### FOR TAX YEAR 2018

TIMELIST GROUP INC

MICRO TAX AUDIT&ACCOUNTING SVCS LLP 1879 LUNDY AVENUE SUITE 163 SAN JOSE, CA 95131 (408)986-9829

## MICRO TAX AUDIT&ACCOUNTING SVCS LLP

1879 LUNDY AVENUE SUITE 163 SAN JOSE, CA 95131 SUPPORT@MICROTAXCPA.COM Phone: (408)986-9829 | Fax: (408)986-9831

March 24, 2021

Timelist Group Inc 2703 W 132nd Street Los Angeles, CA 90059

Timelist Group Inc:

Enclosed is the 2018 amended federal return for a tax-exempt organization, prepared for Timelist Group Inc from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's amended federal return reflects neither a refund nor a balance due.

The organization's California amended Income Tax return reflects neither a refund nor balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (408)986-9829.

Sincerely,

Muhammad A Haroon MICRO TAX AUDIT&ACCOUNTING SVCS LLP

_	99	0	Botur	n of Organization Ex	(omnt	Erom Incom			OMB No. 1545-0047
Form	33		Ketun	n of Organization Ex	tempt		le lax		2018
				:), 527, or 4947(a)(1) of the Inte			-	ations)	
		he Treasury		nter social security numbers o		-	-		Open to Public
		e Service		www.irs.gov/Form990 for instr	uctions a				Inspection
_			ar year, or tax year begin			, 2018, and end	aing		, 20 mployer identification no.
-		pplicable:	C Name of organization <b>TIME</b>	LIST GROUP INC					-0881011
_	ddress cl ame cha	-	Doing business as	ox if mail is not delivered to street address)	)		Room/suite		elephone number
_	itial retur	-	2703 W 132ND S		)		Room/suite		10)552-1256
5		n/terminated		, country, and ZIP or foreign postal code					Gross receipts
	mended		LOS ANGELES, C					\$	
Ξ		n pending	F Name and address of principa				H(a) Is this a group		
	ppiloatioi	in perioling					H(b) Are all subc		
т	ax-exem	pt status: X	501(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	r [] f	527	,		(see instructions)
		► N/A					H(c) Group exe		. ,
		· · · · · · · · · · · · · · · · · · ·	Corporation Trust As	sociation Other ►	1	_ Year of formation: 20		e of legal dom	
Par	_	Summar						o inoganaon	
	T			sion or most significant activities:	UPGR	ADE OUR COMM	UNITY THRO	UGH ED	UCATION AND
		-	-	ING SERVICES TO THOSE					
Activities & Governance									
nar									
vel	2	Check this bo	ox ►  if the organizatio	n discontinued its operations or c	disposed o	of more than 25% of	f its net assets.		
ő			-					3	-
oo رو			а а	rs of the governing body (Part VI				4	
tie				n calendar year 2018 (Part V, lin	,			5	
žİ	6		r of volunteers (estimate if					6	
Ă	-			Part VIII, column (C), line 12				7a	(
								7a 7b	
	U	inel unielale		• 1011 F0111 990-1, 111e 38		•••••		10	0
		Contributions	and grants (Dart )/III line	16)			Prior Year	1.1.0	Current Year
đ			and grants (Part VIII, line	,			54	460	412,809
Revenue	9	•		e 2g)					(
eve				A), lines 3, 4, and 7d)					(
Ř				nes 5, 6d, 8c, 9c, 10c, and 11e)					(
			*	(must equal Part VIII, column (A)			54	460	412,809
				,		•••••			(
				X, column (A), line 4)					(
ŝ				e benefits (Part IX, column (A), li					219,197
Expenses			•	column (A), line 11e)					(
xpe				lumn (D), line 25)					
ш		•	( · · · · · · · · · · · · · · · · · · ·	nes 11a-11d, 11f-24e)				7,823	183,801
		•		t equal Part IX, column (A), line 2	,			,823	402,998
	19	Revenue les	s expenses. Subtract line	18 from line 12				5,637	9,811
Net Assets or Fund Balances		<b>—</b>	/m				eginning of Curren		End of Year
sset 3ala				•••••				7,475	43,675
et A								3,611	(
				line 21 from line 20		••••	33	8,864	43,675
Par			re Block						
				urn, including accompanying schedules and ficer) is based on all information of which p			owledge and belief,	it is	
		•							
Sigr			E WILEY						
-		Signatur	e of officer					Date	
Here	e		E WILEY, EXECUTIN	/E DIR					
		Type or	print name and title	1		1_		<b>1</b>	
_	_	Print/Type pre	parer's name	Preparer's signature		Date	Check	if PTIN	
Paic			d A Haroon	Muhammad A Haroon		03-24-2021	self-employ	red P	00206115
-	barer		MICRO TA	AX AUDIT&ACCOUNTING S	VCS LL	P	Firm's EIN 🕨		
Use	Only	Firm's address	s ► 1879 LU	NDY AVENUE SUITE 163			Phone no.		
			SAN JOSI	E CA 95131			4	08-986	
May	the IRS	6 discuss this	retum with the preparer sl	nown above? (see instructions)				<u></u> .	. 🗌 Yes 🛛 No
		and Devilent	an Ast Nation and the se	manata in structions					

