Form **990**

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 2018

Open to Public Inspection

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

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2018 calendar year, or tax year beginning 2018, and ending 20 D Employer identification number Needful TOVISION C Name of organization Check if applicable: 85-0433956 Same or Doing business as Address change E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) Name change 25337 Road T.S NIA Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Dolores, CO 81323-9208 G Gross receipts \$ Amended return H(a) Is this a group return for subordinates? Yes F Name and address of principal officer: Application pending David A. Nuttle 81323 H(b) Are all subordinates included? Yes No If "No " attach a list, (see instructions) **⊠** 501(c)(3) 4947(a)(1) or 501(c) () **(insert no.)** Tax-exempt status: H(c) Group exemption number ▶ +p://www.need ful provision. L Year of formation: 1995 M State of legal domicile: NM Form of organization: Corporation Trust Association Summary Part I Briefly describe the organization's mission or most significant activities: Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 5 6 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a Net unrelated business taxable income from Form 990-T, line 38 7b **Current Year** Prior Year 00 Contributions and grants (Part VIII, line 1h) . R Program service revenue (Part VIII, line 2g) 0 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 10 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 11 00 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 O 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 15 0 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 200 20 0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 2 50 200 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 500 2,100 Revenue less expenses. Subtract line 18 from line 12 19 End of Year Beginning of Current Year 340. 20 Total assets (Part X, line 16) 0 0 Total liabilities (Part X, line 26) . 21 82 Net assets or fund balances. Subtract line 21 from line 20 22 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Mar Signature of officer Sign Here Type or print name and title PTIN Date Preparer's signature Print/Type preparer's name Check if if self-employed Paid Preparer Firm's EIN ▶ Firm's name

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶

Use Only

. N/A

Phone no.

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	During 2018, NPI on: 1) Developing innovative uses/ products using burned and insect-killed timber;
	2) Perfection of an all-season greenhouse to grow food crops 24/7/365 eve ₹ n under adverse conditions; and 3)
	Engineering of a solar operated biosecure poultry house for production of broilers in areas having a threat from
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: A /8) (Expenses \$ //5, 000 including grants of \$ //5, 000) (Revenue \$ 0
	Invention, design, engineering, and testing of a large, mobile biochar kiln to convert burned & insect-killed timber into bioactivated biochar (for soil fertility improvement), production of biofuel liquids from pyrolysis oils yielded by the biochar process, and production of green electricity using a T-Gen unit (thermoelectric generator) with heat-sink on said kiln and cold-sink created by a solar-zeolite freezer.
4b	(Code: B/8) (Expenses \$ 51,000 including grants of \$ 51,000) (Revenue \$ 0) Innovative design, engineering, and testing of an all-season greenhouse having water collection &
	storage means to support subsurface, micro-drip irrigation of crops in grow-beds. Solar cooling as needed using solar-zeolite freezers (as needed) to cool internal air. Supplemental solar heat storage means with a night-time heat distribution system. Solar and wind alternative energy systems to power the operating systems and grow-lights. Use of a 10 percent bioactivated biochar, in grow-bed soil mixes, to double typical crop yields.
4c	(Code: C18) (Expenses \$ 57, Zoo including grants of \$ 57, Zoo) (Revenue \$ 0
	Design, engineering, and testing of a solar operated, green constructed, biosecure poultry house for broiler production in areas with a significant threat from bird flu. Solar systems will significantly reduce usual heating and cooling costs, as well as related energy use by broiler chicken producers in the U.S. Said solar cooling and heating innovations are protected under U.S. Provisional Patent No. 62-918,519 by David A. Nuttle, Inventor. (Nuttle donated these technologies to NPI)
4d 4e	Other program services (Describe in Schedule O.) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$ 0) Total program service expenses > 223, 200

art l	V Checklist of Required Schedules		V 1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	X	
	complete Schedule A	2	-	X
2	is the organization required to complete ochedule of continuents (see an arms)			
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		
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		X
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 98-19? If "Yes," complete Schedule C, Part III	5		Х
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 I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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	·	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D, Part VI	11a		X
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 16? If "Yes," complete Schedule D, Part VII	11b		×
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		X
d	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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did 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	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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	14b		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		+
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		4
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		4
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	No. of Street
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 1? If "Yes," complete Schedule I, Parts I and II	21		*
		For	rm 99	0 (2018)

