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August 9, 2021

MELANATED PEARL CORPORATION  
1107 PANHANDLE RD  
Hampton, GA 30228

Dear Sir,

I have prepared your 2019 amended Form 990PF based on the information you provided. Please review the enclosed copy for MELANATED PEARL CORPORATION, then sign the IRS efile Signature Authorization Form 8879-EO and return it to me. When I receive the signed authorization, I will efile your return.

There are no taxes or fees due with the amended return.

If you have any questions about the amended return(s) or about MELANATED PEARL CORPORATION's tax situation during the year, please do not hesitate to call me at (770) 897-0025. I appreciate this opportunity to serve you.

Sincerely,

Marcus K Polnett  
Vibha Singla, CPA - PC

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 10/1, 2019, and ending 9/30, 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2019

|   |   |
|---|---|
| Name of exempt organization<br><b>MELANATED PEARL CORPORATION</b> | Employer identification number<br><b>83-3021845</b> |
|---|---|

|   |                        |
|---|------------------------|
| Name and title of officer<br><b>CRYSTAL RENEE PERRY</b> | <b>FOUNDER AND CEO</b> |
|---|------------------------|

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|  |  |           |   |
|--|--|-----------|---|
| <b>1a</b> Form 990 check here ▶ <input type="checkbox"/>               | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . . | <b>1b</b> |   |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .                      | <b>2b</b> |   |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>          | <b>b Total tax</b> (Form 1120-POL, line 22). . . . .                                 | <b>3b</b> |   |
| <b>4a</b> Form 990-PF check here ▶ <input checked="" type="checkbox"/> | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)               | <b>4b</b> | 0 |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>              | <b>b Balance Due</b> (Form 8868, line 3c) . . . . .                                  | <b>5b</b> |   |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Vibha Singla, CPA - PC to enter my PIN 21845 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

58207356599  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Vibha Singla Date ▶ 8/9/2021

**ERO Must Retain This Form—See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

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/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2019 or tax year beginning 10/1/2019, and ending 9/30/2020

|   |  |                               |  |  |
|---|--|-------------------------------|--|--|
| Name of foundation<br><b>MELANATED PEARL CORPORATION</b>  |  |                               | <b>A Employer identification number</b><br><br>83-3021845          |  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>1107 PANHANDLE RD</b> |  | Room/suite                    | <b>B Telephone number (see instructions)</b><br><br>(678) 315-2181 |  |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>Hampton GA 30228</b>           |  |                               |  |  |
| Foreign country name  |  | Foreign province/state/county | Foreign postal code  |  |

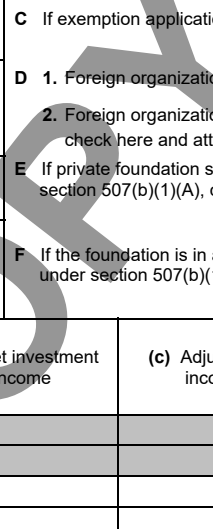
**G** Check all that apply:

|   |  |
|---|--|
| <input type="checkbox"/> Initial return | <input type="checkbox"/> Initial return of a former public charity |
| <input type="checkbox"/> Final return   | <input checked="" type="checkbox"/> Amended return                 |
| <input type="checkbox"/> Address change | <input type="checkbox"/> Name change                               |

**H** Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 44,310

**J** Accounting method:  Cash  Accrual  Other (specify) \_\_\_\_\_  
(Part I, column (d), must be on cash basis.)



**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

|   |   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, etc., received (attach schedule) . . .               | 35,081                             |                           |                         |   |
|   | <b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B  |                                    |                           |                         |   |
|   | <b>3</b> Interest on savings and temporary cash investments                                 |                                    |                           |                         |   |
|   | <b>4</b> Dividends and interest from securities . . . . .                                   |                                    |                           |                         |   |
|   | <b>5a</b> Gross rents . . . . .   |                                    |                           |                         |   |
|   | <b>b</b> Net rental income or (loss)  |                                    |                           |                         |   |
|   | <b>6a</b> Net gain or (loss) from sale of assets not on line 10                             |                                    |                           |                         |   |
|   | <b>b</b> Gross sales price for all assets on line 6a  |                                    |                           |                         |   |
|   | <b>7</b> Capital gain net income (from Part IV, line 2)                                     |                                    |                           |                         |   |
|   | <b>8</b> Net short-term capital gain . . . . .  |                                    |                           |                         |   |
|   | <b>9</b> Income modifications . . . . .   |                                    |                           |                         |   |
|   | <b>10a</b> Gross sales less returns and allowances  |                                    |                           |                         |   |
| <b>b</b> Less: Cost of goods sold . . . . .                               |   |                                    |                           |                         |   |
| <b>c</b> Gross profit or (loss) (attach schedule)                         |   |                                    |                           |                         |   |
| <b>11</b> Other income (attach schedule)                                  |   |                                    |                           |                         |   |
| <b>12 Total.</b> Add lines 1 through 11 . . . . .                         | 35,081  | 0                                  | 0                         |                         |   |
| <b>Operating and Administrative Expenses</b>                              | <b>13</b> Compensation of officers, directors, trustees, etc. . . . .                       | 500                                |                           |                         |   |
|   | <b>14</b> Other employee salaries and wages . . . . .                                       |                                    |                           |                         |   |
|   | <b>15</b> Pension plans, employee benefits . . . . .  |                                    |                           |                         |   |
|   | <b>16a</b> Legal fees (attach schedule) . . . . .   |                                    |                           |                         |   |
|   | <b>b</b> Accounting fees (attach schedule) . . . . .  |                                    |                           |                         |   |
|   | <b>c</b> Other professional fees (attach schedule) . . . . .                                | 2,316                              |                           |                         |   |
|   | <b>17</b> Interest . . . . .  |                                    |                           |                         |   |
|   | <b>18</b> Taxes (attach schedule) (see instructions) . . . . .                              | 88                                 |                           |                         |   |
|   | <b>19</b> Depreciation (attach schedule) and depletion . . . . .                            |                                    |                           |                         |   |
|   | <b>20</b> Occupancy . . . . .   |                                    |                           |                         |   |
|   | <b>21</b> Travel, conferences, and meetings . . . . .                                       | 9,554                              |                           |                         |   |
|   | <b>22</b> Printing and publications . . . . .   |                                    |                           |                         |   |
|   | <b>23</b> Other expenses (attach schedule) . . . . .  | 14,817                             |                           |                         |   |
|   | <b>24 Total operating and administrative expenses.</b><br>Add lines 13 through 23 . . . . . | 27,275                             | 0                         | 0                       | 0   |
|   | <b>25</b> Contributions, gifts, grants paid . . . . .                                       |                                    |                           |                         |   |
| <b>26 Total expenses and disbursements.</b> Add lines 24 and 25 . . . . . | 27,275  | 0                                  | 0                         | 0                       |   |
| <b>27</b> Subtract line 26 from line 12:                                  |   |                                    |                           |                         |   |
| <b>a Excess of revenue over expenses and disbursements</b> . . . . .      | 7,806   |                                    |                           |                         |   |
| <b>b Net investment income</b> (if negative, enter -0-) . . . . .         |   | 0                                  |                           |                         |   |
| <b>c Adjusted net income</b> (if negative, enter -0-) . . . . .           |   |                                    | 0                         |                         |   |

