Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

<u>A</u>	For the 2	the 2019 calendar year, or tax year beginning		, 2019, and ending		, 20				
В	Check if ap	plicable:	C Name of organization		D Emplo	yer identificati	on number			
	Address change		SOLO PARENT SOCIETY		82-	82-1112575				
	Name chan	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph	one number				
	Initial return	n /-								
	Final return	/terminated	321 INWOOD WAY		(61	5)479-330	0			
	Amended return					p Exemption				
	Application	on pending FRANKLIN, TN 37064 Number								
G	Accounti	ing Method:	X Cash		1 Check ►	if the orga	nization is not			
ı	Website	: ► SOLO	PARENTSOCIETY.COM		required to	attach Schedu	le B			
J	Tax-exe	mpt status (check only one) - 🗵 501(c)(3) 🔲 501(c)() ◀ (insert no.) 🔲 4	947(a)(1) or 527	(Form 990,	990-EZ, or 99	0-PF).			
				Other						
			b to line 9 to determine gross receipts. If gross receipts are \$200		al assets					
						. ▶ \$	170,722			
	art I	the same of the sa	e, Expenses, and Changes in Net Assets or Fund							
			he organization used Schedule O to respond to any quest	A0330006 V000	100		X			
	1		s, gifts, grants, and similar amounts received			1	168,292			
	2		vice revenue including government fees and contracts			2	100,232			
	3		dues and assessments			3				
	4		ncome	DOTECTOR VOLUMENTA VOLUMENTA		4				
	5a		nt from sale of assets other than inventory	ACCESSED ACCESSED. ** ** ** ** ** ** ** ** ** ** ** ** **						
			857 (100 CO)	VALUE CONTRACT TO THE PARTY OF	1 000					
	1	b Less: cost or other basis and sales expenses					/1 000			
	1 -		fundraising events:	e 5a)		5c	(1,989)			
	6		,							
Ð	а	a Gross income from gaming (attach Schedule G if greater than \$15,000)								
Revenue										
eve	D		e from fundraising events (not including \$	of contributions						
Œ			sing events reported on line 1) (attach Schedule G if the	l a. l		Card				
			gross income and contributions exceeds \$15,000)							
	1		expenses from gaming and fundraising events							
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b							
	_	-		1 1	• • • •	6d	:			
	1		of inventory, less returns and allowances		2,425					
	1		goods sold	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NA		The state of the s				
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	2,425			
	8		e (describe in Schedule O)			8	5			
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	168,733			
	10		imilar amounts paid (list in Schedule O)			10				
	11		to or for members			11				
Ś	12		er compensation, and employee benefits			12	95,832			
Expenses	13		fees and other payments to independent contractors			13	13,968			
œ.	14		rent, utilities, and maintenance			14				
Щ	15	• .	ications, postage, and shipping			15	697			
	16		ses (describe in Schedule O)			16	34,434			
	17		ses. Add lines 10 through 16			17	144,931			
	18		eficit) for the year (Subtract line 17 from line 9)			18	23,802			
Sets	19		r fund balances at beginning of year (from line 27, column (A)) (mu	-						
Ass	1	end-of-year f	igure reported on prior year's return)			19	24,956			
Net Assets	20	Other change	es in net assets or fund balances (explain in Schedule O)			20	354			
	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20			21	49,112			

