# **2020 Exempt Org. Return** prepared for:

## **PASSIONIST EARTH & SPIRIT CENTER, INC.** 1924 NEWBURG ROAD LOUISVILLE, KY 40205

**Cobb & Associates PLLC** 2000 Lowell Ave Louisville, KY 40205

## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For the 2020 calendar year, or tax year beginning

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

, 2020, and ending

Open to Public Inspection

, **20** 2021

В	Check if ap	plicable:	С				D Employ	er identifi	cation number		
	Addres	ss change	PASSIONIST EARTH	& SPIRIT CENTER,	INC.		26-	29627	15		
	Name	change	1924 NEWBURG ROA				E Telepho	ne numbe	er		
	Initial	return	LOUISVILLE, KY 4	0205			(50	2) 45	2-2749		
	Final re	turn/terminated					(00	_,			
		ded return					<b>G</b> Gross r	eceipts \$	441	,757.	
	<b>—</b>	ation pending	F Name and address of principa	al officer: BRIAN RIENDE	7. Г.Т	H(a) Is this	a group retur			1771	
	7 4550	accomponents	Same As C Above	BRIAN RIENDE	AU	H(b) Are al	l subordinates " attach a list	included?		No	
<del>-</del>	Tay-eyer	mpt status:	X 501(c)(3) 501(c) (	) <b>◄</b> (insert no.) 4	947(a)(1) or 52	If "No,	" attach a list	. See instr	ructions	<u></u>	
<u>.</u> J	Websi	•	W.EARTHANDSPIRIT		047 (u)(1) 01		exemption nu	ımber ►			
K				Association Other	Vear of f	ormation: 200			gal domicile: KY	<u></u>	
		Summar		Association	L Tear Off	omation. 200	/	otate of leg	gai domicile. KI		
1 6	1 Br	iefly descri	<b>y</b> he the organization's miss	ion or most significant activ	vities:To edu	rata inc	nira	and m	ohiliza		
ည	institutions and people to assume an active role in building a just and sustainable society.										
Governance		<u>abcarna</u>	Dic bociccy.								
š	2 Ch	neck this bo	ox ► if the organization	on discontinued its operation	ns or disposed o	of more than 2	25% of its	net ass	ets.		
ၓ	<b>3</b> Nu			rning body (Part VI, line 1a				3		14	
•ŏ	<b>4</b> Nu	ımber of in	dependent voting member	s of the governing body (Pa	art VI, line 1b)			4		14	
Activities &	<b>5</b> To			n calendar year 2020 (Part	·			5		9	
Ì	6 To			necessary)				6		0	
Ă	1			Part VIII, column (C), line				7a		0.	
	<b>b</b> Ne	et unrelated	business taxable income	from Form 990-T, Part I, li	ne II			7b	•	0.	
	0 0	مصمنان وانسام	and manta (Dart VIII line	1h)		<u> </u>	Prior Year	105	Current Y		
e	1		- '	e 2g)			269,4			<u>,089.</u>	
ē		•	•	0,			242,5		131	,512. 586.	
Revenue	1							62. 315.		570.	
	1			must equal Part VIII, colu)	•		516,9		111	,757.	
				IX, column (A), lines 1-3)			510,5	799.	441	, 151.	
			· · ·	X, column (A), line 4)							
		•	·	e benefits (Part IX, column			350,8	10	222	,095.	
es	10 - 0"						330,6	940.	323	,095.	
šuš	16a Pr			column (A), line 11e)							
Expenses	<b>b</b> To	tal fundrais	sing expenses (Part IX, co	lumn (D), line 25) ►	59,36	54.					
ш	17 Ot	•		nes 11a-11d, 11f-24e)			115,7	730.	105	,473.	
	<b>18</b> To	tal expense	es. Add lines 13-17 (must	equal Part IX, column (A),	line 25)		466,5	78.	428	,568.	
	<b>19</b> Re	evenue less	s expenses. Subtract line 1	8 from line 12			50,4	121.	13	,189.	
. o							ng of Currer	t Year	End of Ye		
sets	<b>20</b> To						610,4			,663.	
Net Asse Fund Bal	<b>21</b> To	tal liabilitie	es (Part X, line 26)				100,3	305.	74	,209.	
\$ <u>}</u>	<b>22</b> Ne	et assets or	fund balances. Subtract I	ine 21 from line 20			510,1	06.	523	,454.	
Pa	art II	Signatur	e Block								
Unde	er penalties	of perjury, I de	eclare that I have examined this ret	urn, including accompanying schedul all information of which preparer ha	es and statements, a	nd to the best of r	ny knowledge	and belief	f, it is true, correct	t, and	
COIII	ріете. Бесіа	Tation of prepa	arer (other than officer) is based on	all illiornation of which preparer has	s arry knowledge.						
		Cianatu	ve of officer				ata				
Sig	gn	Signatu	ire of officer			D.	ate				
He	re		DAVIS			Trea	surer				
		, ,	r print name and title	Ta	15.		<del> </del>				
		, , , ,	preparer's name	Preparer's signature	Date		Check	<b>⊐</b> "	TIN		
Pa		Brian		Brian Cobb			self-employ	ed P	01532860		
Pre	eparer	Firm's name	0000 0 110000				_				
US	e Only	Firm's addre					Firm's EIN		3062114		
			Louisville,				Phone no.	502-	396-3968		
Ma	y the IRS	discuss th	nis return with the preparer	shown above? See instruc	tions				X Yes	No	