| Part II Balance Sheets      |  | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)                 |                | Beginning of year     | End of year |        |
|-----------------------------|--|--|----------------|-----------------------|-------------|--------|
|                             |  | (a) Book Value   | (b) Book Value | (c) Fair Market Value |             |        |
| Assets                      | 1  | Cash—non-interest-bearing . . . . .  |                | 350                   | 11,660      | 11,660 |
|                             | 2  | Savings and temporary cash investments . . . . .   |                |                       |             |        |
|                             | 3  | Accounts receivable ▶ . . . . .  |                |                       |             |        |
|                             |  | Less: allowance for doubtful accounts ▶ . . . . .  |                |                       |             |        |
|                             | 4  | Pledges receivable ▶ . . . . .   |                |                       |             |        |
|                             |  | Less: allowance for doubtful accounts ▶ . . . . .  |                |                       |             |        |
|                             | 5  | Grants receivable . . . . .  |                |                       |             |        |
|                             | 6  | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .    |                |                       |             |        |
|                             | 7  | Other notes and loans receivable (attach schedule) ▶ . . . . .   |                |                       |             |        |
|                             |  | Less: allowance for doubtful accounts ▶ . . . . .  |                |                       |             |        |
|                             | 8  | Inventories for sale or use . . . . .  |                |                       |             |        |
|                             | 9  | Prepaid expenses and deferred charges . . . . .  |                |                       |             |        |
|                             | 10a  | Investments—U.S. and state government obligations (attach schedule)  |                |                       |             |        |
|                             | b  | Investments—corporate stock (attach schedule) . . . . .  |                |                       |             |        |
|                             | c  | Investments—corporate bonds (attach schedule) . . . . .  |                |                       |             |        |
|                             | 11   | Investments—land, buildings, and equipment: basis ▶ . . . . .  |                |                       |             |        |
|                             | Less: accumulated depreciation (attach schedule) ▶ . . . . .   |  |                |                       |             |        |
| 12                          | Investments—mortgage loans . . . . .   |  |                |                       |             |        |
| 13                          | Investments—other (attach schedule) . . . . .  |  |                |                       |             |        |
| 14                          | Land, buildings, and equipment: basis ▶ . . . . .  | 45,191   |                |                       |             |        |
|                             | Less: accumulated depreciation (attach schedule) ▶ . . . . .   | 12,541   | 36,153         | 32,650                | 32,650      |        |
| 15                          | Other assets (describe ▶ . . . . .)  |  |                |                       |             |        |
| 16                          | <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . . |  | 36,503         | 44,310                | 44,310      |        |
| Liabilities                 | 17   | Accounts payable and accrued expenses . . . . .  |                |                       |             |        |
|                             | 18   | Grants payable . . . . .   |                |                       |             |        |
|                             | 19   | Deferred revenue . . . . .   |                |                       |             |        |
|                             | 20   | Loans from officers, directors, trustees, and other disqualified persons   |                |                       |             |        |
|                             | 21   | Mortgages and other notes payable (attach schedule) . . . . .  |                |                       |             |        |
|                             | 22   | Other liabilities (describe ▶ . . . . .)   |                |                       |             |        |
|                             | 23   | <b>Total liabilities</b> (add lines 17 through 22) . . . . .   |                | 0                     | 0           |        |
| Net Assets or Fund Balances |  | <b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> ▶ <input checked="" type="checkbox"/> |                |                       |             |        |
|                             | 24   | Net assets without donor restrictions . . . . .  |                | 36,503                | 44,310      |        |
|                             | 25   | Net assets with donor restrictions . . . . .   |                |                       |             |        |
|                             |  | <b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> ▶ <input type="checkbox"/>          |                |                       |             |        |
|                             | 26   | Capital stock, trust principal, or current funds . . . . .   |                |                       |             |        |
|                             | 27   | Paid-in or capital surplus, or land, bldg., and equipment fund   |                |                       |             |        |
|                             | 28   | Retained earnings, accumulated income, endowment, or other funds   |                |                       |             |        |
| 29                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .  |  | 36,503         | 44,310                |             |        |
| 30                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .                           |  | 36,503         | 44,310                |             |        |

| Part III Analysis of Changes in Net Assets or Fund Balances |  |   |        |
|---|--|---|--------|
| 1   | Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . . | 1 | 36,503 |
| 2   | Enter amount from Part I, line 27a . . . . .   | 2 | 7,806  |
| 3   | Other increases not included in line 2 (itemize) ▶ ROUNDING . . . . .  | 3 | 1      |
| 4   | Add lines 1, 2, and 3 . . . . .  | 4 | 44,310 |
| 5   | Decreases not included in line 2 (itemize) ▶ . . . . .   | 5 |        |
| 6   | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . . . . .  | 6 | 44,310 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) |  | b) How acquired<br>P—Purchase<br>D—Donation     | c) Date acquired<br>(mo., day, yr.)            | d) Date sold<br>(mo., day, yr.)   |
|--|--|---|--|---|
| 1a   |  |   |  |   |
| b  |  |   |  |   |
| c  |  |   |  |   |
| d  |  |   |  |   |
| e  |  |   |  |   |
| (e) Gross sales price  | (f) Depreciation allowed<br>(or allowable)   | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>((e) plus (f) minus (g)) |   |
| a  |  |   |  |   |
| b  |  |   |  |   |
| c  |  |   |  |   |
| d  |  |   |  |   |
| e  |  |   |  |   |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  |  |   |  | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
| (i) F.M.V. as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69   | (k) Excess of col. (i)<br>over col. (j), if any |  |   |
| a  |  |   |  |   |
| b  |  |   |  |   |
| c  |  |   |  |   |
| d  |  |   |  |   |
| e  |  |   |  |   |
| 2  | Capital gain net income or (net capital loss) {<br>If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 }   |   | 2  | 0   |
| 3  | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 |   | 3  | 0   |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions   | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|--|--|--|---|
| 2018   | 0  | 0  | 0.000000  |
| 2017   | 0  | 0  | 0.000000  |
| 2016   | 0  | 0  | 0.000000  |
| 2015   | 0  | 0  | 0.000000  |
| 2014   | 0  | 0  | 0.000000  |
| 2  | Total of line 1, column (d)  |  | 2 0.000000  |
| 3  | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years |  | 3 0.000000  |
| 4  | Enter the net value of noncharitable-use assets for 2019 from Part X, line 5   |  | 4   |
| 5  | Multiply line 4 by line 3  |  | 5   |
| 6  | Enter 1% of net investment income (1% of Part I, line 27b)   |  | 6 0   |
| 7  | Add lines 5 and 6  |  | 7 0   |
| 8  | Enter qualifying distributions from Part XII, line 4   |  | 8 0   |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes sub-tables for credits/payments (6a-6d) and tax due/overpayment (9-11).

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes columns for Yes/No and a sub-table for reimbursement (e).