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Form	m 990 (2018) TIMELIST GROUP INC 46	-0881011	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	UPGRADE OUR COMMUNITY THROUGH EDUCATION AND ENLISTING CITIZENS TO BRING SERVICE	S TO THOSE	IN
	NEED.		
<u> </u>			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	∐ Yes <u>X</u>	NO
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Na
	If "Yes," describe these changes on Schedule O.	ies <u>k</u>	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	the total expenses, and revenue, if any, for each program service reported.	',	
4a	(Code:     ) (Expenses \$ 366,781 including grants of \$ ) (Revenue \$	412,8	309)
	- TO HELP MEN, WOMEN, AND YOUTH RESHAPE THEIR LIVES TO BECOME PRODUCTIVE INDIVI		
	SOCIETY. THE PROGRAM BEGINS WHILE PARTICIPANTS ARE INCARCERATED, AND SUPPORTS T		
	THE REENTRY PROGRESS.		
4b	• (Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4d	Other program services (Describe in Schedule O.)		
TU	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e		/	
EEA		Form 9	90 (2018)

Form	1 990 (2018) TIMELIST GROUP INC 46-08810	11	P	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ŭ	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			- 25
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		A
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
44		10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110		v
h		11a		Х
a	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	446		v
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	44-		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			77
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a		20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	990 (2018) TIMELIST GROUP INC 46-08810	11	Р	Page 4
Par	t IV Checklist of Required Schedules (continued)			1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
<b></b>	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		Δ
- 14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		v
33	complete Schedule N, Part II	32		Х
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		Λ
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		Х
EEA		Form	990 (ž	2018)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		~~~
0	sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintained by the	8		Х
9	Sponsoring organizations maintaining donor advised funds.	0		л
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
b 10		30		Λ
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h				
b		-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a ⊾		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)	120		
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>h</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	4.4-		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			٦ <i>7</i>
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			_
	Check if Schedule O contains a response or note to any line in this Part VI			. <u>X</u>
Sec	tion A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	Λ	
5	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		Δ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		v
b	with a taxable entity during the year?	16a		Х
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed  California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ANDRE I. WILEY SR (510)552-1256, 2703 W 132ND STREET, LOS ANGELES, CA 90059			

Form 990 (20	18) TIMELIST GROUP INC	46-0881011	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated Employed	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
<b>1a</b> Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or wi tax year.	thin the	
<ul> <li>I int all a</li> </ul>		at a second at	

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

					<b>C</b> )				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	eck m ss per d a dii	son is ector/	an one both ar (trustee) employee	 (D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANDRE WILEY CEO	40.00_	x		x		<u>م</u>		0 0	0
(2) MICHEAL PRATHER SECRETARY	20.00			x				0 0	0
(3) SA'NAE ELLIS-WILEY SFO				x				0 0	0
(4)									
(5) 									
(6) (7)									
(7) (8)									
(9)									
(11)									
(12)									
(13)									
(14)									Farm 000 (2016

