Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

	0	•		
Under section 501(c), 527, o	r 4947(a)(1) of the Interna	I Revenue Code	(except private	foundations)

Do not enter social security numbers on this form as it may be made public. •

2019

Dep	partment of t	the Treasury	► Do not enter social security numbers on this form as it may be n	•		Open to Public Inspection
	rnal Revenu		► Go to www.irs.gov/Form990EZ for instructions and the latest	information.		20
_			r year, or tax year beginning , 2019, and ending C Name of organization	D Emplo	vor ident	, 20 ification number
	Check if ap		ChooseWell Communities, Inc.	·	-28220	
	Address ch	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite			
	Name chan Initial return	-				
		n/terminated	1700 Rowan Street	(5)	02)550	_ 2522
	Amended r		City or town, state or province, country, and ZIP or foreign postal code	F Group	-	
			Louisville, KY 40203	Numbe	•	<i>и</i> 1
	Application	ing Method:	Cash X Accrual Other (specify) ►		_	e organization is not
	Website	•	choose-well.org	required to		
			check only one) - x 501(c)(3) $501(c)()$ 4947(a)(1) or 527	•		or 990-PF).
			X Corporation Trust Association Other	(10111330	, 550 LZ,	01 330 1 1).
			To to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total assets		
			S500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	142,309
<u> </u>	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se			
•	arti		he organization used Schedule O to respond to any question in this Part I			
	1		s, gifts, grants, and similar amounts received		1	96,609
	2		vice revenue including government fees and contracts.		2	9,100
	3		dues and assessments		3	57100
	4				4	
	-		nt from sale of assets other than inventory			
			other basis and sales expenses		-	
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
			fundraising events:			
		-	e from gaming (attach Schedule G if greater than			
e	-		6a			
Revenue	b		e from fundraising events (not including \$ 430 of contributions		-	
Re			sing events reported on line 1) (attach Schedule G if the			
			gross income and contributions exceeds \$15,000) 6b	36,600		
	c		expenses from gaming and fundraising events 6c	6,026	-	
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	.,	-	
	-		· · · · · · · · · · · · · · · · · · ·		6d	30,574
	7a		of inventory, less returns and allowances			
			goods sold		-	
			or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	•	le (describe in Schedule O)		8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	136,283
	10		imilar amounts paid (list in Schedule O)		10	
	11		I to or for members		11	
	12		er compensation, and employee benefits		12	71,164
Expenses	13		fees and other payments to independent contractors		13	15,402
ben	14	Occupancy,	rent, utilities, and maintenance		14	7,011
Щ	15		lications, postage, and shipping		15	
	16		ses (describe in Schedule O)		16	43,906
	17	•	ses. Add lines 10 through 16		17	137,483
	18		eficit) for the year (Subtract line 17 from line 9)		18	(1,200)
ets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with			· · · · ·
ASS			igure reported on prior year's return)		19	82,539
Net Assets	20	-	es in net assets or fund balances (explain in Schedule O)		20	
2	21	-	r fund balances at end of year. Combine lines 18 through 20		21	81,339
Fo	r Paperw	vork Reduction	on Act Notice, see the separate instructions.			Form 990-EZ (2019)