) (Revenue \$

including grants of

298,261.

(Expenses

**4 e** Total program service expenses

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
c	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

# Form 990 (2020) PASSIONIST EARTH & SPIRIT CENTER, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  'Yes,' complete Schedule L, Part IV	28a		Х
ı	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
I	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
BAA			990 (	2020)

PASSIONIST EARTH & SPIRIT CENTER, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
k	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Χ
k	olf 'Yes,' enter the name of the foreign country▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Λ
		5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			**
	services provided to the payor?	7 a		Х
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
c	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Χ
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	against amounts due or received from them.)	12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	IZa		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
k	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2020) PASSIONIST EARTH & SPIRIT CENTER, INC. 26-2962715 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > ΚY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Kyle Kramer 1924 Newburg Road Louisville KY 40205 502-452-2749

Form 990 (2020)	PASSIONIST	FADTH 9	۲.	TTGTGD	CENTED	TNC
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26-2962715

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

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

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

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

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

			(C)							
(A) Name and title		thar	one both dire	box, an c	unles officer trust		on	(D)  Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) ASHLEY HICKS	1									
Director	0	Χ						0.	0.	0.
(2) Jerry Weber	1									
Director	0	Χ						0.	0.	0.
(3) Brian Riendeau	_ 1									
President	0	Χ		Χ				0.	0.	0.
(4) John Monzyk	_ 1									
Director	0	Χ						0.	0.	0.
(5) DAN DAVIS	1									
Treasurer	0	Χ		Χ				0.	0.	0.
(6) Deryl Sweeney	1									
Director	0	Χ						0.	0.	0.
(7) DAVE NEUMANN	1									
Director	0	Χ						0.	0.	0.
(8) RYAN WHELAN	11									
Director	0	Χ						0.	0.	0.
(9) Barbara Barry Banta	1									
Director	0	Χ						0.	0.	0.
(10) Crawford Wells	1									
Director	0	Χ						0.	0.	0.
(11) David Feldkamp	_ 1									
Director	0	Χ						0.	0.	0.
(12) HALEH KARIMI	1									
Director	0	Χ						0.	0.	0.
(13)										
<u>(14)</u>										

Part VII   Section A. Officers, Directors, Tru	ustees, (B)	Key	Em	plo) ()		es,	and	d Highest Com	pensated Emp	loyees	(conti	nued)
(A) Name and title	Average hours per week (list any hours	box offi	, unle cer ar	Pos check ess pe	sition more erson direct	e than is both or/trus	h an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	compe the o	(F) ated amon of other nsation rganizat	from
	for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	ner				d related anization	
(15)												
<u>(16)</u>												
(17)												
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal							<b>&gt;</b>	0.	0.	ļ		0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c).							<b>►</b>	0.	0. 0.			0.
2 Total number of individuals (including but not limited	I to those I	isted	abo	ve) v	who	recei	ved			ensatio	1	0.
from the organization • 0											Yes	No
3 Did the organization list any <b>former</b> officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	ctor, truste	ee, ke	ey ei	mple	oyee	e, or	high	nest compensated	employee	3	163	X
For any individual listed on line 1a, is the sum of the organization and related organizations greated.												21
such individual	e comper	 Isatio	on fr	 om	 anv	 unre	 late	ed organization or	individual			Х
for services rendered to the organization? <i>If 'Yes</i> <b>Section B. Independent Contractors</b>	s,' comple	te S	chea	lule	J fo	rsuc	ch p	erson		. 5		X
Complete this table for your five highest comper compensation from the organization. Report comper	sated ind esation for	epen the c	dent alen	t cor	ntra year	ctors endi	tha	t received more the truly of	han \$100,000 of ganization's tax year			
(A) Name and business add								(B) Description (			C) nsatio	n
2 Total number of independent contractors (including l		ited to	o tho	ose I	isted	d abo	ve)	I who received more	than			
\$100,000 of compensation from the organization	- 0											