	m 990-EZ (2019) SOLO PARENT SOCIETY			82-1	1125	75 Page 2
Pa	art II Balance Sheets (see the instructions for Pa	•				_
	Check if the organization used Schedule O	to respond to any qu	estion in this Part II			<u>x</u>
				(A) Beginning of year		(B) End of year
	Cash, savings, and investments		_	24,956	22	66,213
	Land and buildings		• • • • • • • • •	0	23	
	Other assets (describe in Schedule O)		• • • • • • • • •	0	24	3,049
	Total assets		• • • • • • • • •	24,956	25	69,262
	Total liabilities (describe in Schedule O)		}	0	26	20,150
	Net assets or fund balances (line 27 of column (B) must			24,956	27	49,112
P	art III Statement of Program Service Accompli	•				Expenses
	Check if the organization used Schedule O				(Requ	ired for section
Wh	at is the organization's primary exempt purpose? HELPIN	SINGLE PARENTS	RAISE HEALTHY	KIDS	501(c)	(3) and 501(c)(4)
	scribe the organization's program service accomplishments f				organi	izations; optional for
as ı	measured by expenses. In a clear and concise manner, desc	ribe the services provid	ed, the number of		others	3.)
	sons benefited, and other relevant information for each progr					
28	MINISTERING TO THE NEEDS OF SINGLE PAR		LNG			
	SUPPORT GROUPS RESOURCES VIA FREE PODO	CASTS				
	(Grants \$ 1,000) If this amo		mta abaalabaaa		000	42.000
20		ount includes foreign gra	ints, check here	• · · · · • L	28a	42,000
23	GROUP RESOURCES AND EXPANSION INTO 18	STATES				
	(Grants \$) If this amo	ount includes foreign gra	inte check here		29a	18,500
30	(Charles 4) II this arm	ount includes loreign gra	inis, check here	▶ ⊔	29a	18,500
00						
	(Grants \$) If this amo	ount includes foreign gra	ents check here	▶ □	30a	
31	Other program services (describe in Schedule O)	VACATO.	VOLUMENTS. TORONSA NO	1000	000	
• •						
	,	ASSESSED.	AN ************************************	· · · · · · · · ·	31a	
32	(Grants \$) If this am	ount includes foreign gra	ants, check here		31a 32	60,500
	(Grants \$) If this am Total program service expenses (add lines 28a through	ount includes foreign gra	ants, check here		32	60,500 s for Part IV)
	(Grants \$) If this amount of the service expenses (add lines 28a through art IV List of Officers, Directors, Trustees, and Key	ount includes foreign gra 31a) Employees (list each	ants, check here	nsated - see the instr	32 uction	s for Part IV)
	(Grants \$) If this am Total program service expenses (add lines 28a through	ount includes foreign gra 31a) Employees (list each a spond to any question in	ants, check here		32 uction	s for Part IV)
	(Grants \$) If this amount of the service expenses (add lines 28a through art IV List of Officers, Directors, Trustees, and Key	ount includes foreign gra 31a) Employees (list each	one even if not compethis Part IV (e) Reportable compensation	nsated - see the instr	32 uctions	s for Part IV)
	Total program service expenses (add lines 28a through art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res	ount includes foreign gra 31a) Employees (list each of spond to any question in (b) Average	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC)	nsated - see the instr (d) Health benefits, contributions to employed benefit plans, and	32 uctions	s for Part IV)
Pá	Total program service expenses (add lines 28a through art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res	ount includes foreign gra 31a) Employees (list each of spond to any question in (b) Average hours per week	one even if not compethis Part IV (e) Reportable compensation	nsated - see the instr	32 uctions	s for Part IV)
Pá	Grants \$) If this amount of the control of the con	ount includes foreign gra 31a) Employees (list each of spond to any question in (b) Average hours per week	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	nsated - see the instr (d) Health benefits, contributions to employed benefit plans, and	32 uctions	s for Part IV)
ROI	Grants \$) If this amount of the control of the con	ount includes foreign gra 31a) Employees (list each of spond to any question in hours per week devoted to position	contents, check here this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-) STMA01	nsated - see the instr (d) Health benefits, contributions to employed benefit plans, and deferred compensation	32 uctions	s for Part IV) Estimated amount of other compensation
ROI	Grants \$) If this and Total program service expenses (add lines 28a through art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to result (a) Name and title BERT BEESON O VID FARMER	ount includes foreign gra 31a) Employees (list each of spond to any question in hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not pald, enter-0-) (If not pald, enter-0-)	nsated - see the instr (d) Health benefits, contributions to employed benefit plans, and deferred compensation	32 uctions	s for Part IV) Estimated amount of other compensation
ROI CEC DAY	Grants \$) If this and Total program service expenses (add lines 28a through art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to result (a) Name and title BERT BEESON O VID FARMER	Support includes foreign grading and all all all all all all all all all al	contents, check here cone even if not compethis Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-) STMA01 0 STMA02	nsated - see the instr (d) Health benefits, contributions to employed benefit plans, and deferred compensation	32 uctions	s for Part IV) Estimated amount of other compensation
ROI CEC	Grants \$) If this amount of the control of the con	Support includes foreign grading and all all all all all all all all all al	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-) STMA01 0 STMA02	nsated - see the instr (d) Health benefits, contributions to employed benefit plans, and deferred compensation	32 uctions	s for Part IV) Estimated amount of other compensation
ROI CEC	Grants \$) If this amount of the control of the con	ount includes foreign gra 31a) Employees (list each of spond to any question in (b) Average hours per week devoted to position 60.00	contents, check here cone even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-) STMA01 OSTMA02 OSTMA03	nsated - see the instr (d) Health benefits, contributions to employed benefit plans, and deferred compensation	32 uctions	s for Part IV) Estimated amount of other compensation
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ROI CEC	Grants \$) If this amount of the control of the con	ount includes foreign gra 31a) Employees (list each of spond to any question in (b) Average hours per week devoted to position 60.00	contents, check here cone even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-) STMA01 OSTMA02 OSTMA03	nsated - see the instr (d) Health benefits, contributions to employed benefit plans, and deferred compensation	32 uctions	s for Part IV) Estimated amount of other compensation

