FOR TAX YEAR 2021

BETTER OPTIONSTN

J&R ACCOUNTING AND TAX SERVICES INC

400 DOWNS BLVD SUITE 140

Franklin, TN 37064

(615)721-5151

	000	E7
Form	990·	٠CZ

Short Form

OMB No. 1545-0047 2021

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Return of Organization	n Exempt From Inc	ome Tax
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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.

Open to Public Inenection

	ent of the Tre Revenue Ser		Go to www.irs.gov/Form990EZ for instructions and the latest	informatio	n.		inspection
			r year, or tax year beginning , 2021, and ending]			, 20
B Chec	ck if applicab	ole:	C Name of organization	D	Employ	er ident	ification number
	ess change		BETTER OPTIONSTN	1	81-	548268	36
	e change	1	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te E		one numb	
	il return						
	l return/termi	inated	1338 W MAIN STREET		(61	5) 424-	-0045
Ē	nded return	lated	City or town, state or province, country, and ZIP or foreign postal code	F		Exemptio	
=			Franklin, TN 37064		Numbe		
	ication pendi counting N		X Cash Accrual Other (specify) ►	H Che			organization is not
	bsite:	Nethou.		1			chedule B
		status (c)	neck only one) - 🕱 501(c)(3) 🗌 501(c)() ◄ (insert no.) 🗌 4947(a)(1) or 🗌 52				
				27] (FO	rm 990).		
	•		Corporation Trust Association Other				
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if				
			500,000 or more, file Form 990 instead of Form 990-EZ				25,298
Part			e, Expenses, and Changes in Net Assets or Fund Balances (s				
			he organization used Schedule O to respond to any question in this Par				· · · · X
			, gifts, grants, and similar amounts received			1	25,298
2.9			rice revenue including government fees and contracts			2	
			dues and assessments • • • • • • • • • • • • • • • • • • •			3	
	4 Inve	estment ir	.come		•••	4	
	5a Gro	oss amour	t from sale of assets other than inventory				
	b Les	s: cost or	other basis and sales expenses				
	c Gai	in or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		'	5c	An an a Maria I. An Anna
	6 Gar	ming and	fundraising events:				 S. S. Son ender spectral methods are service in the service of the s
	a Gro	oss incom	e from gaming (attach Schedule G if greater than			10.8	
e	\$15	5,000) •					
Revenue	b Gro	oss incom	e from fundraising events (not including \$ of contribution	ns		$\frac{1}{T} = \frac{1}{2} e^{-\frac{1}{2}} e^{-\frac{1}{2}$	
Re	from	n fundrais	ing events reported on line 1) (attach Schedule G if the			1. I.	
	sum	n of such	gross income and contributions exceeds \$15,000) 6b		()		
	c Les	s: direct e	expenses from gaming and fundraising events		1		
			r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	-		1.00	
						6d	
			of inventory, less returns and allowances				a surger while address of the second second
2.5			goods sold		-		
			or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
			e (describe in Schedule O)			8	
			e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	25,298
			imilar amounts paid (list in Schedule O).			10	
			to or for members			11	15,762
			er compensation, and employee benefits			12	
es			fees and other payments to independent contractors			13	
Ë			ent, utilities, and maintenance				1,122
xb						14	12,438
100			ications, postage, and shipping			15	
			es (describe in Schedule O)			16	4,018
			ses. Add lines 10 through 16			17	33,340
			eficit) for the year (subtract line 17 from line 9)	• • • • • •	•••	18	(8,042
set			fund balances at beginning of year (from line 27, column (A)) (must agree with				
As			gure reported on prior year's return) • • • • • • • • • • • • • • • • • • •			19	9,609
Net Assets	20 Oth	er change	es in net assets or fund balances (explain in Schedule O)		• • •	20	
F	21 Net	assets o	fund balances at end of year. Combine lines 18 through 20 · · · · · · · · · ·		• • •	21	1,567
For Pa	perwork	Reductio	on Act Notice, see the separate instructions.				Form 990-EZ (2021)