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	200 000			
	- ''	Business Code	309,089.			
ᇤ	2a	PROGRAM FEES 611600	131,167.	131,167.		
Program Service Revenue	b	<u>SALES</u> 611600	345.	345.		
ı Servi	d					
ran	•	All other program service revenue				
Į.		Total. Add lines 2a-2f	131,512.			
u.	3	Investment income (including dividends, interest, and other similar amounts)	586.	586.		
	4	Income from investment of tax-exempt bond proceeds •				
	5	Royalties				
		(i) Real (ii) Personal				
		Gross rents				
		Less: rental expenses 6b				
		Rental income or (loss) 6c 570.				
	d	Net rental income or (loss)	570.	570.		
	7 a Gross amount from (i) Securities (ii) Oth					
		sales of assets other than inventory 7a				
	b	Less: cost or other basis				
	_	and sales expenses 7b Gain or (loss) 7c				
		Net gain or (loss)				
Other Revenue	8 а	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
ē	b	Less: direct expenses 8b				
₹	С	Net income or (loss) from fundraising events ▶				
,	9 a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
	10 a	Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory▶				
SIZ	11 -	Business Code				
E B	11 a b c d					
를	ņ					
Miscellaneous Revenue	4	All other revenue				
Σ		Total. Add lines 11a-11d				
		Total revenue. See instructions.	441.757.	132.668.	0	0

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a re	(A)	(B)	(C)	(D)
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	304,752.	207,704.	50,856.	46,192.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	301,732.	2017101.	30,030.	10,132.
9	Other employee benefits	18,343.	10,547.	4,748.	3,048.
10	Payroll taxes				•
11	Fees for services (nonemployees):				
a	Management				
ŀ	<b>)</b> Legal				
(	Accounting				
C	<b>I</b> Lobbying				
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0. Sch. Φ	53,443.	49,341.	3,923.	179.
12	Advertising and promotion	1,062.	1,062.	3/323.	113.
13	Office expenses	1,002.	1,002.		
14	Information technology	3,808.	3,064.	504.	240.
15	Royalties.	3,3331	3,0011	0011	
16	Occupancy	26,822.	15,237.	5,658.	5,927.
17	Travel	300.	300.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20.	20.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,595.		2,595.	
23	Insurance	4,258.	3,272.	761.	225.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	MERCHANT FEES	4,710.	2,560.	304.	1,846.
ŀ	SUPPLIES	4,156.	3,566.	519.	71.
	Printing and Publications	1,740.	509.	159.	1,072.
	ORGANIZATIONAL SUPPORT	1,027.	349.	625.	53.
6	All other expenses	1,532.	730.	291.	511.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	428,568.	298,261.	70,943.	59,364.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