Part I	V Checklist of Required Schedules (continued)	—т	Yes	No
	to an an an analysis and the analysis of an area demostic individuals on		res	
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		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		×
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
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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):			Х
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		*
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		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		X
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		X
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part	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
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a O			
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ü	reportable gaming (gambling) winnings to prize winners?	1c	X	
		For	m 99	0 (2018

art	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vac	No			
			Yes	No			
2a	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	OL.		6.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		×			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	^-		V			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			X			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		'			
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 Accounts (FBAR).			~			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		F-			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X			
	organization solicit any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		X			
	gifts were not tax deductible?	OD		•			
7	Organizations that may receive deductible contributions under section 170(c).			17			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		×			
	and services provided to the payor?	7b	<u> </u>	X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		X			
	required to file Form 8282?						
d	If "Yes" indicate the number of Forms 6262 filed during the year	7e		X			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
g	to the organization file a form boots airplanes or other vehicles did the organization file a form 1098-04						
h	and a depart advised funds. Did a depart advised fund maintained by the						
8	sponsoring organizations maintaining donor advised tunes. Bid a donor advised tunes sponsoring organization have excess business holdings at any time during the year?						
_	Sponsoring organizations maintaining donor advised funds.			* 2			
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X			
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X			
10	Section 501(c)(7) organizations. Enter:						
а	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						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources						
_	against amounts due or received from them.)	-					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1				
	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	+					
С	Enter the amount of reserves on hand	148	1	X			
14a	DIA THE AMANIZATION RECEIVE ANY DAVIDENTS TO INCOOR COMMING CONTROLS	148		1 4 -			
b	If "Yes." has it filed a Form 720 to report these payments: If Tvo, provide an explanation in contents	176	+-	-			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X			
	excess parachute payment(s) during the year?						
	If "Yes," see instructions and file Form 4720, Schedule N.	16		×			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	1					
	If "Yes," complete Form 4720, Schedule O.	Fo	rm 99	0 (201			

orm 990	(2018)	and fi	or a	"No"
Part V	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sc	e inst	ructio	ons.
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	
Section	on A. Governing Body and Management			
Secuc			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	(S)(S)(I)	×
	any other officer, director, trustee, or key employee?	-		~
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization make any significant changes to its governing documents since the prior removed that the prior removed the prior remo	5		X
-	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	6		X
6	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		<u>}</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7h		X
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	×	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?		-	16
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
occu	on bit onoise (this seemen a see		Yes	NO
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Ves," 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	1/	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	1	+
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? If "Ves."	120	-	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	X	
	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	×	
14	Did the process for determining compensation of the following persons include a review and approval by			
15	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	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		×
	with a taxable entity during the year?	16a		1
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	16b		
	organization's exempt status with respect to such arrangements?	1100	<u> </u>	
	List the states with which a copy of this Form 990 is required to be filed ► NM, CO			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Sed	ction	501(c
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •		
	M Own website Another's website Upon request Uther (explain in Schedule 0)			
19	Section is Calcability Quitather (and if so, how) the organization made its governing documents, conflict of in	terest	polic	y, and
13	financial statements available to the public during the tax year.	f whom o	è	
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	ecords	>	
	David A. Nuttle, 25337 A. ROZA TIS			0 (201)

Form 990 (2018)