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16. Row 11: At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. Row 12: Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? Row 13: Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.MELANATEDPEARL.CORP.AGNESSCOTT.ORG. Row 14: The books are in care of CRYSTAL PERRY Telephone no. (678) 315-2181 Located at 11071 PANHANDLE ROAD HAMPTON GA ZIP+4 30228. Row 15: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year 15. Row 16: At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b. Row 1a: During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Row b: If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here. Row c: Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? Row 2: Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): Row a: At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years 20, 20, 20, 20. Row b: Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) Row c: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. Row 3a: Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Row b: If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) Row 4a: Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Row b: Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?





**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
| .....   |                     |                  |
| .....   |                     |                  |
| .....   |                     |                  |
| .....   |                     |                  |
| .....   |                     |                  |

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.            | Expenses |
|---|----------|
| 1 COVID CARE PACKAGES FOR MOTHER'S DAY 2020: WE PROVIDED FUNDING TO LOCALLY BLACK WOMEN-OWNED BUSINESSES TO CREATE THE "SUPERMOM" SELF-CARE KIT-MOTHER'S DAY CARE PACKAGES. WE DELIVERED MORE THAN 25 SELF-CARE PACKS TO WOMEN IN LOW-INCOME FAMILIES.            | 3,070    |
| 2 HOMELESS WOMEN FEMININE HYGIENE DRIVE 2020 - WE PARTNERED WITH TWO FEMALE ENTREPRENUERS TO SUPPLY FEMININE HYGIENE PRODUCTS/SUPPLIES TO HOMELESS WOMEN. WE SERVICED OVER 100 WOMEN WITHIN NEIGHBORING CITIES OF CONYERS, MORROW, & ATLANTA                      | 3,108    |
| 3 BUSY BUYING BLACK - WE SUPPORTED BLACK-OWNED BUSINESSES AS A WAY OF BUILDING WEALTH IN THE BLACK COMMUNITY BY ENCOURAGING PEOPLE TO INVEST MONEY TOWARDS BLACK ENTREPRENUERS AND BUSINESSES.  | 1,116    |
| 4 S.P.A. EVENT - WE ORGANIZED A SPIRITUAL, PREPERATION, AND AFFIRMATION EVENT IN WHICH WE CELEBRATED BLACK FEMALE EXCELLENCE BY PROVIDING BLACK VENDORS, MUSIC, FOOD, AND A FASHION SHOW AS A WAY OF EDUCATING, UPLIFTING, AND EMPOWERING GIRLS IN OUR COMMUNITY. | 441      |

**Part IX-B Summary of Program-Related Investments (see instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 NOT APPLICABLE  |        |
| 2   |        |
| All other program-related investments. See instructions.  |        |
| 3   |        |
| Total. Add lines 1 through 3 . . . . . ▶  | 0      |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |   |           |   |
|----------|---|-----------|---|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:           |           |   |
| <b>a</b> | Average monthly fair market value of securities . . . . .   | <b>1a</b> | 0 |
| <b>b</b> | Average of monthly cash balances . . . . .  | <b>1b</b> | 0 |
| <b>c</b> | Fair market value of all other assets (see instructions) . . . . .  | <b>1c</b> |   |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c) . . . . .   | <b>1d</b> | 0 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .   | <b>1e</b> |   |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets . . . . .  | <b>2</b>  |   |
| <b>3</b> | Subtract line 2 from line 1d . . . . .  | <b>3</b>  |   |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions) . . . . .     | <b>4</b>  |   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . . | <b>5</b>  | 0 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5 . . . . .  | <b>6</b>  | 0 |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

|           |   |           |   |
|-----------|---|-----------|---|
| <b>1</b>  | Minimum investment return from Part X, line 6 . . . . .   | <b>1</b>  |   |
| <b>2a</b> | Tax on investment income for 2019 from Part VI, line 5 . . . . .  | <b>2a</b> |   |
| <b>b</b>  | Income tax for 2019. (This does not include the tax from Part VI.) . . . . .  | <b>2b</b> |   |
| <b>c</b>  | Add lines 2a and 2b . . . . .   | <b>2c</b> |   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .                                     | <b>3</b>  |   |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions . . . . .   | <b>4</b>  |   |
| <b>5</b>  | Add lines 3 and 4 . . . . .   | <b>5</b>  | 0 |
| <b>6</b>  | Deduction from distributable amount (see instructions) . . . . .  | <b>6</b>  |   |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . . | <b>7</b>  | 0 |

**Part XII Qualifying Distributions** (see instructions)

|          |   |           |   |
|----------|---|-----------|---|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |           |   |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .   | <b>1a</b> | 0 |
| <b>b</b> | Program-related investments—total from Part IX-B . . . . .  | <b>1b</b> |   |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .   | <b>2</b>  |   |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:  |           |   |
| <b>a</b> | Suitability test (prior IRS approval required) . . . . .  | <b>3a</b> |   |
| <b>b</b> | Cash distribution test (attach the required schedule) . . . . .   | <b>3b</b> |   |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 . . . . .                                   | <b>4</b>  | 0 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions . . . . . | <b>5</b>  |   |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .   | <b>6</b>  | 0 |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

|   | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|---|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7 . . . . .   |               |                            |             |             |
| <b>2</b> Undistributed income, if any, as of the end of 2019:   |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only . . . . .   |               |                            | 0           |             |
| <b>b</b> Total for prior years: 20 ____, 20 ____, 20 ____   |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2019:   |               |                            |             |             |
| <b>a</b> From 2014 . . . . .  |               |                            |             |             |
| <b>b</b> From 2015 . . . . .  |               |                            |             |             |
| <b>c</b> From 2016 . . . . .  |               |                            |             |             |
| <b>d</b> From 2017 . . . . .  |               |                            |             |             |
| <b>e</b> From 2018 . . . . .  |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e . . . . .   | 0             |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____  |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a . . . . .   |               |                            |             |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .  |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .  |               |                            |             |             |
| <b>d</b> Applied to 2019 distributable amount . . . . .   |               |                            |             |             |
| <b>e</b> Remaining amount distributed out of corpus . . . . .   |               |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2019 . (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .                                      |               |                            |             |             |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>  |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .  | 0             |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .   |               | 0                          |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .   |               |                            |             |             |
| <b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .  |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .  |               |                            |             | 0           |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) . . . . .         |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . . . .  |               |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a . . . . .   |               |                            |             |             |
| <b>10</b> Analysis of line 9:   |               |                            |             |             |
| <b>a</b> Excess from 2015 . . . . .   |               |                            |             |             |
| <b>b</b> Excess from 2016 . . . . .   |               |                            |             |             |
| <b>c</b> Excess from 2017 . . . . .   |               |                            |             |             |
| <b>d</b> Excess from 2018 . . . . .   |               |                            |             |             |
| <b>e</b> Excess from 2019 . . . . .   |               |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling . . . . . ▶
- b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

|  | Tax year |          |          |          | (e) Total |
|--|----------|----------|----------|----------|-----------|
|  | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                      |          |          |          |          | 0         |
| <b>b</b> 85% of line 2a . . . . .  |          |          |          |          | 0         |
| <b>c</b> Qualifying distributions from Part XII, line 4, for each year listed . . . . .  |          |          |          |          | 0         |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |          |          |          |          | 0         |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |          |          |          | 0         |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:  |          |          |          |          |           |
| <b>a</b> "Assets" alternative test—enter:  |          |          |          |          |           |
| <b>(1)</b> Value of all assets . . . . .   |          |          |          |          | 0         |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .   |          |          |          |          | 0         |
| <b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed . . . . .                               |          |          |          |          | 0         |
| <b>c</b> "Support" alternative test—enter:   |          |          |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |          |          |          | 0         |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .                                      |          |          |          |          | 0         |
| <b>(3)</b> Largest amount of support from an exempt organization . . . . .   |          |          |          |          | 0         |
| <b>(4)</b> Gross investment income . . . . .   |          |          |          |          | 0         |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- 
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
- 
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.
- a** The name, address, and telephone number or email address of the person to whom applications should be addressed:
- 
- b** The form in which applications should be submitted and information and materials they should include:
- 
- c** Any submission deadlines:
- 
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