Form 990-EZ (2019) ChooseWell Communiti			47-2	822	055 Page 2
Part II Balance Sheets (see the instructions for Pa	,				
Check if the organization used Schedule O t	o respond to any qu	estion in this Part II			X
		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			83,147	22	80,776
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			0	24	1,861
25 Total assets			83,147	25	82,637
26 Total liabilities (describe in Schedule O)			608	26	1,298
27 Net assets or fund balances (line 27 of column (B) must	agree with line 21)		82,539	27	81,339
Part III Statement of Program Service Accompli	shments (see the ir	structions for Part I	ll)		Expenses
Check if the organization used Schedule O	to respond to any q	uestion in this Part I	[]	(Pee	quired for section
What is the organization's primary exempt purpose? See Sch	nedule O			· ·	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	or each of its three larg	est program services.			nizations; optional for
as measured by expenses. In a clear and concise manner, desci				othe	
persons benefited, and other relevant information for each progra	am title.			other	15.)
28 See Schedule O					
(Grants \$) If this amo	unt includes foreign gra	ints, check here	<u></u> ▶ □	28a	92,157
29					
(Grants \$) If this amo	unt includes foreign gra	ints, check here	► 🗌	29a	
30					
(Grants \$) If this amo	unt includes foreign gra	ints, check here	►	30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amo	unt includes foreign gra	ints, check here	<u></u> ▶ □	31a	
22 Total program convice expenses (add lines 200 through (210)		•	32	92,157
32 Total program service expenses (add lines 28a through 3	51a)		· · · · · · · · · · ·		52,157
Part IV List of Officers, Directors, Trustees, and Key		one even if not compe	nsated - see the instr	uctio	ns for Part IV)
	Employees (list each	one even if not compe		uctio	ns for Part IV)
Part IV List of Officers, Directors, Trustees, and Key	Employees (list each opond to any question in	this Part IV (c) Reportable	(d) Health benefits,	uctio	ns for Part IV)
Part IV List of Officers, Directors, Trustees, and Key	Employees (list each	this Part IV (c) Reportable compensation	(d) Health benefits, contributions to employe	uctio	(e) Estimated amount of
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res	Employees (list each pond to any question in (b) Average	this Part IV (c) Reportable	(d) Health benefits,	ructio	ns for Part IV)
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res	Employees (list each opond to any question in (b) Average hours per week	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	ructio	(e) Estimated amount of
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title	Employees (list each opond to any question in (b) Average hours per week	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	e ((e) Estimated amount of
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett	Employees (list each opond to any question in (b) Average hours per week devoted to position	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e ((e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director	Employees (list each opond to any question in (b) Average hours per week devoted to position	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e ((e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director Ruth Staten	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e ((e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director Ruth Staten Director	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director Ruth Staten Director Martha Diebold Treasurer/Director Kim Mascaro	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00	Conce even if not competities Part IV	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director Ruth Staten Director Martha Diebold Treasurer/Director	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00	Conce even if not competities Part IV	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director Ruth Staten Director Martha Diebold Treasurer/Director Kim Mascaro	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00	Che even if not competities Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		(e) Estimated amount of other compensation 0 0 0 0
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director Ruth Staten Director Martha Diebold Treasurer/Director Kim Mascaro Secretary/Director Jessica Whitish Director	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00	Che even if not competities Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e ((e) Estimated amount of other compensation 0 0 0 0
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director Ruth Staten Director Martha Diebold Treasurer/Director Kim Mascaro Secretary/Director Jessica Whitish	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	A see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation C	e ((e) Estimated amount of other compensation 0 0 0 0 0 0 0
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director Ruth Staten Director Martha Diebold Treasurer/Director Kim Mascaro Secretary/Director Jessica Whitish Director Marie Dever Chair	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	A see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation C		(e) Estimated amount of other compensation 0 0 0 0 0 0 0
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director Ruth Staten Director Martha Diebold Treasurer/Director Kim Mascaro Secretary/Director Jessica Whitish Director Marie Dever Chair Courtney Wallace	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 5.00 1.00	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	A see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation C	e ((e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director Ruth Staten Director Martha Diebold Treasurer/Director Kim Mascaro Secretary/Director Jessica Whitish Director Marie Dever Chair Courtney Wallace Vice Chair	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 5.00 1.00	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e ((e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Stephanie Barnett Director Ruth Staten Director Martha Diebold Treasurer/Director Kim Mascaro Secretary/Director Jessica Whitish Director Marie Dever Chair Courtney Wallace Vice Chair Joni Tamalonis	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 1.00 1.00	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	A sated - see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation C C C C C C C C C C C C C	e ((e) Estimated amount of other compensation (g)
Part IVList of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res(a) Name and title(a) Name and titleStephanie BarnettDirectorRuth StatenDirectorMartha DieboldTreasurer/DirectorKim MascaroSecretary/DirectorJessica WhitishDirectorMarie DeverChairCourtney WallaceVice ChairJoni TamalonisExecutive Director	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 5.00 1.00	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	A see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation C	e (ns for Part IV)
Part IVList of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res(a) Name and titleStephanie BarnettDirectorRuth StatenDirectorMartha DieboldTreasurer/DirectorKim MascaroSecretary/DirectorJessica WhitishDirectorMarie DeverChairCourtney WallaceVice ChairJoni TamalonisExecutive DirectorKimberly Moore	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 1.00 1.00 40.00	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	A steel - see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (ns for Part IV)
Part IVList of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res(a) Name and titleStephanie BarnettDirectorRuth StatenDirectorMartha DieboldTreasurer/DirectorKim MascaroSecretary/DirectorJessica WhitishDirectorMarie DeverChairCourtney WallaceVice ChairJoni TamalonisExecutive DirectorKimberly MooreDirector	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 1.00 1.00	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	A sated - see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation C C C C C C C C C C C C C	e ((e) Estimated amount of other compensation (g)
Part IVList of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res(a) Name and titleStephanie BarnettDirectorRuth StatenDirectorMartha DieboldTreasurer/DirectorKim MascaroSecretary/DirectorJessica WhitishDirectorMarie DeverChairCourtney WallaceVice ChairJoni TamalonisExecutive DirectorKimberly Moore	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 5.00 1.00 1.00 1.00 1.0	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	A steel - see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation		ns for Part IV)
Part IVList of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res(a) Name and titleStephanie BarnettDirectorRuth StatenDirectorMartha DieboldTreasurer/DirectorKim MascaroSecretary/DirectorJessica WhitishDirectorMarie DeverChairCourtney WallaceVice ChairJoni TamalonisExecutive DirectorKimberly MooreDirector	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 1.00 1.00 40.00	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	A steel - see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation		ns for Part IV)
Part IVList of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res(a) Name and titleStephanie BarnettDirectorRuth StatenDirectorMartha DieboldTreasurer/DirectorKim MascaroSecretary/DirectorJessica WhitishDirectorMarie DeverChairCourtney WallaceVice ChairJoni TamalonisExecutive DirectorKimberly MooreDirector	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 5.00 1.00 1.00 1.00 1.0	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	A steel - see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation		ns for Part IV)
Part IVList of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res(a) Name and titleStephanie BarnettDirectorRuth StatenDirectorMartha DieboldTreasurer/DirectorKim MascaroSecretary/DirectorJessica WhitishDirectorMarie DeverChairCourtney WallaceVice ChairJoni TamalonisExecutive DirectorKimberly MooreDirector	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 5.00 1.00 1.00 1.00 1.0	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	A steel - see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation		ns for Part IV)
Part IVList of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res(a) Name and titleStephanie BarnettDirectorRuth StatenDirectorMartha DieboldTreasurer/DirectorKim MascaroSecretary/DirectorJessica WhitishDirectorMarie DeverChairCourtney WallaceVice ChairJoni TamalonisExecutive DirectorKimberly MooreDirector	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 5.00 1.00 1.00 1.00 1.0	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	A steel - see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation		ns for Part IV)
Part IVList of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res(a) Name and titleStephanie BarnettDirectorRuth StatenDirectorMartha DieboldTreasurer/DirectorKim MascaroSecretary/DirectorJessica WhitishDirectorMarie DeverChairCourtney WallaceVice ChairJoni TamalonisExecutive DirectorKimberly MooreDirector	Employees (list each opond to any question in (b) Average hours per week devoted to position 15.00 5.00 5.00 5.00 1.00 1.00 1.00 1.0	one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	A steel - see the instruction (d) Health benefits, contributions to employe benefit plans, and deferred compensation		ns for Part IV)