_		Check if Schedule O contains a response or note to	o any Iir	e in this Part X	<u></u>	<u></u>		
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash — non-interest-bearing			588,044.	1	567,916.	
	2	Savings and temporary cash investments			3,176.	2	3,176.	
	3	Pledges and grants receivable, net			4,768.	3	10,111.	
	4	Accounts receivable, net				4		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ner office I contrib	er, director, utor, or 35%		5		
	•			_		3		
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6		
	_	Notes and loans receivable, net				7		
'n	7	•		<u> </u>				
et	8	Inventories for sale or use		<u> </u>		8	0.010	
Assets	9	Prepaid expenses and deferred charges	1 1			9	2,913.	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		23,493.				
	b	Less: accumulated depreciation		9,946.	14,423.	10 c	13,547.	
	11	Investments — publicly traded securities				11		
	12	Investments — other securities. See Part IV, line 11				12		
	13	Investments — program-related. See Part IV, line 11.		<u> </u>		13		
	14	Intangible assets	-		14			
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equal line	33)		610,411.	16	597,663.	
	17	Accounts payable and accrued expenses			18,541.	17	20,395.	
	18	Grants payable				18		
	19	Deferred revenue		_	81,764.	19	53,814.	
	20	Tax-exempt bond liabilities		_		20		
ies	21	Escrow or custodial account liability. Complete Part				21		
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, dir utor, or i rsons	rector, trustee, 35%		22		
コ	23	Secured mortgages and notes payable to unrelated the		_		23		
	24	Unsecured notes and loans payable to unrelated third		_		24		
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25		
	26	Total liabilities. Add lines 17 through 25			100,305.	26	74,209.	
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	<b>₽</b> ►				·	
ılar	27	Net assets without donor restrictions				27		
Ba	28	Net assets with donor restrictions				28		
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	► X				
ō	29	Capital stock or trust principal, or current funds			29			
sts	30		d-in or capital surplus, or land, building, or equipment fund					
SSE	31	Retained earnings, endowment, accumulated income			510,106.	30 31	523,454.	
t A	32	Total net assets or fund balances			510,106.	32	523,454.	
Ne	33	Total liabilities and net assets/fund balances		_	610,411.	33	597,663.	
DΛ				10/07/20	U10/111.		Farm 000 (2020)	

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	41,	757.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42	28,	568.
3	Revenue less expenses. Subtract line 2 from line 1	3			189.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			106.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O	9			159.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	_			
_	column (B)) 10	)	52	23,4	<u> 154.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				. X
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:    X   Separate basis	on a			
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  See Schedule O				
3	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
3AA	A TEEA0112L 10/19/20		Form	990	(2020)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

vame	or the	eorganization					Employer identific	auon number
PAS	SSI	ONIST EARTH & SPIRI	T CENTER, INC	•			26-296271	.5
Pai	tΙ	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instru	ctions.
The	orga	nization is not a private found	lation because it is: (	For lines 1 through 12,	check o	nly one	box.)	
1		A church, convention of church					i).	
2		A school described in <b>section 1</b>	<b>70(b)(1)(A)(ii).</b> (Attach	Schedule E (Form 990 or	990-EZ	).)		
3		A hospital or a cooperative h	ospital service organi	ization described in sec	tion 170	)(b)(1)(A	N)(iii).	
4		A medical research organizar name, city, and state:	tion operated in conju	unction with a hospital o	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii). E	Enter the hospital's
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit d	escribed in
6		A federal, state, or local gove	ernment or governme	ntal unit described in <b>s</b>	ection 1	<b>70(b)</b> (1)	(A)(v).	
7	Ш	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from the general pu	blic described
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)			
9		An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege
		or university or a non-land-gran						
		university:						
10	X	An organization that normally from activities related to its a investment income and unred June 30, 1975. See section 5	exempt functions, sub lated business taxable	ject to certain exception en income (less section	ns; and	(2) no r	nore than 33-1/3% of i	ts support from gross
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).	
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in <b>section 509(a)(1)</b> d	r sectio	n 509(a)	)(2). See section 509(a	ut the purposes of one a)(3). Check the box in
á	ı 🗌	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d. or controlled by its sur	ported a	rganizati	ion(s), typically by giving	g the supported ion. <b>You must</b>
ŀ	) [	Type II. A supporting organiz management of the supporting must complete Part IV. Sections A.	ation supervised or conganization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or tion(s). <b>You</b>
(	: 🗌	Type III functionally integrated organization(s) (see instruction		ion operated in connection	n with, a	nd functio	onally integrated with, its	supported
(	<u> </u>	Type III non-functionally integrated. The distribution of the control of the cont	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(s	) that is not
•	· 🗆	instructions). <b>You must com</b> Check this box if the organiz	plete Part IV, Section	s A and D, and Part V.	·			•
		integrated, or Type III non-fu	nctionally integrated:	supporting organizatior	١.			Tanetionally
		ovide the following information	3					
	,	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	organizat		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				above (see instructions))	in your g docur			
					Yes	No		
(A)								
. ,								
(B)								
(C)								
(D)								
(E)								
<u>-)</u>								
<b>-</b>								