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and Title Average hours per week (list any hours for calated organizations below dotted line) (B) Average hours per week (list any hours for calated organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (G) Reportable compensation from the organization (W-2/1099-MISC) (M-2/1099-MISC) (D) Reportable compensation from related organizations (W-2/1099-MISC) (M-2/1099-MISC) (1) (1)	
Were compensated hours for related organizations below dotted line) Note compensate organizations below dotted line) Note compensate organizations the organization organization organization organization (W-2/1099-MISC) The compensate organization organization (W-2/1099-MISC) Note the organization organization (W-2/1099-MISC)	red of
	ation ne tion ted
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	

Part '	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, ar		ignes	st C	ompensated E	mpioyees (cont	ii iuea	/		
					•	-) ition			(D)	(E)		,	F)	
(A)		(do not check				more			Reportable	Reportable			nated	
	Name and title	Average hours per					is both or/trust		compensation	compensation from	n	amo	unt of	
No Ca	ne compensated	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensatio from the organization and related organization		1	
(15)							_							
(16)														
(17)			David Cartesian Company	and recommend										
(18)	The same of the sa					ON A SERVICE.	al is the result for the land	o project						- Continue -
(19)								7						
(20)								A						
(21)							The same of the sa							
(22)							1	The state of the s	or the state of th					
(23)										The state of the s				
(24)														
(25)														
1b c d	Sub-total			•	•	:		> > >						
2	Total number of individuals (including be reportable compensation from the organ	ut not limite	d to t	hos	e lis	ted	abov	e) v	who received n	nore than \$100,	000 c	of		
													Yes	No
3	Did the organization list any former of	officer, dire	ctor,	or t	rust	tee,	key	em	ployee, or hig	hest compensa	ated	3		X
	employee on line 1a? If "Yes," complete	Scheaule .	J TOF S	SUCT	inc	אועונ	iuai 			noncation from	tha			
4	For any individual listed on line 1a, is the organization and related organizations	ne sum of re	eporta nan \$	150 150	001 001 (np∈	risau If "Ye	on a	and other com	hedule J for s	uch			
	individual										•	4		X
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue on? If "Yes,"	comp	ensa olete	atior Sc	n fro	m an Iule J	y ui for	nrelated organ	ization or individual	dual	5		×
Section	on B. Independent Contractors													
1	Complete this table for your five highes compensation from the organization. Reyear.	t compensa eport comp	ited ir ensat	ion 1	oend for t	den the	t cont calend	rac dar	year ending w	ved more than \$ ith or within the	6100,0 orga	nizati	on s	tax
	(A) Name and business a	ddress							(B) Description of	services	C	(C) ompen		
	None							\pm						
								F						
						<u>. </u>			u U-1-d	haya) wha				
2	Total number of independent contrac received more than \$100,000 of comper	tors (includ	ing b	out orga	not niza	ıım atior	ited t	1 O	Jone	bove) who				

Part	VIII	Statement of Revenue	a to any line in this	Dort VIII		П
		Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	_			
	C	Fundraising events 1c	_			
	d	Related organizations 1d				
	e	Government grants (contributions) All other contributions, gifts, grants,				
ier i	f	and similar amounts not included above 1f 224, 70	10			
를	_	Noncash contributions included in lines 1a–1f: \$				
in a	g h	Total. Add lines 1a–1f	224,700			
		Business Cod				
e	2a					
Re	b					
Program Service Revenue	c					
	d					
E	е					
gra	f	All other program service revenue .				
7	g		O			
	3	Investment income (including dividends, interes				
		and other similar amounts)	0			
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	> 0			
	_					
	6a	Gross rents	_			
	b	Less: rental expenses Rental income or (loss)				
	c d	Net rental income or (loss)	> 0			
		Gross amount from sales of (i) Securities (ii) Other				
	7a	assets other than inventory				
	ь	Less; cost or other basis				
		and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)	> O			
_						
enue/	8a	Gross income from fundraising				
		events (not including \$				
Other Re		of contributions reported on line 1c).				
þer		See Part IV, line 18 a				
5		Less: direct expenses b	- 0			
		Gross income from gaming activities.				
	9a	See Part IV, line 19 a				
	h	Less: direct expenses b				
			> 0			
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	С	THE INCOME OF (1000) ITOM CARGO OF INTOMEST	> 0			
		Miscellaneous Revenue Business Co	de			
	11a				-	
	b					
	С			-	+	
	d	All other revenue	>			
	12	Total. Add lines 11a-11d	274,700			
	14	TOTAL TOTAL COO HIGH GOLDING		1		Form 990 (2018