Form 9	90-EZ (2019) ChooseWell Communities, Inc. 47-28220)55	Р	age 3
Pa	t 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		v
25 2	5	34		x
55 d	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	250		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
	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		х
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		х
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 retum?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 ► ; section 4912 ► ; section 4955 ►			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		v
•		400		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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of > Joni Tamalonis Telephone no. > 502-5	50-3	533	
	Located at ► 1700 Rowan Street, Louisville, KY ZIP + 4 ► 40203			
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		х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		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		x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	ru		A
U	completed instead of Form 990-EZ	446		v
-		44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		x
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
		44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		х

Form 990-EZ (2019)

Form	990-EZ (2019) ChooseWell Comm	unities, Inc.			47-28	32205	5	P	age 4
		-				_	``	Yes	No
46	Did the organization engage, directly or indirectly, in	n political campaign activ	ities on behalf of or in op	position					
	to candidates for public office? If "Yes," complete S					•	46		x
Pa	t VI Section 501(c)(3) Organizations								
	All section 501(c)(3) organizations	must answer quest	ions 47 - 49b and 52	2, and com	plete the t	ables	for li	nes	
	50 and 51.								_
	Check if the organization used Sch	nedule O to respond	I to any question in t	his Part VI		• • •	• • •	•••	· 🛛 _
							`	Yes	No
47	Did the organization engage in lobbying activities of	()	•						
	year? If "Yes," complete Schedule C, Part II						47		х
48	Is the organization a school as described in section						48		х
49a	Did the organization make any transfers to an exen		-				49a		х
b	If "Yes," was the related organization a section 527	0				••	49b		
50	Complete this table for the organization's five highes			-	,				
	employees) who each received more than \$100,000	0 of compensation from th	ne organization. If there is	s none, enter	'None."				
		(b) Average	(c) Reportable	(d) Health t contributions t		(e) Es	timated	amour	nt of
	(a) Name and title of each employee	hours per week	compensation	benefit plans, a	ind deferred	• •	ner comp		
		devoted to position	(Forms W-2/1099-MISC)	comper	sation				
NON	E								
f	Total number of other employees paid over \$100,00								
51 51	Complete this table for the organization's five highes		ent contractors who each	- received mo	re than				
51	\$100,000 of compensation from the organization. If			Teceived Ino					
		there is none, enter nor							
	(a) Name and business address of each independent contra	actor	(b) Type of servic	е	(c)) Compe	nsation		
NON	E								
d	Total number of other independent contractors each	n receiving over \$100,000	0►						
52	Did the organization complete Schedule A? Note:	All section 501(c)(3) org	anizations must attach a						
	completed Schedule A				🕨	X	Yes		No
Unde	r penalties of perjury, I declare that I have examined this ret	urn, including accompanying	schedules and statements,	and to the best	of my knowled	dge and	belief,	it is	
true,	correct, and complete. Declaration of preparer (other than c	officer) is based on all inform	ation of which preparer has a	any knowledge.					
	Marie Dever								
Sig				Date					
Her	· · · · · · · · · · · · · · · · · · ·								
	Type or print name and title								

