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change							
Secti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	1 1 1		-				
0000	on A. Governing body and management	1000	W. Pro-	-	Yes	No		
ta	Enter the number of voting members of the governing body at the end of the tax year.	1a	16	2	-			
	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 1s, above, who are independent .	1b	16					
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?			2		1		
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or of	under the	e direct	3		1		
4	Did the organization make any significant changes to its governing documents since the prior For			4		1		
5	Did the organization become aware during the year of a significant diversion of the organization		ts?	.5		1		
6	Did the organization have members or stockholders?			6		A.		
78	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	0.00	3113	7a		1		
ь	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?			7b		1		
В	Did the organization contemporaneously document the meetings held or written actions un the year by the following:							
8	The governing body?	77	No. of Street	8a	1			
ь	Each committee with authority to act on behalf of the governing body?							
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule	of be rea	ched at	9		1		
Secti	on B. Policies (This Section B requests information about policies not required by the	e Intern	al Reven	ue C	ode.)			
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities or	r e e	notes:	10a		1		
ь	affiliates, and branches to ensure their operations are consistent with the organization's exert	pt purpo	ses?	10b	10			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body ball		he form?	11a	1	-		
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a		1		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to c	onflicts?	12b				
c	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? /	"Yes,"	120		Г		
13	Did the organization have a written whistleblower policy?			13		V		
14	Oid the organization have a written document retention and destruction policy?	9000	100	14		1		
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation							
а	The organization's CEO, Executive Director, or top management official			15a		1		
b	Other officers or key employees of the organization			15b	1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	ilar arracı	gement	16a		1		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safegu	ard the	16b				
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ Indiana					former.		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all the Own website Another's website	it apply.		Γ (Sec	tion	501(
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year.	uments,	conflict o	if inte	rest p	olic		
20	State the name, address, and telephone number of the person who possesses the organization	an's bao	ks and re	cords	>			
	Neil Sowards 548 Home Ave Fort Wayne, IN 46807			UU				

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average Bours per week	(C) Position (do not check more than one box, unless person is both an efficer and a director/dustee)						(D) Heportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
Part is sociating and forth in this age; 4% Year allow." Do had Allow Bloomby to be a	(list any hours for related erganizations below dotted line)	or divertor	Institutional husber	Officer	Kay amployee	Highest camparasted employee	Feemer	organization (W-2/1099-MISC)	organizations (W-2/1069-M/GC)	from the organization and related organizations	
(1) Neil Sowards	20			1	1			OF THUS			
President	C. Indiana			1							
(2) Adam Maung	1							I I I I I I I I I I I I I I I I I I I	La series	100	
Vice President	0001 00	mo		1		100		Lower Str. II.	COLUMN		
(3) Diana Sowards	1										
Secretary		1		V				166 (31-16)		179	
(4) Htaw Htoo	1 1	No. of	0		1			The same of	-		
Treasurer				1							
(5) Tartsy Kadoe	1						0				
(6) John Peterson	1			1	1	177			CONTRACTOR		
(7) John Graviey	1			1		e D		the cartest	Linu com		
[8] Phil Schock	1		T								
(9) Anna Maong	1			T							
(10) Sung Cer	1			Ī	T						
(11) Naw May Cartee	11		18	-	-				Interest		
(12) Show EiEi Tun	1			T	1	- 30		Same II.	NEW YORK	13	
(13) Lwin Moe	1			T					THE PARTY OF		
(14) May Hmun	1				10	43,6	1	- Optional	Commence in		

Part	Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d H	lighest Compe	insated Employ	yees (c	ontinuea
						C)						
	(A)	(8)	idon	of ch		mon	e than e	000	(0)	(8)		(F)
	Name and title	Average hours per week	box, office	unles er and	s pe	rson	is bott ontrus	tee]	Reportable compensation from the	Reportable compensation from related	stion of or	
		fint any hours for	Individual I	Institutional	Officer	Key er	Highwal o	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	tro	m the
		related organizations below dotted line)	usi trustae cttur	tional frustee		Key employee	Righest companished employee		Checker		related or	ganization
(15)]:	omes thawng Lmung	1		-	10		11	50	e sente			
(16) C	ynthia Wu	1										
(17) R	uss Kadoe		11			1	,		3600			
(18)						-		T	3000			
(19)		, menum										
(20)												
(21)												
(22)		40000					111		11 30 800	E.E.HOT		
(23)					5	-	W	M	d with	7		
(24)				T							m.	
(25)											190	
1b	Subtotal		19.		1	-	19	>	3600			
c d	Total from continuation sheets to Par Total (add lines 1b and 1c)		A no	8			1.01	4	3600		40	
2	Total (add lines 1b and 1c)	st not limite	d to t	hose	e lis	ted	abov	o) w		A STATE OF THE PARTY OF THE PAR	of	
-	reportable compensation from the organ	MZ dirott	-					-	-	-		Yes No
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, dir.	ector, I for s	, tru	iste Inc	e, livid	key e lual	emp	loyee, or highe	st compensated	3	1
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta nan \$	ble 150	000	npe	nsatio	on a	and other compe complete Sche	nsation from the dule J for such	4	
5	Did any person listed on line 1a receive for services rendered to the organization									tion or individual	-	1
Section	on B. Independent Contractors		001140	1000	-	inut	010.0	199.5	asiate potatory ()			
-1	Complete this table for your five hig compensation from the organization. Res	hest component	ensa nsatio	ted in fo	ind or th	epe e ca	enden alendi	t co ar ye	ontractors that ear ending with o	received more r within the organ	than \$1 ization'	00,000 s tax yea
	(A) Name and business ad	0.71.5							(B) Description of ser	V-0.0	(C) Compensi	
			775	-	-					19-19-19-19-19-19-19-19-19-19-19-19-19-1		
	THE RESIDENCE OF STREET	Cope Ini-			oti	10	PA.		or was a c			
-	Car in the Shill of the			11								
2	Total number of independent contract received more than \$100,000 of compen	ors (includi sation from	ing b the o	ut r	not niza	tion	ted t	o ti	hose listed abo	ve) who		