Form 99					Page 10
Part	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. Al	other organization	s must complete col	umn (A).
Section	Check if Schedule O contains a response	or note to any line	e in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b, 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	٥	1		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	223,200			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			and the same of th
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):			1	
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	٥			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	ව			
15	Royalties	0			
16	Occupancy	0			
17	Travel	O			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	٥			
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	}			 	
b		,		+	
C	}				
d	All other averages	0			
e	All other expenses Total functional expenses. Add lines 1 through 24e	223,200			
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	20,00			
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)]	<u></u>	Form 990 (201)

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX	· · ·	· · · · · <u> </u>
			(A) Beginning of year		End of year
-	-	Cash—non-interest-bearing	2,100	1	1,500
	1	Savings and temporary cash investments	0	2	0
		Pledges and grants receivable, net	٥	3	0
	3		0	4	0
	4	Accounts receivable, net			
	5	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	Ø	5	0
		Complete Part II of Schedule 2			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	1	organizations (see instructions). Complete Part II of Schedule L	0	6	0
sts			0	7	0
Assets	7	Notes and loans receivable, net	0	8	0
⋖	8	Inventories for sale or use	٥	9	0
	9	Prepaid expenses and deferred charges			
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D	0	10c	0
	b	Less: accumulated depreciation	0	11	
	11	Investments—publicly traded securities		12	
	12	Investments—other securities. See Part IV, line 11		13	
	13	Investments—program-related. See Part IV, line 11	2,336,782	14	2,340,382
	14	Intangible assets	0,000,100	15	7 70120
	15	Other assets. See Part IV, line 11	2,338,882	16	2.340.382
	16	Total assets. Add lines 1 through 15 (must equal line 34)	61330,002	17	21010100
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		-	
es	22	Loans and other payables to current and former officers, directors,			
≣		trustees, key employees, highest compensated employees, and		22	
Liabilities		disqualified persons. Complete Part II of Schedule L		23	
=	23	Secured mortgages and notes payable to unrelated third parties	0	24	0
	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		25	
		of Schedule D	0	26	0
	26	Total liabilities. Add lines 17 through 25		1	
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ခ္				27	
<u>a</u>	27	Unrestricted net assets		28	
Ba	28	Temporarily restricted net assets		29	
p	29	Permanently restricted net assets		23	
J.		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and			
Net Assets or Fund Balances		complete lines 30 through 34.		30	
sts	30	Capital stock or trust principal, or current funds		31	
38.8	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Ã	32	Retained earnings, endowment, accumulated income, or other funds .	2,338,882		2, 340,382
Ž		Total net assets or fund balances	2,230,000	34	Emy 2 7 4120 6
	34	Total liabilities and net assets/fund balances	1	1 34	Form 990 (2018)

_	40
Page	9 12

Part	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)		127	, +	00		
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2)	54	0,3	82		
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	2.	34	0.3	82		
	33, column (B))	-1	No.				
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	• •	•	Yes	No		
	Mo	Г		165	140		
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	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		×		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	or					
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis	1	2b	STANCTARE	X		
b	Were the organization's financial statements audited by an independent accountant?						
	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						
		ht			1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant.	?	2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain	in					
	Schedule O.						
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in	TORREST AND A		Х		
3a	the Single Audit Act and OMB Circular A-133?		3a		~		
1-	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ne					
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				
	Toguillos dustro, orbitali my in the second		For	m 99 0	(2018)		