	Print/Type preparer's name	Preparer's signature	Date	Check X if	PTIN
Paid	Timothy J Darst	Timothy J Darst	06-04-2020	self-employed	P10397855
Preparer	Firm's name	t, CPA, LLC	Firm	i's EIN 🕨	
Use Only	Firm's address 🕨 1534 Quadrant	Avenue			
	Louisville KY	40205	Pho	ne no. 502-2	76-5475
May the IRS d	liscuss this return with the preparer showr	above? See instructions		>	🗌 Yes 🗶 No

Public (Public Chari	rity Status and Public Support				OMB No. 1545-0047					
SC	HEC	DULE A			501(c)(3) organization or a				ւ 2019			
•		0 or 990-EZ)	Complete il the organ		ch to Form 990 or Forn		547 (u)(1) 110		Open to Public			
		of the Treasury renue Service	•			Inspection						
		e organization		► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identificat								
		-	mities, Inc.				47-2822055					
	rt I			V Status (All or	ganizations must c	omplete	this part					
				· · · · ·	s 1 through 12, check onl				·			
1	П				irches described in sect	•						
2	П				Schedule E (Form 990 c							
3	П				n described in section 1							
4	П	•		•	n with a hospital describ			(1)(A)(iii). Enter the				
			e, city, and state:	,			. ,					
5		•		efit of a college or ι	iniversity owned or operative	ated by a g	overnment	tal unit described in				
		-)(1)(A)(iv). (Complete	-	, ,							
6		A federal, stat	e, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).					
7	X	An organizatio	n that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fror	n the general public				
		described in s	ection 170(b)(1)(A)(vi). (Complete Part I	l.)							
8		A community t	rust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)							
9		An agricultura	I research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant colleg	je			
		or university of	r a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	e name, ci	ty, and stat	e of the college or				
		university:										
10		An organizatio	n that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross				
		receipts from a	activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its				
		support from g	ross investment income	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses				
		acquired by th	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)					
11		An organizatio	on organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).					
12		An organizatio	n organized and operat	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	;			
		of one or more	e publicly supported or	ganizations describ	oed in section 509(a)(1)	or section	n 509(a)(2)	. See section 509(a)(3).			
			-		e type of supporting org				•			
	а				ised, or controlled by its		-		ng			
			• • • •		appoint or elect a major	rity of the c	lirectors or	trustees of the				
		·· _ v	, 0	•	IV, Sections A and B.							
	b			•	ontrolled in connection w		-	.,				
			•		on vested in the same pe	rsons that	control or n	nanage the supported				
			on(s). You must comp									
	С				anization operated in co				th,			
			S () (,	u must complete Part I							
	d	_ ,	, ,		organization operated			11 0	n(s)			
					enerally must satisfy a d			it and an attentiveness				
		_ ·	. ,		e Part IV, Sections A a			T				
	е	—	0		determination from the If		sa Type I,	туре II, туре III				
					ntegrated supporting org							
	f		ber of supported organi		· · · · · · · · · · · · · · · · · · ·	• • • • •	• • • • •		••••			
	g		lowing information about			<i>a</i> > <i>a</i>			()) ()			
	(1	i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	•	 (v) Amount of monetary support (see 	(vi) Amount of other support (see			
					above (see instructions))	docum		instructions)	instructions)			
						Yes	No					
						162						
(A)												
									<u> </u>			
(B)												
(C)												
(D)												

