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

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

2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

\ Fo	r the	019 calendar year, or tax year beginnin	g January 1	, 2019, an	nd ending	Decembe		19
	eck if ap	· · · · · · · · · · · · · · · · · · ·				D Employer ic	lentification numbe	r ?
A	ddress ch	ange <u>Balanced Budget Amendm</u>	ent, Inc				271351108	
N	ame char	ge Number and street (or PO box	if mail is not delivered to street address)	.21 F	Room/suite.	E Telephone n	umber	
******	tial retur	EX 140 246 MIGHT DOMITS DIV	/d #235			7	72-781-5559	
=	nal retum nended i	City or town, state or province,	country, and ZIP or foreign postal code		0.1	F Group Exe	imption	
=	oplication	Dolm C. El 04000			04	Number		
			Other (specify)		Н	Check ▶ 🗹	if the organization	is not
	ebsite	The state of the s	-			required to att	ach Schedule B	.23
I Ta	x-exem	pt status (check only one) —   501(c)(3)	☐ 501(c) ( 4 ) <b>4</b> (insert no ) ☐ 494	47(a)(1) or	☐527	(Form 990, 99	0-EZ, or 990-PF)	
		organization Corporation Tru		Other				
_ Ac	id lines	5b, 6c, and 7b to line 9 to determine gros		0,000 or mo	re, or if tota	l assets		
		mn (B)) are \$500,000 or more, file Form 9				<b>▶</b> §	) 	550
Đ:	rt I	Revenue, Expenses, and Cha	nges in Net Assets or Fund	Balances	s (see the	instruction	s for Part I) 🔯	
		Check if the organization used So	chedule O to respond to any qu	uestion in	this Part I	J# 10 (* 140	(4) (4) (5 (4) (5)	. 🗆
	1	Contributions, gifts, grants, and simi			n n ness			550
21	2	Program service revenue including g			F 8 6 39	2		
21	3	Membership dues and assessments			S 10 1160 1740	3		
7:	4	Investment income		N 0 0	24	4		
	5a	Gross amount from sale of assets of	her than inventory	5a		DESCRIPTION OF THE PERSON OF T		
- 1	b	Less: cost or other basis and sales e	•	5b				
	C	Gain or (loss) from sale of assets oth			- 5a)	5c		
	6	Gaming and fundraising events:	of that involutiony (south bot in to of	D ((O))		1000		
	a	Gross income from gaming (attack	ch Schedule G if greater that	n				
ايو	a	\$15,000)	_	6a				
Ĕ	h	Gross income from fundraising even			ontribution	19		
Revenue	b	from fundraising events reported or			JOHN DONO	W SX	() ()	
r		sum of such gross income and conti		6b				
d		-		6c				
- 1	C	Less: direct expenses from gaming a Net income or (loss) from gaming a	and fundraising events		6h and su	btract		
	d	:		5 Od and	oo and su	6d		
	7.	,		7a	W 66 50 50			
		Gross sales of inventory, less returns		7b				
	р	Less: cost of goods sold				7c		
- 1	С	Gross profit or (loss) from sales of in		e 125		8		
	8	Other revenue (describe in Schedule	1.0	J. E.O.		. 9		550
-	9	Total revenue. Add lines 1, 2, 3, 4, 5	oc, 6d, 7c, and 8	1	11/20	10		330
	10	Grants and similar amounts paid (list	t in Schedule O) / ¿	"AY is		.7. 10		
	11	·			2000 T	$\frac{0}{12}$		
sesus	12	Salaries, other compensation, and e	mployee benefits 🖼	May O.4		/ 13		
ë	13	Professional fees and other payment	is to illuspendent contractors	~ :/: .	1951	_		
Expen	14	Occupancy, rent, utilities, and maint			12-15	14		332
ш	15	Printing, publications, postage, and		3 8 8 3	· · · / ·	15		332
	16	Other expenses (describe in Schedu		9 0 0		16		222
	17	Total expenses. Add lines 10 through				. > 17		332
	18	Excess or (deficit) for the year (subtr	act line 17 from line 9)			18		218
se	19	Net assets or fund balances at beg					ł .	494/
As		end-of-year figure reported on prior						1316
Net Assets	20	Other changes in net assets or fund						450
	21	Not assets or fund halances at end a	of year. Combine lines 18 through	h 20 🔞	22 12 34 38	. ▶ 21		1534