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		, μ		,		
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	20 (line 6, colum	n (f), divided by I	ine 11, column (f)	)	14	%
15	Public support percentage from	2019 Schedule A,	Part II, line 14.			15	%
16a	<b>33-1/3% support test—2020.</b> If t and <b>stop here.</b> The organization	ne organization d qualifies as a pu	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	e organization di qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	ind-circumstance:	s test, check this I	box and stop here	e. Explain in Part V	/I how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the facts-a	ind-circumstance:	s test, check this I	box and stop here	e. Explain in Part V	/I how the
18	Private foundation. If the organia	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	tructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	130,786.	136,970.	220,891.	269,435.	309,089.	1,067,171.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	277,847.	262,832.	269,419.	242,587.	131,512.	1,184,197.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	211,041.	202,032.	203, 413.	242,307.	131,312.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	408,633.	399,802.	490,310.	512,022.	440,601.	2,251,368.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	<b>Public support.</b> (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	2,251,368.
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
	Amounts from line 6	408,633.	399,802.	490,310.	512,022.	440,601.	2,251,368.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	850.	1,865.	2,418.	3,162.	586.	8,881.
	acquired after June 30, 1975						0.
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	850.	1,865.	2,418.	3,162.	586.	8,881.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	409,483.	401,667.	492,728.		441,187.	2,260,249.
	First 5 years. If the Form 990 is organization, check this box and	stop here		inira, iourin, or ii	itti tax year as a s	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•					99.61 %
	Public support percentage from 2					16	99.63 %
	tion D. Computation of Inv						
	Investment income percentage for	•		-			0.39 %
	Investment income percentage fi						0.37 %
	<b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	orted organization	ı ► <u>X</u>
	<b>33-1/3% support tests—2019.</b> If t line 18 is not more than 33-1/3%	, check this box a	nd <b>stop here.</b> The	e organization qua	alifies as a publicl	y supported orga	nization ►
20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, cl	neck this box and	see instructions.	· · · · · · · · · · · · · · · · · · ·

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9а	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?			
č	the g	son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, overning body of a supported organization?	11a		
ŀ	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion l	B. Type I Supporting Organizations			
_	D: 1 II			Yes	No
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one core supported organizations have the power to regularly appoint or elect at least a majority of the organization's ters, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers to get the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	or ea	ich of the organization's supported organization(s)? If No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion l	D. All Type III Supporting Organizations	•		
		217th Type in Supporting Significations		Yes	No
1	orgar	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar the o	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how</i> organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	一	The organization satisfied the victivities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
_	H			4:	- >
(	: [	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	INSTR	ıctıons	5).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
á	suppo orgai	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
ŀ	more	the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities			
		or the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
á		he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
ŀ		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (	Form 990 or 99	90-EZ) 2020	PASSIONIST	EARTH	ኤ	SPTRTT	CENTER	TNC
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Page 6

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in t complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(	I Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors     (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization
BAA			Schedule A (F	orm 990 or 990-EZ) 202

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
<b>b</b> Excess from 2017			
c Excess from 2018			
<b>d</b> Excess from 2019			
e Excess from 2020			
DAA		Calaadala A /Fa	000 000 EZ\ 000

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

PAS	SIONIST EARTH & SPIRIT CENTER, INC.	26-2962715
Pai	+ I Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	5.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in dor are the organization's property, subject to the organization's exclusive legal control?	nor advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes in the private benefit?	s can be used only burpose conferring Yes No
Pai	t II Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation	n of a historically important land area
	Protection of natural habitat Preservatio	n of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conservation easement on the
	last day of the tax year.	
	Tabel combined and accomplished accomplish	Held at the End of the Tax Year
	Total number of conservation easements.	
	Total acreage restricted by conservation easements.	
	: Number of conservation easements on a certified historic structure included in (a)	
(	Number of conservation easements included in (c) acquired after 7/25/06, and not on a histori structure listed in the National Register.	c   2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	
3	tax year	o organization during the
4	Number of states where property subject to conservation easement is located •	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	dling of violations,
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con <b>&gt;</b>	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva  ▶\$	ation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that deconservation easements.	expense statement and balance sheet, and escribes the organization's accounting for
Paı	till Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line 8	Other Similar Assets. 8.
1 8	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII the text of the footnote to its financial statements that describes these items.	tement and balance sheet works of art, furtherance of public service, provide in
I	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	ance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1.	·
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under FASB ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1.	
- 1	Assets included in Form 990, Part X	▶\$