(E)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Sche		l Communiti				47-282205	
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in)- findice any "unsual grants") (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unsual grants") (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalt and either paid to or expended on its behalt and either paid 20,835 62,218 55,050 154,610 96,178 388,891 2 Tax revenues levied for the organization without charge 20,835 62,218 55,050 154,610 96,178 388,691 2 Otal Add lines 1 through 3	Pa	rt II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	ri)
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in)- findice any "unsual grants") (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unsual grants") (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalt and either paid to or expended on its behalt and either paid 20,835 62,218 55,050 154,610 96,178 388,891 2 Tax revenues levied for the organization without charge 20,835 62,218 55,050 154,610 96,178 388,691 2 Otal Add lines 1 through 3		(Complete only if you checked th	e box on line	5, 7, or 8 of F	Part I or if the	organization	failed to quali	y under
Calendar year (or fiscal year beginning in)+								-
Calendar year (or fiscal year beginning in)+	Se	ction A. Public Support	·			-	· ·	
membership fees received. (Do not include any 'unusual grants'). 20,835 62,218 55,050 154,610 96,178 388,891 2 Tat revenues levice for the organization without charge 20,835 62,218 55,050 154,610 96,178 388,891 3 The value of services or facilities furnished by a governmental unit to the organization without charge 20,835 62,218 55,050 154,610 96,178 388,891 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) include on line 1 that exceeds 2% of the amount shown on line 11, column (f) 20,835 62,218 55,050 154,610 96,178 388,891 7 Amounts from line 4 20,835 62,218 55,050 154,610 96,178 388,891 8 Total Addines 1 through 10 20,835 62,218 55,050 154,610 96,178 388,891 9 Net income from interest, dividends, payments received on securities tans, rents, royaties and income from similar sources 154,610 96,178 388,891 9 Net income Con uncitated business activities, whether or not the business ac	Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
include any "unusual grants.") 20,835 62,218 55,050 154,610 96,178 388,891 2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf	1	Gifts, grants, contributions, and						
include any "unusual grants.") 20,835 62,218 55,050 154,610 96,178 388,891 2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf		-						
2 Tax revenues levide for the encoding bandi and either paid to or expended on its behalf			20,835	62,218	55,050	154,610	96,178	388,891
to or expended on its behalf	2	Tax revenues levied for the		_				
to or expended on its behalf		organization's benefit and either paid						
furnished by a governmental unit to the organization without charge 20,835 62,218 55,050 154,610 96,178 388,891 4 Total. Add lines 1 through 3 20,835 62,218 55,050 154,610 96,178 388,891 5 The portion of total contributions by each person (ather than a governmental unit or publicly support. Subtract line 5 from line 4 20,835 62,218 55,050 154,610 96,178 388,891 9 Support. Subtract line 5 from line 4 20,835 62,218 55,050 154,610 96,178 388,891 9 Calendar year (or fiscal year beginning in)+ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4- 20,835 62,218 55,050 154,610 96,178 388,891 9 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 154,610 96,178 388,891 9 Net income from unelated business is regularly carried on		-						
a Total. Add lines 1 through 3	3	The value of services or facilities						
a Total. Add lines 1 through 3		furnished by a governmental unit to the						
4 Total. Add lines 1 through 3 20,835 62,218 55,050 154,610 96,178 388,891 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 (1) 90,670 5 Public support. Subtract line 5 from line 4 289,221 Section B. Total Support (d) 2015 (d) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 208,232 Calendar year (or fiscal year beginning in)+ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 208,235 7 Amounts from line 4. 20,835 62,218 55,050 154,610 96,178 388,891 9 Net income from interest, dividends, payments received on socurities loans, rents, royalties and income from similar socures 20,835 62,218 55,050 154,610 96,178 388,891 9 Net income from unrelated business activities, whether or not the business is regularly carried on 20,835 55,050 154,610 96,178 388,891 12 Gross receipts from related activities, etc. (see instructions) 12 388,891 383,891 383,891 383,891								
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 (1)	4		20,835	62,218	55,050	154,610	96,178	388,891
each person (other than a governmental unit or publicly supported organization) included on line 11 notune of public support of organization) included on line 11 notune (n)	5							
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
supported organization) included on line 1 that exceeds 2% of the amount show on line 11, column (f)		governmental unit or publicly						
line 1 that exceeds 2% of the amount shown on line 11, column (1) 90,670 6 Public support. Subtract line 5 from line 4 90,670 Calendar year (or fiscal year beginning in) 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 20,835 62,218 55,050 154,610 96,178 388,891 9 Corss income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 154,610 96,178 388,891 9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1 388,891 11 Total support. Add lines 7 through 10. 12 388,891 26 cross receipts from related activities, etc. (see instructions) 12 388,891 13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax years as a section 501(c)(3) organization, check this box and stop here 1 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 76,68 % 15 Public support test - 2019. If the organization did not check ab con line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 201								
6 Public support. Subtract line 5 from line 4 298,221 Section B. Total Support (d) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4								
6 Public support. Subtract line 5 from line 4 298,221 Section B. Total Support (d) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4		shown on line 11, column (f)						90,670
Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4	6	Public support. Subtract line 5 from line 4						
Calendar year (or fiscal year beginning in)+ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4								
7 Amounts from line 4 20,835 62,218 55,050 154,610 96,178 388,891 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 1 154,610 96,178 388,891 9 Net income from unrelated business activities, whether or not the business is regularly carried on 1 1 1 1 1 1 388,891 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 388,891 388,891 388,891 12 Gross receipts from related activities, etc. (see instructions) 12 388,891 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 1 1 76.68 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 76.68 15 15 satus apport percentage for 2019 (line 6, column (f) divided by supported organization. 15 84.58 16 31/3% support test - 2019. If the organization did not check a box on line 13, and line 14 is 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 12 <td></td> <td></td> <td>(a) 2015</td> <td>(b) 2016</td> <td>(c) 2017</td> <td>(d) 2018</td> <td>(e) 2019</td> <td>(f) Total</td>			(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Image: construction of the second 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	7	Amounts from line 4	20,835	62,218	55,050	154,610	96,178	388,891
rents, royalties and income from similar sources Image: Superior Content of	8	Gross income from interest, dividends,						
similar sources imilar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on		payments received on securities loans,						
 9 Net income from unrelated business activities, whether or not the business is regularly carried on		rents, royalties and income from						
activities, whether or not the business is regularly carried on		-						
is regularly carried on	9	Net income from unrelated business						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		activities, whether or not the business						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		is regularly carried on						
(Explain in Part VI.) 388,891 11 Total support. Add lines 7 through 10. 388,891 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 76.68 % 5 9.14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 76.68 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 84.58 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 18 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, or 16a, and line 14 is and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 10 17a 10%-facts-and-circumstances test + 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly sup	10	Other income. Do not include gain or						
(Explain in Part VI.) 388,891 11 Total support. Add lines 7 through 10. 388,891 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 76.68 % 5 9.14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 76.68 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 84.58 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 18 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, or 16a, and line 14 is and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 10 17a 10%-facts-and-circumstances test + 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly sup		loss from the sale of capital assets						
12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here > Section C. Computation of Public Support Percentage - - - - 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 76.68 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 84.58 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - - b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - - 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly								
12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 76.68 % 15 Public Support percentage from 2018 Schedule A, Part II, line 14 15 84.58 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Computation Computation (f) 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Computation (f) 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, che	11	Total support. Add lines 7 through 10						388,891
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	12	Gross receipts from related activities, etc. (se	ee instructions)				12	
Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 76.68 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 84.58 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization * x b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization * x 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. 15 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the	13	First five years. If the Form 990 is for the or	ganization's fire	st, second, thir	d, fourth, or fift	h tax year as a	a section 501(c)	(3)
Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 76.68 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 84.58 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization * x b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization * x 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a		organization, check this box and stop here						· · · · ► □
15 Public support percentage from 2018 Schedule A, Part II, line 14 15 84.58 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization * b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization * * 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization field not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization field not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization field not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumst	Se	ction C. Computation of Public Suppor	rt Percentage	;				
 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	14	Public support percentage for 2019 (line 6, c	olumn (f) divide	d by line 11, c	olumn (f))		14	76.68 %
 box and stop here. The organization qualifies as a publicly supported organization							-	84.58 %
 b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	16a							
 this box and stop here. The organization qualifies as a publicly supported organization		box and stop here. The organization qualified	es as a publicly	supported orga	anization			► 🕱
 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	k	33 1/3% support test - 2018. If the organiza	ation did not che	eck a box on lir	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more,	check
 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		this box and stop here. The organization qu	alifies as a pub	licly supported	organization .			🕨 🗌
 Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	10%-facts-and-circumstances test - 2019.	If the organizat	tion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 14	is
 organization		10% or more, and if the organization meets t	the "facts-and-c	ircumstances"	test, check thi	s box and sto	o here. Explain	in
 b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		Part VI how the organization meets the "facts	s-and-circumsta	ances" test. Th	e organization	qualifies as a	publicly support	ed
 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
 Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	k	0 10%-facts-and-circumstances test - 2018.	If the organizat	tion did not che	eck a box on lir	ne 13, 16a, 16l	b, or 17a, and lii	ne
supported organization Image: Supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		15 is 10% or more, and if the organization m	eets the "facts-	and-circumsta	nces" test, che	ck this box and	d stop here.	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		Explain in Part VI how the organization meet	ts the "facts-and	d-circumstance	es" test. The or	ganization qua	lifies as a public	cly
								► 🗌
instructions	18	Private foundation. If the organization did n	ot check a box	on line 13, 16	a, 16b, 17a, or	17b, check thi	s box and see	
		instructions						· · · ► □