**3** Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                            | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount      |
|--------------------------------------|---|--------------------------------|----------------------------------|-------------|
| Name and address (home or business)  |   |                                |                                  |             |
| <b>a</b> Paid during the year        |   |                                |                                  |             |
| <b>Total</b>                         |   |                                |                                  | <b>3a</b> 0 |
| <b>b</b> Approved for future payment |   |                                |                                  |             |
| <b>Total</b>                         |   |                                |                                  | <b>3b</b> 0 |

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**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions.) |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
|  | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |  |
| 1 Program service revenue:                                     |                           |               |                                      |               |  |
| a _____  |                           |               |                                      |               |  |
| b _____  |                           |               |                                      |               |  |
| c _____  |                           |               |                                      |               |  |
| d _____  |                           |               |                                      |               |  |
| e _____  |                           |               |                                      |               |  |
| f _____  |                           |               |                                      |               |  |
| g Fees and contracts from government agencies                  |                           |               |                                      |               |  |
| 2 Membership dues and assessments . . . . .                    |                           |               |                                      |               |  |
| 3 Interest on savings and temporary cash investments . . . . . |                           |               |                                      |               |  |
| 4 Dividends and interest from securities . . . . .             |                           |               |                                      |               |  |
| 5 Net rental income or (loss) from real estate:                |                           |               |                                      |               |  |
| a Debt-financed property . . . . .                             |                           |               |                                      |               |  |
| b Not debt-financed property . . . . .                         |                           |               |                                      |               |  |
| 6 Net rental income or (loss) from personal property           |                           |               |                                      |               |  |
| 7 Other investment income . . . . .                            |                           |               |                                      |               |  |
| 8 Gain or (loss) from sales of assets other than inventory     |                           |               |                                      |               |  |
| 9 Net income or (loss) from special events . . . . .           |                           |               |                                      |               |  |
| 10 Gross profit or (loss) from sales of inventory . . . . .    |                           |               |                                      |               |  |
| 11 Other revenue: a _____                                      |                           |               |                                      |               |  |
| b _____  |                           |               |                                      |               |  |
| c _____  |                           |               |                                      |               |  |
| d _____  |                           |               |                                      |               |  |
| e _____  |                           |               |                                      |               |  |
| 12 Subtotal. Add columns (b), (d), and (e) . . . . .           |                           | 0             |                                      | 0             | 0  |
| 13 Total. Add line 12, columns (b), (d), and (e) . . . . .     |                           |               |                                      | 13            | 0  |

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) |
|----------|---|
| ▼        |   |
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**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  |     |    |
| <b>a</b>   | Transfers from the reporting foundation to a noncharitable exempt organization of:   |     |    |
| <b>(1)</b> | Cash   |     | X  |
| <b>(2)</b> | Other assets   |     | X  |
| <b>b</b>   | Other transactions:  |     |    |
| <b>(1)</b> | Sales of assets to a noncharitable exempt organization   |     | X  |
| <b>(2)</b> | Purchases of assets from a noncharitable exempt organization   |     | X  |
| <b>(3)</b> | Rental of facilities, equipment, or other assets   |     | X  |
| <b>(4)</b> | Reimbursement arrangements   |     | X  |
| <b>(5)</b> | Loans or loan guarantees   |     | X  |
| <b>(6)</b> | Performance of services or membership or fundraising solicitations   |     | X  |
| <b>c</b>   | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   |     | X  |
| <b>d</b>   | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |     |    |

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|--------------|---------------------|---|--|
|              |                     |   |  |
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|              |                     |   |  |

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

|                               |  |  |                  |   |                   |
|-------------------------------|--|--|------------------|---|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Marcus K Polnett           | Preparer's signature<br>Marcus K Polnett | Date<br>8/9/2021 | Check <input type="checkbox"/> if self-employed | PTIN<br>P02286212 |
|                               | Firm's name ▶ Vibha Singla, CPA - PC                     |  |                  | Firm's EIN ▶ 25-1911070                         |                   |
|                               | Firm's address ▶ 3175 Highway 81 West, Hampton, GA 30228 |  |                  | Phone no. (770) 897-0025                        |                   |

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

|  |   |
|--|---|
| Name of the organization<br><b>MELANATED PEARL CORPORATION</b> | Employer identification number<br><b>83-3021845</b> |
|--|---|

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



|  |   |
|--|---|
| Name of organization<br><b>MELANATED PEARL CORPORATION</b> | Employer identification number<br><b>83-3021845</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| -----      | -----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: ----- | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: ----- | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: ----- | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: ----- | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: ----- | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: ----- | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: ----- | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br>MELANATED PEARL CORPORATION | Employer identification number<br>83-3021845 |
|---|--|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |

|  |  |
|--|--|
| Name of organization<br><b>MELANATED PEARL CORPORATION</b> | Employer identification number<br>83-3021845 |
|--|--|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ ..... 0  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift   |  |
|--|--|
| Transferee's name, address, and ZIP + 4                            | Relationship of transferor to transferee |
| -----<br>-----<br>-----<br>For. Prov.                      Country | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift   |  |
|--|--|
| Transferee's name, address, and ZIP + 4                            | Relationship of transferor to transferee |
| -----<br>-----<br>-----<br>For. Prov.                      Country | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift   |  |
|--|--|
| Transferee's name, address, and ZIP + 4                            | Relationship of transferor to transferee |
| -----<br>-----<br>-----<br>For. Prov.                      Country | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift   |  |
|--|--|
| Transferee's name, address, and ZIP + 4                            | Relationship of transferor to transferee |
| -----<br>-----<br>-----<br>For. Prov.                      Country | -----<br>-----<br>-----                  |

# Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

# 2019

Department of the Treasury  
Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

▶ Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

|  |  |
|--|--|
| For calendar year 2019 or other tax year beginning 10/1, 2019, and ending 9/30, 20 20                                      |  |
| Name of organization or entity<br><b>MELANATED PEARL CORPORATION</b>   | Employer identification number<br><b>83-3021845</b>  |
| Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address)<br><b>1107 PANHANDLE RD</b> | Check box for type of annual return:<br><input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ<br><input checked="" type="checkbox"/> Form 990-PF <input type="checkbox"/> Other<br><input type="checkbox"/> Form 5227 |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>Hampton, GA 30228</b>                       |  |

|  |  |            |           |
|--|--|------------|-----------|
| <b>A</b> Is the organization a foreign private foundation within the meaning of section 4948(b)?   |  | <b>Yes</b> | <b>No</b> |
| <b>B</b> Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable).<br>If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ _____. If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions). |  |            |           |