Form 990-EZ (2021) BETTER OPTIONSTN	and the second		81-5	4826	86 Page 2
Part II Balance Sheets (see the instructions for Part	,				_
Check if the organization used Schedule O t	to respond to any qu	estion in this Part II			• • • • • • • • • • • • • • • •
		E E	A) Beginning of year	1.	(B) End of year
22 Cash, savings, and investments		_	9,609	22	1,567
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)		•••••	0	24	0
25 Total assets		••••••••	9,609	25	1,567
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must ag			9,609	27	1,567
Part III Statement of Program Service Accompli			·		Expenses
Check if the organization used Schedule O				(Requ	ired for section
What is the organization's primary exempt purpose? Education	ional and mento	ring		501(c)	(3) and 501(c)(4)
Describe the organization's program service accomplishments fo as measured by expenses. In a clear and concise manner, descr persons benefited, and other relevant information for each progra	ibe the services provide			organi others	izations; optional for
· · · · · · · · · · · · · · · · · · ·			an a arrest to the	a	1
28 Education and mentoring				·	
(Grants \$) If this amo	ount includes foreign gra	ints, check here		28a	15,762
29	built includes loreign gra			204	15,762
			17 - 2 - 14 - 14 - 14 - 14 - 14 - 14 - 14		
(Grants \$) If this amo	ount includes foreign gra	inte check hore	N .	29a	
30	Juni includes loreign gra	inits, check here		LJa	*
	AS.				
	100			1.00	
(Grants \$) If this amo	ount includes foreign gra	ints check here		30a	
		S reatings		Jua	1 · · · · ·
	ount includes foreign gra			31a	
32 Total program service expenses (add lines 28a through 31				32	15,762
Part IV List of Officers, Directors, Trustees, and Key E	10				
Check if the organization used Schedule O to res	1282				
ne v gent o gent o de la composition de					
(a) Name and title	(h) Augraga	(c) Reportable	(d) Health benefits,	1	
A	(b) Average hours per week	compensation	(d) Health benefits, contributions to employed) Estimated amount of
a service and the service of the ser		compensation (Forms W-2/1099-MISC/	(d) Health benefits, contributions to employed benefit plans, and		
	hours per week	compensation	(d) Health benefits, contributions to employed) Estimated amount of
LUIS SURA	hours per week	compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employed benefit plans, and) Estimated amount of
LUIS SURA PRESIDENT	hours per week	compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employed benefit plans, and	e (e) Estimated amount of
PRESIDENT	hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	e (e) Estimated amount of other compensation
PRESIDENT MERVYN SHEPPARD	hours per week devoted to position 40.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	e (e) Estimated amount of other compensation
LUIS SURA PRESIDENT MERVYN SHEPPARD SECRETARY	hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	e (e) Estimated amount of other compensation
PRESIDENT MERVYN SHEPPARD	hours per week devoted to position 40.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	e (e) Estimated amount of other compensation
PRESIDENT MERVYN SHEPPARD	hours per week devoted to position 40.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	e (e) Estimated amount of other compensation
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PRESIDENT MERVYN SHEPPARD	hours per week devoted to position 40.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	e (e) Estimated amount of other compensation

Form 990-EZ (2021)

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13		11.14	111	L T .	11.1		11. V.)	1.1.1	L Marco		1.5	7.54	1211	(USA	7994	181	. 71	ur	W 1.4		1.27	0.52	1.21	1	$K \leq 1$	2.97		12.25	1194	750	1. 1.	20.2	22.A.S.	1.52	TS^{-1}	2.23	2.86	1.1	2.20	4.10	(x,y)	14.41	<133	1111	11.15	AT .A	1000	2222	5Y.
1.1	a U	18.6	月入り	- 10-3	U.U	w.	1014	124	1. 1. 1	11.3	. UN	u sat	12.60	1.50	36	47.2	(MA)	de la	3.72°	11	1.2	N. AR	r_{i}	151	Mr.S.	4.37	63.4	ter i	~~ J	ロットゥニ	104	10.5	F 46	1.10		68.8	1.5	100	21	41.4	2.11	いいい	1.1	1915	19.92	Sort	N7 & ST	148 2	
45	5.34	10.0	1.00	cest.	C. N. 1	NT KG	8-20	11.2	16:53	~~	2.6-1	a.	Y. 1	12.5	100	えやり	12.2	1929	5 C G	in star	14.6	29	1200	104	24/31	18.43	Sec.	179	1. Sec. 14	A. 19. 18	81.2	1.20	13.0	576	12.2	21.1	1.1.1		T 7.5	2.87	· · · ·			1212	10.50	5	1997 - P	Core is	1.14