Page 9 Form 990 (2019) Statement of Revenue Check If Schedule O contains a response or note to any line in this Part VIII Total revenue (5) Related or exempt function revenue **Business revenue** from tax under sections 512-514 Federated campaigns . . . 1a Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues Fundraising events . 10 1d d Related organizations . . . e Government grants (contributions) 10 All other contributions, gifts, grants, and similar amounts not included above 11 309969 Noncash contributions included in lines ta-1f 19 309969 Total, Add lines 1a-1f Business Code Program Service Revenue All other program service revenue Total. Add lines 2a-2f . Investment income (including dividends, interest, and 3 4 Income from investment of tax-exempt bond proceeds > 5 ill Real (ii) Partyanti 6a Gross rents . . Ba Less: rental expenses 66 Rental income or floss) Бс d Net rental income or (loss) || Securities (10 Cither 7a Gross amount from sales of assets other than inventory Lass: cost or other basis Other Revenue and sales expenses . c Gain or (loss) . . 7c d Net gain or (loss) Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . 8a b Less; direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 . b Less: direct expenses Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b Lass: cost of goods sold . Net income or (loss) from sales of inventory . Business Code Miscellaneous 900099 1800 11a Revenue Ь

1800

311778

c

All other revenue

Total, Add lines 11a-11d . Total revenue. See instructions

BTION MAKE	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All a	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response	Charles and the Control of the Contr			
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(0) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4100	4100		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	etal Viscouri III			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	278240	276240	erverem in	
4	Benefits paid to or for members	270240	270540		
5	Compensation of current officers, directors, trustees, and key employees	3600	3600		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		in mad is t		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	THE RESERVE	F P. Lewis Co., Land	THE RESERVE OF THE PERSON OF T	
a	Management			Colored St. Co.	
b	Legal				
c	Accounting				
d e	Lobbying				
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				2.41
12	Advertising and promotion			and the section	
13	Office expenses	3860		3860	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		UTIS BROWN		
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .		DATE OF STREET		HELL
23	Insurance				
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e, if line 24e amount exceeds 10% of line 25, colon).	POTOS PER	de dispe	AND CARRY	
22.0	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
d	All other expanses				
25	All other expenses Total functional expenses. Add lines 1 through 24e	289800	285940	3860	
25 26	Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	269500	285940	3863	

Palance Sheet

Part X	Balance Sheet		
	Carrier and the Contract of th	77.8	 1.44

Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) End of year Beginning of year 56701 92088 Cash -- non-interest-bearing 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 5 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) ... 8 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment; cost or other 10a 10a basis. Complete Part VI of Schedule D . . . 10c Less: accumulated depreciation 10b 11 11 Investments-other securities. See Part IV, line 11 12 12 13 Investments-program-related. See Part IV, line 11 13 14 14 15 15 Total assets, Add lines 1 through 15 (must equal line 33) 16 82094 18 56707 17 17 18 18 Deferred revenue 19 19 20 20 21 Escraw or custodial account liability. Complete Part IV of Schedule D . . . 21 Loans and other payables to any current or former officer, director, 22 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 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 26 26 Organizations that follow FASB ASC 958, check here ▶ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 27 28 28 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds . . . 32 32 58707 33 33 Total liabilities and net assets/fund balances 82094

Form 990 (7019)

P/EI	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)			. [7]
2	Total expenses (must equal Part IX, column (A), line 25)			111778
3	Revenue less expenses. Subtract line 2 from line 1			21978
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			56707
5	Net unrealized gains (losses) on investments			20101
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
Đ	Other changes in net assets or fund balances (explain on Schedule O)	XIII		3409
10	Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line			
Management	32, column (B))			112094
1207	Kill 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: ☐ Cash ☐ Accrual ☐ Other	in the		
	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		1
	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 ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		1
	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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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		1
ь	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		4
	The state of the s	1000	990	(2019)