Sche	dule A (Form 990 or 990-EZ) 2019 ChooseWel	L Communit:	ies, Inc.			47-	2822055	Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)			
	(Complete only if you checked the	ne box on lin	e 10 of Part I	or if the orga	nization failed	l to qua	alify under	Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part I	l.)		
See	ction A. Public Support							
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
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							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513.							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
•	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
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							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
U	line 6.)							
Sec	ction B. Total Support							
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total
	Amounts from line 6	(4) 2010	(5) 2010	(0) 2017	(4) 2010	(0) 2	510	
	Gross income from interest, dividends,							
100	payments received on securities loans, rents,							
	royalties, and income from similar sources							
h	Unrelated business taxable income (less							
Ň	section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business							
11	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
14	loss from the sale of capital assets							
	(Explain in Part VI.)							
12								
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	noninationla fi		سما المعنيستان مسالنا				
14	First five years. If the Form 990 is for the or	-			-			. 🗆
<u> </u>	organization, check this box and stop here			•••••	• • • • • • • • •			· · ► 🗋
_	ction C. Computation of Public Suppor	-		(f)		45		0/
	Public support percentage for 2019 (line 8, c		-			15		<u>%</u>
	Public support percentage from 2018 Sched				••••	16		%
	ction D. Computation of Investment Inc				(())	4-		
	Investment income percentage for 2019 (line					17		%
18	Investment income percentage from 2018 So					18	. 4 /001	%
19a	33 1/3% support tests - 2019. If the organiz							
	17 is not more than 33 1/3%, check this box							
b	33 1/3% support tests - 2018. If the organiz							
~~	line 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did n	of check a bo	x on line 14, 19	a, or 190, che	CK THIS DOX and	see ins	uuctions	<u> ▶ ∐</u>

	Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, consections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	omplete		
ect	ion A. All Supporting Organizations			
			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI 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 Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) 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 Part VI 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 Part VI 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 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI 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 Part VI 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 (b) and (c) below (if applicable). Also, provide detail in Part VI , 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		
	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? If "Yes," provide detail in Part VI.	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		
9a	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	0.5		
	in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a		
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	04		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-		
0-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
υa	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40		
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	5 5 5 T	4.01		
	determine whether the organization had excess business holdings.)	10b		

ChooseWell Communities, Inc.

Page 4

47-2822055

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ChooseWell Communities, Inc. 47-28	22055	F	Page 5
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
below, the governing body of a supported organization?	11a	1	
b A family member of a person described in (a) above?	11b)	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	<i>VI.</i> 11c	;	
Section B. Type I Supporting Organizations			
A Did the directory tractory encodes the second second second second second second to		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to			
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
controlled the organization's activities. If the organization had more than one supported organization,			
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2 Did the organization operate for the benefit of any supported organization other than the supported	-		
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting organization.	2		
Section 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		1.00	
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations	•		1

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization'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 organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
5	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a D The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes

No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organiz	zation	s must complete Sectio	
Section 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		
Section 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		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% of line 3 (for greater amount,	Ť		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
 7 Recoveries of prior-year distributions 	7		
 8 Minimum Asset Amount (add line 7 to line 6) 	8		
Section C - Distributable Amount	0		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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 Distributable Amount. 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 instructions).	ıntegi	ated Type III supporting	organization (see

ChooseWell Communities, Inc.

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

47-2822055

Page 6

	lle A (Form 990 or 990-EZ) 2019 ChooseWell Communities,		47-282	2055 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions.	le organization is respons	sive	
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
0	and 4c. Breakdown of line 7:			
8	Evenes from 2015			
	Evenes from 2016			
	Evenes from 2017			
	Excess from 2017 Excess from 2018			
	Excess from 2019			
EEA			Sched	ule A (Form 990 or 990-EZ) 2019

Page 7

Schedule A (For	m 990 or 990-EZ) 2019 Page 8
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 G	Supplemer	ntal Informatio	on Regard	ding Fund	raising or Gan	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete				990, Part IV, line 17,		if the	2019
Department of the Treasury		► A	tach to Form	990 or Form				Open to Public
Internal Revenue Service Name of the organization	▶(Go to www.irs.gov/	-orm990 for in	nstructions a	nd the latest informa	tion.	Employor ide	Inspection entification number
•								
ChooseWell Commun	ities, Inc	• • • • • • • • • • • • • • • • • • • •				F ame 00		22055
	-	t required to cor	-		wered "Yes" on	Form 99	0, Part IV	, iine 17.
1 Indicate whether the					ies. Check all that a	nnlv		
a Mail solicitations	organization rate		• _	-	f non-government g			
b Internet and email	solicitations				f government grants			
c Phone solicitation					aising events			
d In-person solicitat			у Ц ,		aising events			
2a Did the organization		r oral agreement	ith ony indivi	dual (includin	a officara directora	tructoco		
0		0			0			
or key employees lis		, .		•	0			es 🗌 No
b If "Yes," list the 10 hi		,	indraisers) p	ursuant to ag	reements under wh	ich the fund	draiser is to b	e
compensated at leas	t \$5,000 by the c	organization.						
						())		
(i) Name and address	of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to
or entity (fundra		(ii) Activity		r control of outions?	from activity		ser listed in	(or retained by) organization
			contine			C	ol. (i)	organization
			Yes	No	-			
1								
2								
3								
4								
5								
6								
•								
7								
•								
8								
0								
9								
9								
40								
10								
Total	• • • • • • • •		• • • • • •	<u></u> ▶				
3 List all states in which	•	n is registered or lie	censed to sol	icit contributi	ons or has been no	tified it is ex	kempt from	
registration or licensin	g.							