	BETTER OPTIONSTN 81-5482 rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the	586	F	Page 3
1	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			· 🗋
		1.175.W 1.175.W	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	a	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 O	35b	1 - 1 1 - 1	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1.00		- K.
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
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		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	S. Santa		1. 1924
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	1 State	-	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	Same	(8) (0) (8)	
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	al and a	×	
	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:	Auger	a state	
	section 4911 ; section 4912 ; section 4955 ;		daa.	
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	all the second	20 Sugar	14.148.24
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	401		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	en e	X
С	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,			
A	4955, and 4958	dial.	1 - 1923 - 1 2	1
u	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	and the second	lan in	
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		See. 19	
e	transaction? If "Yes," complete Form 8886-T	40e	Beaster	v
41	List the states with which a copy of this return is filed TN	400		X
	The organization's books are in care of MERVYN SHEPPARD Telephone no. 615-4	24-0	045	
72 0	Located at ▶ 1338 W MAIN STREET, Franklin, TN ZIP+4 ▶ 37064		045	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		x
	If "Yes," enter the name of the foreign country	8	1.00	-
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1000 1 10		
	Financial Accounts (FBAR).		-3.3.	1
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	astrona a	x
	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			
	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			
	completed instead of Form 990-EZ	44a	Sector	x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		1	
	completed instead of Form 990-EZ	44b		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	Sec.		
-	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d	005	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1.1		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	Se Star		
	Form 990-EZ. See instructions	45b	an a	х

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Form 990-EZ (2	021) BETTER OPTIONSI	'N		Q1_	5482686		Page 4
2 0111 330-EL (2	BEITER OFTIONSI	•1		-10	3402000	Yes	No
	e organization engage, directly or indirectly, in					1	
Part VI	didates for public office? If "Yes," complete S Section 501(c)(3) Organizations				46		X
. art ti	All section 501(c)(3) organizations 50 and 51.		ions 47 - 49b and 5	2, and complete the	e tables fo	r line:	S
	Check if the organization used Sc	hedule O to respond	to any question in	this Part VI			· 🗌
						Yes	No
	e organization engage in lobbying activities of				×		
	If "Yes," complete Schedule C, Part II						x
	organization a school as described in section					 	X
	e organization make any transfers to an exen ," was the related organization a section 527		•			+	X
	lete this table for the organization's five highe				430		4
	yees) who each received more than \$100,00						
		· · · · · · · · · · · · · · · · · · ·	(c) Reportable	(d) Health benefits,	7		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC)	contributions to employee benefit plans, and deferred compensation	(e) Estimate other co	ed amou ompensat	
NONE							
						1	
	· · · · · · · · · · · · · · · · · · ·				* 	er saar	-
		k m S					
				÷			
51 Comple	umber of other employees paid over \$100,00 ete this table for the organization's five highe 100 of compensation from the organization.	st compensated independe		n received more than			
(a) Name and business address of each independent contra	ictor	(b) Type of servic	e	(c) Compensatio	n	
NONE							
	2						
			Robertson and Calendary				
- Las Cr. S. C.			4 c annual sector de de co Recentario de construction de const			- 100 M	2.0
		 Source of the second sec	n - La presenta de Santa en la Cala de La Cala Ministra de Cala de Cala de Cala de Cala de Cala de Cala de Cala Nota de Cala de				
d Total	imbor of other independent and the	reactiving over \$100,000					
	umber of other independent contractors each organization complete Schedule A? Note: Al	-			a spectrum		
	ted Schedule A				► X Yes		No
	s of perjury, I declare that I have examined this return						
	d complete. Declaration of preparer (other than of						
	LUIS SURA	et total and the second of the					
Sign Here	Signature of officer LUIS SURA, PRESIDENT			Date			
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN		
Paid	ROBERT DOLL		06-06-20		xxxxxx	XX	
Preparer	Firm's name J&R ACCOUNTING A	ND TAX SERVICES		Firm's EIN	÷		
Use Only	Firm's address > 400 DOWNS BLVD S	SUITE 140					
	Franklin TN 3706				-721-5151		
	discuss this return with the preparer shown al	ove? See instructions			X Yes		No
EA					Form 99	U-EZ (2021)

(Fame 000)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization		Employer identification number
BETTER OPTIONSTN		81-5482686
01. List of grants	and similar amounts paid (Part I, line 10)	
Activity	SCHOOL SUPPLIES FOR UNDERPRIVILEGED CHILD	REN
Grantee	VARIOUS	
Street	VARIOUS	
City, State, Zip	Franklin, TN 37064	
Relationship	NO RELATIONSHIPS	
Amount	15,762	
л. 2- м. – Л.		
02. Description of	other expenses (Part I, line 16)	
Description	Amount	
BANK FEES	32	
LICENSES FEE	67	
CONFERNECE FEE	750	
MEALS AND ENTERTAI	NMENT 174	
REGISTRATION FEES	2,995	
an a		n di n