82-1112575

Pai	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		x
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	in-		
	section 4911 ▶; section 4912 ▶; section 4955 ▶	l'		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	9		145
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part. I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization	Jan Aryan		1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	Little 18		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► ROBERT Telephone no. ► 615-4		300	
L	Located at ► BEESON, FRANKLIN, TN ZIP + 4 ► 37064 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	·	Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No
	If "Yes," enter the name of the foreign country	420		1
	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and	-		
	Financial Accounts (FBAR).			
С	the state of the s	42c		
·	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			Г
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			1
	completed instead of Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	The same of the same of	x
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		10	
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			J. Maria
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	No.		1.17
	Form 000-F7 See instructions	45h	I	

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition							111.00		- C	
		idates for public office? If "Yes," complete S						<u> </u>	46		х
Par		Section 501(c)(3) Organizations								_	
		All section 501(c)(3) organizations	must answer questi	ons 47 - 4	9b and 52	, and co	mplete the	table	es for l	ines	
		50 and 51.									_
		Check if the organization used Sch	nedule O to respond	to any qu	estion in th	is Part	VI	• • •	• • • •	• •	\sqcup
										Yes	No
47		organization engage in lobbying activities of									
		"Yes," complete Schedule C, Part II							47		X
48		rganization a school as described in section							48		X
49a		organization make any transfers to an exen	•	_					49a		X
b		was the related organization a section 527	-					• •	49b	-	
50	-	te this table for the organization's five highes	•	-			-				
	employe	ees) who each received more than \$100,000	U of compensation from the	e organizatio	on. If there is						
		GN Name and Mile of analysis and asset	(b) Average		contribut		ealth benefits, tions to employee (e)) Estimated amount of		
		(a) Name and title of each employee	hours per week devoted to position		ensation /1099-MISC)		s, and deferred pensation	d other o		pensat	ion
-			devoted to position	(1 011113 44-2	71039-141130)	Com		 			
NONE	7										
MOM						AND					
						D. VA					
-				4			\				
			-1022-				N. S.				
-		**			CONTRACTOR OF THE PARTY OF THE						
-						400					
f		umber of other employees paid over \$100,0	400			4800					
51		te this table for the organization's five highes	65150 CONTROL 605000	SDA ASSESSA	rs who each r	eceived n	ore than				
_	\$100,00	00 of compensation from the organization. It	there is none, enter "Non	e."			T				
	(a)	Name and business address of each independent contra	actor	(b)	Type of service		(6	:) Com	pensation		
							+				
NONE	2										
	-										
		A SELECTION OF THE SELE									
				,							
		imber of other independent contractors eac									1
52		organization complete Schedule A? Note:						<u> </u>	١		
		ed Schedule A						<u> </u>			No
	-	of perjury, I declare that I have examined this ref d complete. Declaration of preparer (other than of						age ar	na bellet	It IS	
true, c	orrect, an	1	onicer) is based on an informa	IIION OF WHICH	preparer rias ar	iy Kriowiedi	je.				
Sigr	ROBERT BEESON Signature of officer Date										
Here	1	ROBERT BEESON, PRESIDENT									
		Type or print name and title									
		1 / 2	Preparer's signature		Date		Check if	PTIN	N		
Paid	i	Deirdre Slack			11-16-202	20	self-employed	PO	07312	21	
	parer	Firm's name Couch & Russell	Financial Group				EIN ►			·-	
-	Only										
		Burleson TX 7602				Phon	e no. 817-	295-	-2236		
May	the IRS	discuss this return with the preparer shown a	above? See instructions					► X	Yes		No
EEA								F	orm 99	0-EZ	(2019