ChooseWell Communities, Inc.

47-2822055 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		gross receipts greater than	ψ0,000.	1	1 1	
			(a) Event #1 Thrive Walk	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	37,030			37,030
	2	Less: Contributions	430			430
	3	Gross income (line 1 minus				
		line 2)	36,600			36,600
	4	Cash prizes				
	5	Noncash prizes				
es	6	Rent/facility costs	3,927			3,927
ens						
Direct Expenses	7	Food and beverages				
t S		-				
Dire	8	Entertainment				
	9	Other direct expenses	2,099			2,099
	10	Direct expense summary. Add lines	4 through 9 in column (d)			6,026
	11	Net income summary. Subtract line	e 10 from line 3, column (d)			30,574
Pa	rt II	II Gaming. Complete if the c				more than
		\$15,000 on Form 990-EZ,	line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
	1	Gross revenue				
enses	2	Cash prizes				
xpenses						
ct Expenses	2 3	Cash prizes				
Direct Expenses	2	Cash prizes				
Direct Expenses	2 3 4	Cash prizes				
Direct Expenses	2 3	Cash prizes				
Direct Expenses	2 3 4	Cash prizes	% %	□ Yes% □ No	□ Yes% □ No	
Direct Expenses	2 3 4 5	Cash prizes	No	No	□ No	
Direct Expenses	2 3 4 5	Cash prizes	No	No	□ No	
Direct Expenses	2 3 4 5 6	Cash prizes	S 2 through 5 in column (d)	□ No	□ No	
Direct Expenses	2 3 4 5 6	Cash prizes	S 2 through 5 in column (d)	□ No	□ No	
Direct Expenses	2 3 4 5 6 7	Cash prizes	S 2 through 5 in column (d)	□ No	□ No	
6 Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	No s 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi	No	□ No	
	2 3 4 5 6 7 8 En	Cash prizes	No s 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi	No	□ No	Yes . No
9	2 3 4 5 6 7 8 En	Cash prizes	No s 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi	No mn (d) ities: f these states?	□ No	Pres No
9 a	2 3 4 5 6 7 8 En	Cash prizes	No s 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi gaming activities in each of	No mn (d) ities: f these states?	□ No	Yes 🗌 No
9 a b	2 3 4 5 6 7 8 En 1 Is 9 If "	Cash prizes	No s 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi gaming activities in each of	No	□ No	
9 a b	2 3 4 5 6 7 8 En 1 Is 5 9 If "	Cash prizes	No s 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi gaming activities in each of	No	□ No	
9 a b	2 3 4 5 6 7 8 En 1 Is 5 9 If "	Cash prizes	No s 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi gaming activities in each of	No mn (d) ities: f these states? ed, or terminated during the	□ No	

Department of the Treasury

Internal Revenue Service

Name of the organization

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-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

g

Open to Public Inspection

Employer identification number

ChooseWell Communities, Inc.

<u>47-2</u>822055

01. General explanation attachment

Page 2, Part III, line 28, Accomplishments

ChooseWell assisted 18 families in recovery to access supported, safe, & affordable

housing, community resources for vocational and education achievement, and physical and

behavioral health care. 18 families led by parents in early addiction recovery were

anchored in safe, permanent housing. These families were embraced by a growing

compassionate community of support as they navigate reunification with children lost

during their active addiction, a return to school and/or the workforce; physical,

emotional and spiritual healing; and reconstruction of social connections which further

sustain the rebuilding of their lives and the lives of their families.

Description	Amount		
Program expenses	39,348		
Bank charges	95		
Insurance	1,228		
Information technology	1,194		
Office supplies	1,156		
Repairs and maintenance	353		
Advertising and outreach	362		
Licenses and fees	170		
03. Description of other assets (Part II, line 24)		
Category	Beginning of Year	End of Year	

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization		Page Page Page Page Page Page Page Page
ChooseWell Communities, Inc.		47-2822055
Accounts receivable	0	1,300
Prepaid expenses	0	561
4. Description of total liabilities	s (Part II, line 26)	
Category	Beginning of Year	End of Year
Accounts payable	290	0
ales tax payable	318	0
accrued expenses	0	244
Accrued payroll	0	1,054