	90 (2018) TIMELIST GROUP INC									46-0881	011	F	age <b>8</b>
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees, a	and	_		t Com	npen	sated Employee	s (continued)	-		
	(A) Name and title	Average box, unl		nless	Posi ck mo pers	(C) Position tk more than one person is both an a director/trustee) (D) Reportable compensation from		Reportable	(E) Reportable compensation from related		(F) stimated mount of other		
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensation from the ganization nd relate ganization	in d
(15)													
(16)													
(17)													
<u>(18)</u>													
<u>(19)</u>													
(25)													
1b c	Sub-total            Total from continuation sheets to Part VII, Section		· · · ·				· · ·	► ►					
d	Total (add lines 1b and 1c)								(				0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those list	ed abo	ve) v	who	rec	eived ı	more	e than \$100,000 of	0			
	· · · · ·											Yes	No
3	Did the organization list any <b>former</b> officer, directo employee on line 1a? <i>If "Yes," complete Schedule</i>		-				-				3		х
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensatio	on ar	nd o	ther	comp	ensa	tion from the		J		
	organization and related organizations greater than individual										4		Х
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? <i>If "Yes,"</i>	ompensation	from ar	ny ur	nrela	ated	organ	nizatio	on or individual		5		X
Secti	on B. Independent Contractors	complete St	Jieuuie	<i>J</i> 10	51 51	JCH	persor	<u>.</u>			5		_ A_
1	Complete this table for your five highest compensate compensation from the organization. Report comper year.												
	(A) Name and business address								(B) Description of		Com	(C) pensatio	n

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization	

Form 99	90 (20	018) TIMELISI	GROUP INC				46-08810	11 Page 9
Part	VIII	Statement of Revenue	Je					
		Check if Schedule O contain	ns a response or n	ote to any line in th	is Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b							
บัติ	c							
ar A	d							
a, s B B B B B B B B B B B B B B B B B B B	e							
rsion	f				-			
ibut		and similar amounts not include		412,809				
id O	g			412,009	-			
a C	h h			<b>b</b>	412,809			
	- "	Total. Add lines la-11			412,809			
ø	0-			Business Code				
Program Service Revenue	2a							
Re	b							
rvice	C .	-						
I Sel	d							
gran	e							
Proč		All other program service reven						
	g	Total. Add lines 2a-2f						
	3	Investment income (including d						
		and other similar amounts) .						
	4	Income from investment of tax-						
	5	Royalties		•				
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-			
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>				
ne	8a	Gross income from fundraising	I					
Other Revenue		events (not including \$						
Re		of contributions reported on lin	e 1c).					
Jer		See Part IV, line 18	a					
Ē	b	Less: direct expenses	b					
	c	Net income or (loss) from fund	raising events .					
		Gross income from gaming act	-					
		See Part IV, line 19						
	b	Less: direct expenses			1			
		Net income or (loss) from gam						
	TUa	Gross sales of inventory, less returns and allowances	а					
	h	Less: cost of goods sold			-			
		Net income or (loss) from sales		L				
		Miscellaneous Revenue		Business Code				
	11-			Dusiness Code				
	b							
	C L							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions	<u> </u>	🕨	412,809		o c	

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other orgai	nizations must complet	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX		· · · · · · · · · · · · ·	<u></u> X
Doı	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, s	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	109,248	109,248		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	96,320	96,320		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,629	13,629		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	435	435		
13	Office expenses	12,408	4,376	8,032	
14	Information technology	5,970	5,602	368	
15	Royalties				
16	Occupancy	72,325	50,628	21,697	
17	Travel	5,435	5,435		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,131	6,131		
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		4,326	4,326		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SOFTWARE	4,791	4,791		
b	UTILITIES	7,952	5,566	2,386	
C	PERMITS AND LICENSES	3,270	3,270		
d	TELEPHONE	5,667	3,967	1,700	
е	All other expenses	55,091	53,057	2,034	
25	Total functional expenses. Add lines 1 through 24e .	402,998	366,781	36,217	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here <b>&gt;</b> if				
	following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	37,475	1	18,622
	2	Savings and temporary cash investments		2	25,053
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	37,475	16	43,675
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Liat		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,611	25	
	26	Total liabilities. Add lines 17 through 25	3,611	26	0
		Organizations that follow SFAS 117 (ASC 958), check here $ ightarrow$ and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27			27	
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here F 🔀 and			
s ol		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds	33,864	32	43,675
	33	Total net assets or fund balances	33,864	33	43,675
	34	Total liabilities and net assets/fund balances	37,475	34	43,675
EEA					Form <b>990</b> (2018)

TIMELIST GROUP INC

46-0881011

Page 11

Form	990 (2018) TIMELIST GROUP INC 46	-0881	L011	Pa	age <b>12</b>
Par	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•••			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		412,	809
2	Total expenses (must equal Part IX, column (A), line 25)	2		402,	998
3	Revenue less expenses. Subtract line 2 from line 1	3		9,8	811
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		33,	864
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		43,	675
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • •	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	•••	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • •	<u>2</u> c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				_
	the Single Audit Act and OMB Circular A-133?	• • •	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	9 <b>90</b> (2	2018)

### Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

(Form	990	or	990-EZ)	
Departm	ent of	the	Treasury	

Attach to Form 990 or Form 990-EZ. o to www.irs.gov/Form990 for instructions and the latest information. 2018 Open to Public

Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the

Inspection

Name	e of the	e organization					Employer identific	cation number	
TIM	<b>IELI</b>	ST GROUP INC					46-08810	11	
	art I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part			
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.	)			
1		A church, convention of churches, or	association of chu	irches described in <b>sect</b> i	ion 170(b)	(1)(A)(i).			
2		A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)			
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	)(iii).			
4	Π	A medical research organization ope	rated in coniunctio	n with a hospital describ	ed in <b>sect</b> i	ion 170(b)	(1)(A)(iii). Enter the		
		hospital's name, city, and state:	, <b>,</b>						
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a d	overnmen	tal unit described in		-
-		section 170(b)(1)(A)(iv). (Complete	-	,	, , , , , , , , , , , , , , , , , , , ,				
6		A federal, state, or local government	,	nit described in <b>section</b>	170(b)(1)	Δ)(γ)			
7	Н	An organization that normally receive	•				m the general public		
'		described in section 170(b)(1)(A)(vi	•		Chincha		in the general public		
0									
8	H	A community trust described in <b>section</b>			rotod in on	niunation	with a land grant call	laga	
9		An agricultural research organization				-	-	lege	
		or university or a non-land-grant colle	ege of agriculture (s	ee instructions). Enter the	e name, cii	y, and stat	e of the college of		
	57	university:	(4) (1 00						-
10	Х	An organization that normally receive						S	
		receipts from activities related to its e	•	, ,		,			
		support from gross investment incom		,		,	rom businesses		
		acquired by the organization after Ju				,			
11	Ц	An organization organized and operation	•						
12		An organization organized and opera	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpos	es	
		of one or more publicly supported or	ganizations describ	bed in section 509(a)(1)	or sectior	n 509(a)(2)	). See <b>section 509(a</b>	ı)(3).	
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	12g.	
	а	<b>Type I.</b> A supporting organizatio	n operated, superv	ised, or controlled by its	supported	organizat	ion(s), typically by given the second s	ving	
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the d	lirectors or	trustees of the		
		supporting organization. You mu	ist complete Part	IV, Sections A and B.					
	b	<b>Type II.</b> A supporting organization	on supervised or co	ntrolled in connection wi	th its supp	orted orga	anization(s), by havin	g	
		control or management of the sup	oporting organization	on vested in the same pe	rsons that o	control or r	nanage the supporte	d	
		organization(s). You must com	olete Part IV, Sect	ions A and C.					
	с	Type III functionally integrated			nection w	ith, and fu	nctionally integrated	with,	
		its supported organization(s) (se		•					
	d	Type III non-functionally integr	,	-				tion(s)	
		that is not functionally integrated.						. ,	
		requirement (see instructions). Y	<b>a a</b>			•			
	е	Check this box if the organization	-				Type II. Type III		
	•	functionally integrated, or Type II				α.)pe.,	. )po, . )po		
	f	Enter the number of supported organ		· · · · · · · · · · · · · · · · ·					-
	g	Provide the following information abo						•••••	-
		) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rappization	(v) Amount of monetary	(vi) Amount of	-
	ų	I varie of supported organization		(described on lines 1-10	listed in you	•	support (see	other support (see	
				above (see instructions))	docum	ent?	instructions)	instructions)	
					Yes	No			
					162	INO			-
(A)									
									-
(B)									
									-
(C)									
יח)									
(D)									

(E) Total

		LIST GROUP I				46-0881011	
Pa	rt II Support Schedule for Org						
	(Complete only if you check						under
	Part III. If the organization f	ails to qualify u	under the tests	ilisted below, p	please complete	e Part III.)	
	tion A. Public Support		T	1	1		
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		1	1	1		
	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the corganization, check this box and stop here	<u>.</u>					· · · · ▶ □
Sec	tion C. Computation of Public Su					1	
14	Public support percentage for 2018 (line 6, c		-				%
15	Public support percentage from 2017 Schede						%
16a	33 1/3% support test - 2018. If the organiz						
-	box and <b>stop here.</b> The organization qualifi						▶⊔
b	33 1/3% support test - 2017. If the organiz						. —
47-	this box and <b>stop here.</b> The organization que						••• ⊾
17a	10% -facts-and-circumstances test - 2018	-					
	10% or more, and if the organization meets Part VI how the organization meets the "fact						
	organization		•				
b	10%-facts-and-circumstances test - 2017						••••
D.	15 is 10% or more, and if the organization r	-					
	Explain in Part VI how the organization mee				-	clv	
	supported organization			-		-	▶□
18	Private foundation. If the organization did						L
	instructions						▶□
EEA							m 990 or 990-EZ) 2018