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

|  |    |   |
|--|----|---|
| 1 Tax on undistributed income—Schedule B, line 4   | 1  |   |
| 2 Tax on excess business holdings—Schedule C, line 7   | 2  |   |
| 3 Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (e)       | 3  |   |
| 4 Tax on taxable expenditures—Schedule E, Part I, column (g)                                 | 4  |   |
| 5 Tax on political expenditures—Schedule F, Part I, column (e)                               | 5  |   |
| 6 Tax on excess lobbying expenditures—Schedule G, line 4                                     | 6  |   |
| 7 Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e)                  | 7  |   |
| 8 Tax on premiums paid on personal benefit contracts   | 8  |   |
| 9 Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h) | 9  |   |
| 10 Tax on taxable distributions—Schedule K, Part I, column (f)                               | 10 |   |
| 11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement | 11 |   |
| 12 Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2  | 12 |   |
| 13 Tax on excess executive compensation—Schedule N   | 13 |   |
| 14 Tax on net investment income of private colleges and universities—Schedule O              | 14 |   |
| 15 <b>Total</b> (add lines 1–14)   | 15 | 0 |

**Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons** (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

|   |   |  |   |
|---|---|--|---|
| (a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code |   | (b) Taxpayer identification number   |   |
| a   |   |  |   |
| b   |   |  |   |
| c   |   |  |   |
|   | (c) Tax on self-dealing—Schedule A, Part II, col. (d), and Part III, col. (d)   | (d) Tax on investments that jeopardize charitable purpose—Schedule D, Part II, col. (d)      | (e) Tax on taxable expenditures—Schedule E, Part II, col. (d)                                 |
| a   |   |  |   |
| b   |   |  |   |
| c   |   |  |   |
| <b>Total</b>  | 0   | 0  | 0   |
|   | (g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col. (d)    | (h) Tax on excess benefit transactions—Schedule I, Part II, col. (d), and Part III, col. (d) | (i) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col. (d) |
| a   |   |  |   |
| b   |   |  |   |
| c   |   |  |   |
| <b>Total</b>  | 0   | 0  | 0   |
|   | (k) Tax on prohibited benefits—Sch L, Part II, col. (d), and Part III, col. (d) | (l) Total—Add cols. (c) through (k)  |   |
| a   |   |  |   |
| b   |   |  |   |
| c   |   |  |   |
| <b>Total</b>  | 0   | 0  | 0   |

**Part II-B Summary of Taxes (See Tax Payments in the instructions.)**

|   |   |   |   |
|---|---|---|---|
| 1 | Enter the taxes listed in Part II-A, column (l), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (l) . . . . . | 1 |   |
| 2 | <b>Total tax.</b> Add Part I, line 15, and Part II-B, line 1. . . . .   | 2 | 0 |
| 3 | Total payments including amount paid with Form 8868 (see instructions) . . . . .  | 3 |   |
| 4 | <b>Tax due.</b> If line 2 is larger than line 3, enter amount owed (see instructions) . . . . . ▶   | 4 | 0 |
| 5 | <b>Overpayment.</b> If line 2 is smaller than line 3, enter the difference. This is your refund . . . . . ▶   | 5 | 0 |

**SCHEDULE A—Initial Taxes on Self-Dealing (Section 4941)**

**Part I Acts of Self-Dealing and Tax Computation**

| (a) Act number | (b) Date of act | (c) Description of act |  |
|----------------|-----------------|------------------------|--|
| 1              |                 |                        |  |
| 2              |                 |                        |  |
| 3              |                 |                        |  |
| 4              |                 |                        |  |
| 5              |                 |                        |  |

| (d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act | (e) Amount involved in act | (f) Initial tax on self-dealer (10% of col. (e)) | (g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (e)) |
|--|----------------------------|--|---|
|  |                            | 0  | 0   |
|  |                            | 0  | 0   |
|  |                            | 0  | 0   |
|  |                            | 0  | 0   |
|  |                            | 0  | 0   |

**Part II Summary of Tax Liability of Self-Dealers and Proration of Payments**

| (a) Names of self-dealers liable for tax | (b) Act no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions) |
|--|-----------------------------------|---|--|
|  |                                   |   | 0  |
|  |                                   |   | 0  |
|  |                                   |   | 0  |
|  |                                   |   | 0  |
|  |                                   |   | 0  |

**Part III Summary of Tax Liability of Foundation Managers and Proration of Payments**

| (a) Names of foundation managers liable for tax | (b) Act no. from Part I, col. (a) | (c) Tax from Part I, col. (g), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|---|-----------------------------------|---|--|
|   |                                   |   | 0  |
|   |                                   |   | 0  |
|   |                                   |   | 0  |

**SCHEDULE B—Initial Tax on Undistributed Income (Section 4942)**

|   |   |   |   |
|---|---|---|---|
| 1 | Undistributed income for years before 2018 (from Form 990-PF for 2019, Part XIII, line 6d)  | 1 |   |
| 2 | Undistributed income for 2018 (from Form 990-PF for 2019, Part XIII, line 6e) . . . . .   | 2 |   |
| 3 | Total undistributed income at end of current tax year beginning in 2019 and subject to tax under section 4942 (add lines 1 and 2) . . . . . | 3 | 0 |
| 4 | <b>Tax</b> —Enter 30% of line 3 here and on Part I, line 1 . . . . .  | 4 | 0 |

**SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)**

**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

|   |  | (a)<br>Voting stock<br>(profits interest or<br>beneficial interest) | (b)<br>Value | (c)<br>Nonvoting stock<br>(capital interest) |
|---|--|---|--------------|--|
| 1 | Foundation holdings in business enterprise . . . . .   | 1   | %            | %  |
| 2 | Permitted holdings in business enterprise . . . . .  | 2   | %            | %  |
| 3 | Value of excess holdings in business enterprise . . . . .  | 3   |              |  |
| 4 | Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement) | 4   |              |  |
| 5 | Taxable excess holdings in business enterprise—line 3 minus line 4 . . . . .   | 5   | 0            | 0  |
| 6 | <b>Tax</b> — Enter 10% of line 5 . . . . .   | 6   | 0            | 0  |
| 7 | <b>Total tax</b> — Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2                                | 7   | 0            |  |

**SCHEDULE D—Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)**

**Part I Investments and Tax Computation**

| (a) Investment number | (b) Date of investment | (c) Description of investment | (d) Amount of investment | (e) Initial tax on foundation (10% of col. (d)) | (f) Initial tax on foundation managers (if applicable)—(lesser of \$10,000 or 10% of col. (d)) |
|-----------------------|------------------------|-------------------------------|--------------------------|---|--|
| 1                     |                        |                               |                          | 0   | 0  |
| 2                     |                        |                               |                          | 0   | 0  |
| 3                     |                        |                               |                          | 0   | 0  |
| 4                     |                        |                               |                          | 0   | 0  |
| 5                     |                        |                               |                          | 0   | 0  |