Form	990-EZ (	2019) '					Page 2
Pa	irt II	Balance Sheets (see the instructions for	Part II)				
		Check if the organization used Schedule O	to respond to ar	ny question in this	Part II	3 <b>4</b> − 8	
					(A) Beginning of year	L,	(B) End of year
22		h, savings, and investments		s was series [	1316	-	1534
23		d and buildings		e en sen men me de		23	
24		er assets (describe in Schedule O)				24	4504
25		al assets			1316	25 26	1534
26 27		al liabilities (describe in Schedule O) assets or fund balances (line 27 of column (B			1316	-	1534
	till	Statement of Program Service Accompli				-	133-7
Balling of the Park		Check if the organization used Schedule O					Expenses
Wha	t is the		mend US Constitut	The state of the s		١,	quired for section (c)(3) and 501(c)(4)
Des	cribe th	e organization's program service accomplishr	ments for each of	its three largest of	rogram services.		anizations, optional for
as n	neasure	ed by expenses. In a clear and concise man	iner, describe the	services provided	, the number of	oth	ers)
	ons ber	nefited, and other relevant information for each	program title.				
28	*******						N.
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F631	io	) 1646 is		ata ataulahan		00.	
29 29	(Grant			nts, check here .		28	3
23	••••••						
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	(Grant	s\$ ) If this amount inc				29	9
30		*					
		***************************************			ACCOMMONDATION OF THE STREET	Ì	
	52						
	(Grant	s\$ ) If this amount inc	cludes foreign gra	nts, check here .	<b>-</b> 🗆	308	
31		program services (describe in Schedule O)					
0.0	(Grant					31	
		program service expenses (add lines 28a thro				32	
I GII	t IV	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O					ctions for Part IV)
		Check if the organization used Schedule O		(c) Reportable	(d) Health benefits,	Ť	
		(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-)	deferred compensation		ottior compensation
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4	Pari	Other Information (Note the Schedule A and personal benefit contract statement requirement			
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
[2]	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<i>V</i>
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		~
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	-	V
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		4.4	JASSAN .
	ъ 38а	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a	TEST.	
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved [38b]	Man i	M.	200
	39	Section 501(c)(7) organizations. Enter:			
	a	Initiation fees and capital contributions included on line 9			
	b	Gross receipts, included on line 9, for public use of club facilities			
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		* G
	Ç	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
	41	List the states with which a copy of this return is filed ▶			
	42a	The organization's books are in care of ▶ Telephone no. ▶			
	b	Located at ► ZIP + 4 ► 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)?	42b	Yes	No
		If "Yes," enter the name of the foreign country ▶	Water.	SHEET	200
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country >	42c		V
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	* *	y: 1	· 🗆
		and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
	44a	completed instead of Form 990-EZ	44a		
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
		Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

- 1	(2019)						P	age 4
AG DIA	the examination opening density of	-141				or .	Yes	No
46 Did	the organization engage, directly or in candidates for public office? If "Yes," of	idirectiy, in political c complete Schedule C	ampaign activities or Part I	n behalf of or	in oppositi	on 46	-10° 1;	
Part VI	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s Only s must answer que	estions 47-49b and	52, and co			or line	-
	Oncox ii the organization used 50	neddie O to respond	to any question in	IIIS Fait VI			Yes	No
year 48 Is th 49a Did	the organization engage in lobbying r? If "Yes," complete Schedule C, Parne organization a school as described in the organization make any transfers the organization a second was the related organization a second to the organization as the related organization a second to the organization as second to th	t II	i)? If "Yes," complete intable related organi	Schedule Ezation?		47 48 49a		
<b>50</b> Con	nplete this table for the organization's oldyees) who each received more than	five highest compens	sated employees (oth	ner than offic	ers, director	rs, trustee	s, and	l key
	a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, compen	benefits, o employee and deferred	(e) Estimates	d amoui	
************								
		9						-
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			1/	****				
	at number of other employees paid over							
<b>51</b> Con \$100	nplete this table for the organization' 0,000 of compensation from the orga Name and business address of each independ	s five highest compe nization. If there is no	ensated independent			received		than
<b>51</b> Con \$100	nplete this table for the organization' 0,000 of compensation from the orga	s five highest compe nization. If there is no	ensated independent one, enter "None."					than
<b>51</b> Con \$100	nplete this table for the organization' 0,000 of compensation from the orga	s five highest compe nization. If there is no	ensated independent one, enter "None."					than
<b>51</b> Con \$100	nplete this table for the organization' 0,000 of compensation from the orga	s five highest compe nization. If there is no	ensated independent one, enter "None."					than
<b>51</b> Con \$100	nplete this table for the organization' 0,000 of compensation from the orga	s five highest compe nization. If there is no	ensated independent one, enter "None."					than
<b>51</b> Con \$100	nplete this table for the organization' 0,000 of compensation from the orga	s five highest compe nization. If there is no	ensated independent one, enter "None."					than
51 Com \$100 (a d Tota 52 Did	al number of other independent contra	s five highest compenization. If there is no ent confractor  ctors each receiving le A? Note: All se	over \$100,000 ction 501(c)(3) orga	nizations mu	(c) C	Compensatio	n	
d Tota 52 Did com Juder penaltie	al number of other independent contra the organization from the organization complete. Schedulpleted Schedule A	s five highest compenization. If there is no ent contractor  ctors each receiving le A? Note: All se	over \$100,000	nizations mu	ust attach	a Yes	n P N	• • • • • • • • • • • • • • • • • • •
d Tota 52 Did com Under penaltie true, correct, a	al number of other independent contra the organization of policy of compensation from the organization of the organization of the organization complete. Schedulpleted Schedule A sof perjury, I declare that I have examined this rand complete. Declaration of preparer (other than Signature of officer.  William H Fruth - Chair	s five highest compenization. If there is no ent contractor  ctors each receiving le A? Note: All se	over \$100,000	nizations mu	ust attach	a Yes	n P N	• • • • • • • • • • • • • • • • • • •
d Tota 52 Did com Under penaltie true, correct, a	al number of other independent contra the organization complete Schedule A soft of perjuny, I declare that I have examined this rind complete Declaration of preparer (other than Type or print name and title Print/Type preparer's name	s five highest compenization. If there is no ent contractor  ctors each receiving le A? Note: All se	over \$100,000	nizations mu	ust attach pest of my kno	a ► Yes wledge and 2 0 2 0	n P N	• • • • • • • • • • • • • • • • • • •
d Tota  52 Did com Under penaltie true, correct, a	all number of other independent contrate organization complete Schedule A soft perjury, I declare that I have examined this rend complete Declaration of preparer (other than Type or print name and title  Print/Type preparer's name	s five highest compenization. If there is no ent contractor ent contractor ctors each receiving le A? Note: All seturn, including accompany officer) is based on all information.	over \$100,000 ction 501(c)(3) orga	nizations muents, and to the linas any knowled Date	Ust attach pest of my kno	a ► Yes wledge and 2 0 2 0	n P N	• • • • • • • • • • • • • • • • • • •