Sche		LIST GROUP IN				46-0881011	Page 3
Pa	Int III Support Schedule for Org						
	(Complete only if you check			•			Part II.
	If the organization fails to q	ualify under the	tests listed be	low, please co	mplete Part II.		
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,355	66,322	28,924	54,460	412,809	586,870
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	24,355	66,322	28,924	54,460	412,809	586,870
7a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from           line 6.)						586,870
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	24,355	66,322	28,924	54,460	412,809	586,870
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	24,355	66,322	28,924	54,460	412,809	586,870
14	First five years. If the Form 990 is for the or organization, check this box and stop here a						
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	line 13, column (f)	)		15	100.00 %
16	Public support percentage from 2017 Schedu	le A, Part III, line 15	5			16	88.42 %
Sec	ction D. Computation of Investmer						
17	Investment income percentage for 2018 (line	e 10c, column (f), di	vided by line 13, c	olumn (f))		17	0.00 %
18	Investment income percentage from 2017 Sectors	chedule A, Part III,	line 1.7			18	0.00 %
19a	<b>33 1/3% support tests - 2018.</b> If the organiz 17 is not more than 33 1/3%, check this box						► 🛛
b	<b>33 1/3% support tests - 2017.</b> If the organiz line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pub	licly supported or	ganization	
20	Private foundation. If the organization did r	not check a box on l	line 14, 19a, or 19l	b, check this box a	ind see instruction	S	▶∐

Part				
	(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, co	mplete	;	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art V.)		
ecti	on A. All Supporting Organizations			
			Yes	N
	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
а	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		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
а	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 <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
а	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 <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	Fa		
<b>h</b>	was accomplished (such as by amendment to the organizing document).	5a		
D	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5h		
~		5b 5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
	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, (i) individuals that are part of the chartable class benefited			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	0		
	(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		
	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		
а	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ju		
-	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
a	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			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
	Schedule A (I		or 000 F	 די

Sched	Ile A (Form 990 or 990-EZ) 2018         TIMELIST GROUP INC         46-0881011		P	age 5
Pa	Tt IV         Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NO
	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		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	tion B. Type I Supporting Organizations			
			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			
	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			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<i>VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees 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		
Sec	tion D. All Type III Supporting Organizations		Vee	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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		
Sec	tion 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 in	struc	tions)	).
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			<i></i> .
c	L The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in		
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
а	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 <b>Part VI identify</b>			
	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.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
EEA	Schedule A (Fo		r 990-EZ	2) 2018

Page 5

	46-08	81011 Page
ganiz	ations	
, trust o	n Nov. 20, 1970 (expla	ain in Part VI). <b>See</b>
izations	s must complete Section	ons A through E.
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
/ integra	ated Type III supportin	g organization (see
	p trust or         izations         1         2         3         4         5         6         7         8         11a         1b         1c         1d         2         3         4         5         6         7         8         2         3         4         5         6         7         8         1         2         3         4         5         6         7         8         1         2         3         4         5         6         7         8         1         2         3         4         5         6         7         8         7         8         7         8 <td>rganizations         g trust on Nov. 20, 1970 (explained in the section of the section</td>	rganizations         g trust on Nov. 20, 1970 (explained in the section of the section

Schedule A (Form 990 or 990-EZ) 2018

	Ile A (Form 990 or 990-EZ) 2018 TIMELIST GROUP INC		46-088	1011 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1		
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
	From 2015			
d	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Evenes from 2014			
	Evenes from 2015			
	Evenes from 2016			
	Evenes from 2017			
	Evenes from 2019			
EEA			Calcade	lle A (Form 990 or 990-EZ) 2018
LLA			Schedu	10 A (FOIL 330 01 330 EZ) 2018

Schedule A (For	m 990 or 990-EZ) 2018 Page 8
Part VI	<b>Supplemental Information.</b> 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 O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## 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 **2018**Open to Public

Employer identification number

46-0881011

# Name of the organization **TIMELIST GROUP INC**

#### 01. Amended return information

SOME OF THE DONATIONS AND EXPENSES WERE INADVERTENLY MISSED AT THE TIME OF ORIGINAL

FILING. THIS IS NOW BEING UPDATED IN THE AMENDED RETURN.