**Total**— Column (e). Enter here and on Part I, line 3 . . . . . 0

**Total**— Column (f). Enter total (or prorated amount) here and in Part II, column (c), below . . . . . 0

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

| (a) Names of foundation managers liable for tax | (b) Investment no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|---|--|---|--|
|   |  |   | 0  |
|   |  |   | 0  |
|   |  |   | 0  |

**SCHEDULE E—Initial Taxes on Taxable Expenditures (Section 4945)**

| <b>Part I Expenditures and Computation of Tax</b>   |            |                           |   |   |
|---|------------|---------------------------|---|---|
| (a) Item number   | (b) Amount | (c) Date paid or incurred | (d) Name and address of recipient                       | (e) Description of expenditure and purposes for which made  |
| 1   |            |                           |   |   |
| 2   |            |                           |   |   |
| 3   |            |                           |   |   |
| 4   |            |                           |   |   |
| 5   |            |                           |   |   |
| (f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure    |            |                           | (g) Initial tax imposed on foundation (20% of col. (b)) | (h) Initial tax imposed on foundation managers (if applicable)—(lesser of \$10,000 or 5% of col. (b)) |
|   |            |                           | 0   | 0   |
|   |            |                           | 0   | 0   |
|   |            |                           | 0   | 0   |
|   |            |                           | 0   | 0   |
|   |            |                           | 0   | 0   |
|   |            |                           | 0   | 0   |
| <b>Total—</b> Column (g). Enter here and on Part I, line 4 . . . . .  |            |                           | 0   |   |
| <b>Total—</b> Column (h). Enter total (or prorated amount) here and in Part II, column (c), below . . . . . |            |                           |   | 0   |

| <b>Part II Summary of Tax Liability of Foundation Managers and Proration of Payments</b> |                                    |   |  |
|--|------------------------------------|---|--|
| (a) Names of foundation managers liable for tax  | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (h), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|  |                                    |   | 0  |
|  |                                    |   | 0  |
|  |                                    |   | 0  |
|  |                                    |   | 0  |

**SCHEDULE F—Initial Taxes on Political Expenditures (Section 4955)**

| <b>Part I Expenditures and Computation of Tax</b>   |            |                           |  |   |  |
|---|------------|---------------------------|--|---|--|
| (a) Item number   | (b) Amount | (c) Date paid or incurred | (d) Description of political expenditure | (e) Initial tax imposed on organization or foundation (10% of col. (b)) | (f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) |
| 1   |            |                           |  | 0   | 0  |
| 2   |            |                           |  | 0   | 0  |
| 3   |            |                           |  | 0   | 0  |
| 4   |            |                           |  | 0   | 0  |
| 5   |            |                           |  | 0   | 0  |
| <b>Total—</b> Column (e). Enter here and on Part I, line 5 . . . . .  |            |                           |  | 0   |  |
| <b>Total—</b> Column (f). Enter total (or prorated amount) here and in Part II, column (c), below . . . . . |            |                           |  |   | 0  |

| <b>Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments</b> |                                    |   |  |
|---|------------------------------------|---|--|
| (a) Names of organization managers or foundation managers liable for tax  | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|   |                                    |   | 0  |
|   |                                    |   | 0  |
|   |                                    |   | 0  |

**SCHEDULE G—Tax on Excess Lobbying Expenditures (Section 4911)**

|   |  |   |   |
|---|--|---|---|
| 1 | Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.) . . . . . | 1 |   |
| 2 | Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.) . . . . .       | 2 |   |
| 3 | Excess lobbying expenditures—enter the larger of line 1 or line 2 . . . . .  | 3 | 0 |
| 4 | <b>Tax</b> —Enter 25% of line 3 here and on Part I, line 6 . . . . .   | 4 | 0 |

**SCHEDULE H—Taxes on Disqualifying Lobbying Expenditures (Section 4912)**

**Part I Expenditures and Computation of Tax**

| (a) Item number  | (b) Amount | (c) Date paid or incurred | (d) Description of lobbying expenditures | (e) Tax imposed on organization (5% of col. (b)) | (f) Tax imposed on organization managers (if applicable)—(5% of col. (b)) |
|--|------------|---------------------------|--|--|---|
| 1  |            |                           |  | 0  | 0   |
| 2  |            |                           |  | 0  | 0   |
| 3  |            |                           |  | 0  | 0   |
| 4  |            |                           |  | 0  | 0   |
| 5  |            |                           |  | 0  | 0   |
| <b>Total</b> — Column (e). Enter here and on Part I, line 7 . . . . .  |            |                           |  | 0  |   |
| <b>Total</b> — Column (f). Enter total (or prorated amount) here and in Part II, column (c), below . . . . . |            |                           |  |  | 0   |

**Part II Summary of Tax Liability of Organization Managers and Proration of Payments**

| (a) Names of organization managers liable for tax | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|---|------------------------------------|---|--|
|   |                                    |   | 0  |
|   |                                    |   | 0  |
|   |                                    |   | 0  |

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958)**

**Part I Excess Benefit Transactions and Tax Computation**

| (a) Transaction number | (b) Date of transaction | (c) Description of transaction | (d) Amount of excess benefit | (e) Initial tax on disqualified persons (25% of col. (d)) | (f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d)) |
|------------------------|-------------------------|--------------------------------|------------------------------|---|--|
| 1                      |                         |                                |                              | 0   | 0  |
| 2                      |                         |                                |                              | 0   | 0  |
| 3                      |                         |                                |                              | 0   | 0  |
| 4                      |                         |                                |                              | 0   | 0  |
| 5                      |                         |                                |                              | 0   | 0  |



**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958) Continued**

**Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments**

| (a) Names of disqualified persons liable for tax | (b) Trans. no. from Part I, col. (a) | (c) Tax from Part I, col. (e), or prorated amount | (d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions) |
|--|--------------------------------------|---|--|
|  |                                      |   | 0  |
|  |                                      |   | 0  |
|  |                                      |   | 0  |
|  |                                      |   | 0  |

**Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments**

| (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax | (b) Trans. no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|---|--------------------------------------|---|--|
|   |                                      |   | 0  |
|   |                                      |   | 0  |
|   |                                      |   | 0  |
|   |                                      |   | 0  |

**SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)**

**Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions)**

| (a) Transaction number | (b) Transaction date | (c) Type of transaction<br>1—Listed<br>2—Subsequently listed<br>3—Confidential<br>4—Contractual protection | (d) Description of transaction |
|------------------------|----------------------|--|--------------------------------|
| 1                      |                      |  |                                |
| 2                      |                      |  |                                |
| 3                      |                      |  |                                |
| 4                      |                      |  |                                |
| 5                      |                      |  |                                |

| (e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer <b>Yes</b> or <b>No</b> | (f) Net income attributable to the PTST | (g) 75% of proceeds attributable to the PTST | (h) Tax imposed on the tax-exempt entity (see instructions) |
|---|---|--|---|
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |

**Total**— Column (h). Enter here and on Part I, line 9. 0

**Part II Tax Imposed on Entity Managers (Section 4965) Continued**

| (a) Name of entity manager | (b) Transaction number from Part I, col. (a) | (c) Tax—enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a) | (d) Manager's total tax liability (add amounts in col. (c)) |
|----------------------------|--|---|---|
|                            |  |   | 0   |
|                            |  |   | 0   |
|                            |  |   | 0   |
|                            |  |   | 0   |
|                            |  |   | 0   |

**SCHEDULE K—Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.**

**Part I Taxable Distributions and Tax Computation**

| (a) Item number   | (b) Name of sponsoring organization and donor advised fund | (c) Description of distribution | (d) Date of distribution | (e) Amount of distribution | (f) Tax imposed on organization (20% of col. (e)) | (g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000) |
|---|--|---------------------------------|--------------------------|----------------------------|---|---|
| 1   |  |                                 |                          |                            | 0   | 0   |
| 2   |  |                                 |                          |                            | 0   | 0   |
| 3   |  |                                 |                          |                            | 0   | 0   |
| 4   |  |                                 |                          |                            | 0   | 0   |
| <b>Total—</b> Column (f). Enter here and on Part I, line 10 . . . . .                                       |  |                                 |                          |                            | 0   | 0   |
| <b>Total—</b> Column (g). Enter total (or prorated amount) here and in Part II, column (c), below . . . . . |  |                                 |                          |                            |   | 0   |

**Part II Summary of Tax Liability of Fund Managers and Proration of Payments**

| (a) Name of fund managers liable for tax | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (g) or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|--|------------------------------------|--|--|
|  |                                    |  | 0  |
|  |                                    |  | 0  |
|  |                                    |  | 0  |
|  |                                    |  | 0  |

**SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).**

See the instructions.

**Part I Prohibited Benefits and Tax Computation**

| (a) Item number                  | (b) Date of prohibited benefit | (c) Description of benefit  |
|----------------------------------|--------------------------------|---|
| 1                                |                                |   |
| 2                                |                                |   |
| 3                                |                                |   |
| 4                                |                                |   |
| 5                                |                                |   |
| (d) Amount of prohibited benefit |                                | (e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions) |
|                                  |                                | 0   |
|                                  |                                | 0   |
|                                  |                                | 0   |
|                                  |                                | 0   |
|                                  |                                | 0   |
|                                  |                                | 0   |
|                                  |                                | 0   |

**Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments**

| (a) Names of donors, donor advisors, or related persons liable for tax | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (e) or prorated amount | (d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions) |
|--|------------------------------------|--|--|
|  |                                    |  | 0  |
|  |                                    |  | 0  |
|  |                                    |  | 0  |
|  |                                    |  | 0  |
|  |                                    |  | 0  |

**Part III Summary of Tax Liability of Fund Managers and Proration of Payments**

| (a) Names of fund managers liable for tax | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (f) or prorated amount | (d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions) |
|---|------------------------------------|--|---|
|   |                                    |  | 0   |
|   |                                    |  | 0   |
|   |                                    |  | 0   |
|   |                                    |  | 0   |

**Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

**Part I Failures to Meet Section 501(r)(3)**

| (a) Item number | (b) Name of hospital facility | (c) Description of the failure | (d) Tax year hospital facility last conducted a CHNA | (e) Tax year hospital facility last adopted an implementation strategy |
|-----------------|-------------------------------|--------------------------------|--|--|
| 1               |                               |                                |  |  |
| 2               |                               |                                |  |  |
| 3               |                               |                                |  |  |
| 4               |                               |                                |  |  |
| 5               |                               |                                |  |  |

**Part II Computation of Tax**

|   |   |   |   |
|---|---|---|---|
| 1 | Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) . . . . . | 1 |   |
| 2 | Tax—Enter \$50,000 multiplied by line 1 here and on Part I, line 12 . . . . .   | 2 | 0 |

**SCHEDULE N—Tax on Excess Executive Compensation** (Section 4960). (See instructions.)

| (a) Item number   | (b) Name of covered employee                         | (c) Excess remuneration | (d) Excess parachute payment | (e) Total. Add column (c) and (d) |
|---|--|-------------------------|------------------------------|-----------------------------------|
| 1   |  |                         |                              |                                   |
| 2   |  |                         |                              |                                   |
| 3   |  |                         |                              |                                   |
| 4   |  |                         |                              |                                   |
| 5   |  |                         |                              |                                   |
| 6   | Attachment, if necessary. See instructions . . . . . |                         |                              |                                   |
| <b>Total</b> (add column (e) items 1–6) . . . . .                               |  |                         |                              | 0                                 |
| <b>Tax.</b> Enter 21% of the amount above here and on Part I, line 13 . . . . . |  |                         |                              | 0                                 |

**SCHEDULE O—Excise Tax on Net Investment Income of Private Colleges and Universities** (Section 4968)

|   | (a) Name   | (b) EIN | (c) Gross investment income (See instructions.) | (d) Capital gain net income | (e) Administrative expenses allocable to income included in cols. (c) and (d) | (f) Net investment income (See instructions.) |   |
|---|--|---------|---|-----------------------------|---|---|---|
| 1 | Filing Organization  |         |   |                             |   |   |   |
| 2 | Related Organization   |         |   |                             |   |   |   |
| 3 | Related Organization   |         |   |                             |   |   |   |
| 4 | Related Organization   |         |   |                             |   |   |   |
| 5 | Total from attachment, if necessary . . . . .  |         |   |                             |   |   |   |
| 6 | <b>Total</b> . . . . .   |         |   | 0                           | 0   | 0   |   |
| 7 | <b>Excise Tax on Net Investment Income.</b> Enter 1.4% of the amount in 6(f) here and on Part I, line 14 . . . . . |         |   |                             |   |   | 0 |

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

|   |       |      |
|---|-------|------|
| ▶ Signature of officer or trustee   | Title | Date |
| ▶ Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |       | Date |
| ▶ Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |       | Date |
| ▶ Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |       | Date |
| ▶ Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |       | Date |

May the IRS discuss this return with the preparer shown below? (see instructions) . . . . .  Yes  No

|                               |  |                      |          |   |                          |
|-------------------------------|--|----------------------|----------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                               | Preparer's signature | Date     | Check <input type="checkbox"/> if self-employed | PTIN                     |
|                               | Marcus K Polnett   | Marcus K Polnett     | 8/9/2021 |   | P02286212                |
|                               | Firm's name ▶ Vibha Singla, CPA - PC                     |                      |          |   | Firm's EIN ▶ 25-1911070  |
|                               | Firm's address ▶ 3175 Highway 81 West, Hampton, GA 30228 |                      |          |   | Phone no. (770) 897-0025 |