Part III Organizations Maintai	illing Colle	CUOIIS OF ALL	, mistoric	ai ireasures, or	Other Sillillar ASS	ets (COITUI	iueu)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other records,	,	· ·	ke significant use of its	collection	
<b>a</b> Public exhibition		d	Loan or e	xchange program			
<b>b</b> Scholarly research		e	Other				
c Preservation for future generation	ations	<u></u>	_				
4 Provide a description of the organiz Part XIII.	ation's collect	ions and explain I	now they furt	ther the organization's	exempt purpose in		
5 During the year, did the organizato be sold to raise funds rather the	nan to be ma	intained as part	of the orgar	nization's collection?		Yes	No
Part IV Escrow and Custodial line 9, or reported an a	<b>l Arrangen</b> amount on	<b>nents.</b> Comple Form 990, P	ete if the art X, line	organization ans e 21.	wered 'Yes' on Fo	m 990, P	art IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other intern	nediary for	contributions or other	r assets not included	Yes	□No
<b>b</b> If 'Yes,' explain the arrangement							□
<b>2</b>			, ronorning c			Amount	
<b>c</b> Beginning balance						- unounc	
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an a						Vac	- No
_					- L	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check here ii the	e explanatio	on nas been provided	i on Part XIII		
Dort V   Factor and Founds   0		11			000 D 1\/ 1\-	- 10	
Part V Endowment Funds. C	•	T T					
	(a) Current	year (b)	Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage	e of the curre	nt year end bala	nce (line 1	g, column (a)) held a	s:		
a Board designated or quasi-endowment	ent ►	%					
<b>b</b> Permanent endowment ▶	%						
c Term endowment ►	%						
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100%.					
3a Are there endowment funds not in the organization by:						Yes	No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ited organiza	tions listed as re	quired on S	Schedule R?		3b	
4 Describe in Part XIII the intended	d uses of the	organization's e	ndowment f	unds.		,	
Part VI Land, Buildings, and I Complete if the organi			n Form 9	90 Part IV line	11a See Form 99	) Part X	line 10
Description of property		(a) Cost or other (investmen		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
<b>1 a</b> Land							
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment				23,493.	9,946.	1	3,547.
e Other							
Total. Add lines 1a through 1e. (Colum	ın (d) must ed	qual Form 990, F	Part $X$ , $columns$	mn (B), line 10c.)		1	3,547.
BAA					Schedi	ıle D (Form 9	

Schedule D (Form 990) 2020

Part VII Investments – Other Securities.	l'Voc' on Form 000	N/A	00 Part V line 12
Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
(1) Financial derivatives	(B) Book value	(c) method of variation, cost of ond of	your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •	-		
Part VIII Investments - Program Related.	LIVI F 00/	N/A	00 David V. Francis
Complete if the organization answered  (a) Description of investment		J, Part IV, line TTC. See Form 9 (c) Method of valuation: Cost or end-	90, Part X, line 13.
	(b) Book value	(c) Method of Valuation: Cost of end-	or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	-		
Part IX Other Assets.	N/A		
Complete if the organization answered		0, Part IV, line 11d. See Form 9	
	escription		<b>(b)</b> Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	'D' ' 15'		
Total. (Column (b) must equal Form 990, Part X, column (	B) line 15.)	······	
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
	ription of liability	70 01 111. 000 101111 330, 1 art X, 11110 23.	(b) Book value
(1) Federal income taxes	iparen er naemeg		(2) 2001. 10.00
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
(11)			
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)		<b>▶</b> !	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.) 2d	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
	,
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	,
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1
	T
1 Total expenses and losses per audited financial statements	T T
<ul> <li>1 Total expenses and losses per audited financial statements</li> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ul>	T
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c	T T
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	T T
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	T T
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1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e
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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2020

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-F7

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization

PASSIONIST EARTH & SPIRIT CENTER, INC.

Employer identification number
26-2962715

### Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 governing body review (Part VI, line 11). The officers of the organization review the Form 990 prior to its issuance.

### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Conflict of interest policy compliance (Part VI, line 12(c)). Management regularly and consistently monitors conflict of interest through inquiries at Board meetings.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, etc. available to public (Part VI, line 19). Documents made available to the public upon request.

### Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B) Program	(C) Management	(D) Fund-
		Total	Services	& General	raising
CONTRACT LABOR		53,443.	49,341.	3,923.	179.
	Total \$	53,443.	\$ 49,341.	\$ 3,923.	179.

### Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

INCOME CORRECTION	\$ 159.
Total	\$ 159.

### Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

Financial statement review (PartXII, line 2(c)). The finance committee oversees the financial statement review by a CPA firm.