**Part I, Line 16c (990-PF) - Other Professional Fees**

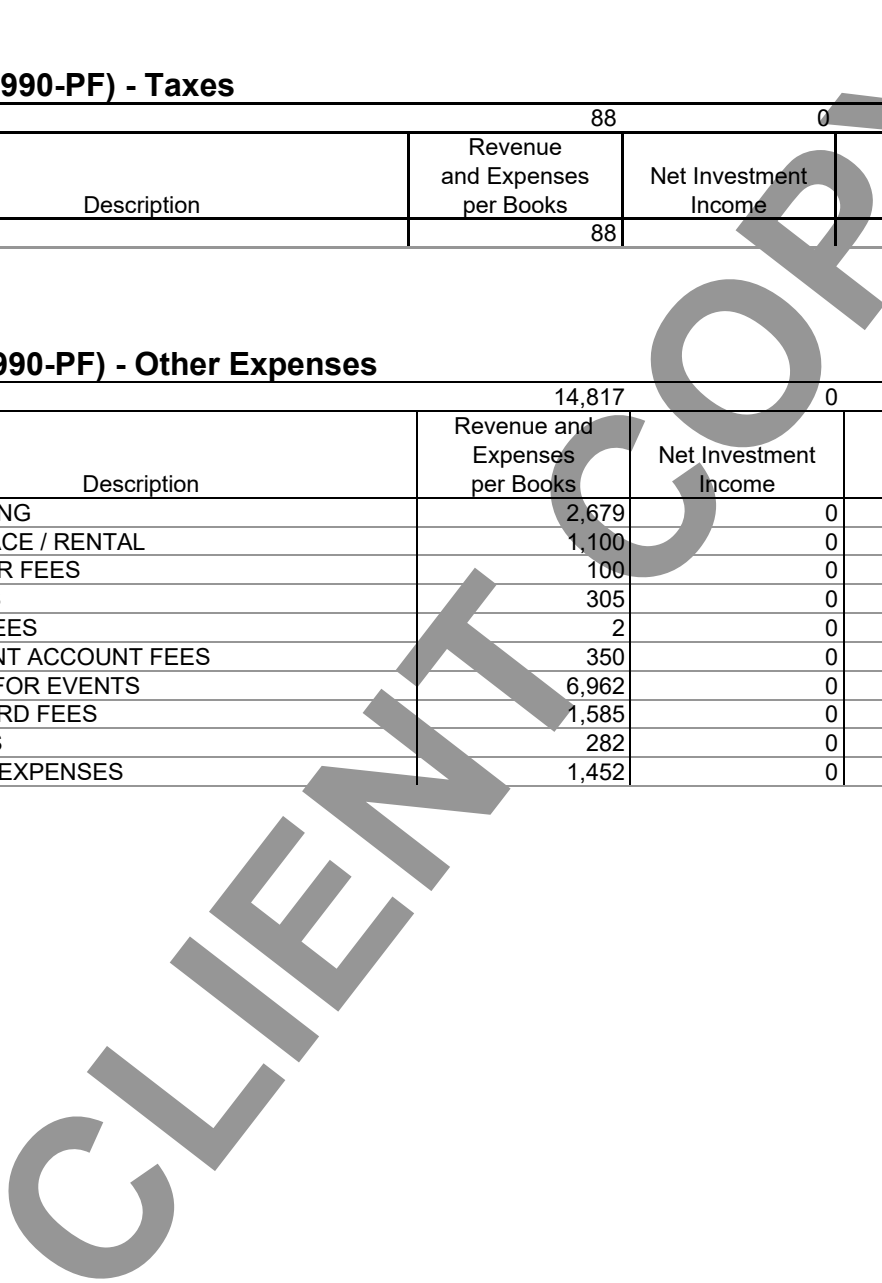
|             |                          | 2,316                          | 0                     | 0                   | 0   |
|-------------|--------------------------|--------------------------------|-----------------------|---------------------|---|
| Description |                          | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes (Cash Basis Only) |
| 1           | BOARD RETREAT            | 350                            |                       |                     | 0   |
| 2           | PROFESSIONAL MEMBERSHIPS | 600                            |                       |                     | 0   |
| 3           | MISC. PROFESSIONAL FEES  | 1,366                          |                       |                     | 0   |

**Part I, Line 18 (990-PF) - Taxes**

|             |  | 88                             | 0                     | 0                   | 0                                     |
|-------------|--|--------------------------------|-----------------------|---------------------|---------------------------------------|
| Description |  | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| 1           |  | 88                             |                       |                     |                                       |

**Part I, Line 23 (990-PF) - Other Expenses**

|             |                         | 14,817                         | 0                     | 0                   | 0                                     |
|-------------|-------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| Description |                         | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| 1           | FUNDRAISING             | 2,679                          | 0                     |                     |                                       |
| 2           | EVENT SPACE / RENTAL    | 1,100                          | 0                     |                     |                                       |
| 3           | VOLUNTEER FEES          | 100                            | 0                     |                     |                                       |
| 4           | BANK FEES               | 305                            | 0                     |                     |                                       |
| 5           | VENDOR FEES             | 2                              | 0                     |                     |                                       |
| 6           | INVESTMENT ACCOUNT FEES | 350                            | 0                     |                     |                                       |
| 7           | SUPPLIES FOR EVENTS     | 6,962                          | 0                     |                     |                                       |
| 8           | CREDIT CARD FEES        | 1,585                          | 0                     |                     |                                       |
| 9           | MISC. FEES              | 282                            | 0                     |                     |                                       |
| 10          | PROGRAM EXPENSES        | 1,452                          | 0                     |                     |                                       |



**Part II, Line 14 (990-PF) - Land, Buildings, and Equipment**

|                   |  | 45,191              | 9,038                                 | 12,541                               | 36,153                  | 32,650                 | 32,650          |
|-------------------|--|---------------------|---------------------------------------|--------------------------------------|-------------------------|------------------------|-----------------|
| Asset Description |  | Cost or Other Basis | Accumulated Depreciation Beg. of Year | Accumulated Depreciation End of Year | Book Value Beg. of Year | Book Value End of Year | FMV End of Year |
| 1                 |  | 45,191              | 9,038                                 | 12,541                               | 36,153                  | 32,650                 | 32,650          |

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**Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers**

|   |                     |                       |                      |         |       |          |                 |           |                  |              | 500      | 0               | 0 |
|---|---------------------|-----------------------|----------------------|---------|-------|----------|-----------------|-----------|------------------|--------------|----------|-----------------|---|
|   | Name                | Check "X" if Business | Street               | City    | State | Zip Code | Foreign Country | Title     | Avg Hrs Per Week | Compensation | Benefits | Expense Account |   |
| 1 | AMBER JONES         |                       | 5754 PARKSIDE PASS   | HOOVER  | AL    | 35244    |                 | SECRETARY | 20.00            | 500          |          |                 |   |
| 2 | CRAIG ALAN PERRY    |                       | 11701 PANHANDLE ROAD | HAMPTON | GA    | 30228    |                 | CFO       | 5.00             | 0            |          |                 |   |
| 3 | CRYSTAL RENEE PERRY |                       | 11701 PANHANDLE ROAD | HAMPTON | GA    | 30228    |                 | CEO       | 40.00            | 0            |          |                 |   |

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**CONTRIBUTIONS, GIFTS, GRANTS, ETC. RECEIVED**

| Description               | Total  |
|---------------------------|--------|
| 1 IN-KIND DONATIONS       | 1,100  |
| 2 IN-KIND VOLUNTEER HOURS | 100    |
| 3 CONTRIBUTIONS           | 33,881 |
| Total                     | 35,081 |