#### 02. Officer, directors, etc. family relationship (Part VI, line 2)

SA'NAE ELLIS-WILEY (CFO) AND ANREW WILLEY (CEO) ARE RELATIVES BY BLOOD.

#### 03. Governing body meeting documentation (Part VI, line 8a)

BOARD OF DIRECTORS REVIEW 990 RETURN BEFORE SIGNING OFF ON TAX RETURN TO BE FILED.

#### 04. Committee meeting documentation (Part VI, line 8b)

AN INFORMED MEMBER OF THE BOARD MADE APPROPRIATE INQUIRIES AND PERFORMED ADEQUATE

INSPECTION AS RELATING TO THE PREPARATION OF THE EXEMPT ORGANIZATION'S RETURN CONTENTS ADN

POSITIONS TAKEN.

#### 05. Form 990 governing body review (Part VI, line 11)

AN INFORMED MEMBER OF THE BOARD MADE APPROPRIATE INQUIRES AND PERFORMED ADEQUATE

INSPECTION AS RELATING TO THE PREPARATION OF THE EXEMPT ORGANIZATION'S RETURN CONTENTS AND

POSITIONS TAKEN.

#### 06. Conflict of interest policy compliance (Part VI, line 12c)

CONFLICT OF INTEREST COMPLIANCE IS ENSURED BY CONTINUOUS MONITORING AND ANNUAL REVIEW.

#### 07. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD REVIEWS THE COMPENSATION ON AN ANNUAL BASIS. CURRENTLY THE COMPENSATION IS BELOW

Schedule O (Form 990 or 990-EZ) (2018)		Page
Name of the organization		Employer identification number
TIMELIST GROUP INC		46-0881011
THE COMPARABLE DATA FROM SIMILAR ORGANIZATIONS	3	
08. Other officer or key employee compensation	(Part VI, line 15b	
THE COMPENSATION IS BELOW THE COMPARABLE DATA	FROM SIMILAR ORGANIZATIONS	
09. Governing documents, etc, available to pub	olic (Part VI, line 19)	
ON ODGINIZIETONI S MEDGIER		
ON ORGANIZATION'S WEBSITE		
10. List of other expenses (Part IX, line 24e)		
,,,,,,, _		
PROGRAM EXPENSES:		
AUTO EXPENSES 3,866		
MEALS AND ENTERTAINMENT 1,030		
PAYROLL PROCESSING FEE 5,555		
PEST CONTROL 2,294		
DUES AND SUBSCRIPTIONS714		
EQUIPMENT RENTAL1,456		
GIFT EXPENSES1,756		
HOUSING EXPENSES19,976		
PROFESSIONAL FEES 16,410		
ADMINISTRATIVE EXPENSES:		
CHARITABLE CONTRIBUTIONS 202		
BANKING FEE 168		
SECURITY 150		
TAXEX 381		
PEST CONTROL 983		
LANDSCAPING 150		

TIMELIST GROUP INC

Employer identification number

11. General explanation attachment

FORM 990 EZ, PART III- ORGANIZATIONS'S PRIMARY EXEMPT PURPOSE

WE AIM TO END THE CYCLE OF VIOLENCE, CRIME, POVERTY AND RACISIM THROUGH OUR RE-ENTRY

SERVICES, HOUSING, OUTREACH, WORKFORCE DEVELOPMENT AND EDUCATIONAL PROGRAMS. FORM

990-EZ,PART 111,LINE 28-STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ORGANIZATION OBJECTIVES

THE TIMELIST GROUP MAIN OBJECTIVES IS TO PROVIDE SERVICES TO MEN, WOMEN AND FAMILIES

IMPACTED BY INCARCERATION. SERVICES SUCH AS HOUSING, EMPLOYMENT ASSISTANCE AND EDUCATIONAL

TOOLS TO EMPOWER THOSE THAT HAVE BEEN UNABLE TO PENETRATE SOCIO-ECONOMIC BARRIERS WITHOUT

SUPPORT.

ACHIEVEMENT DURING THE YEAR

2018 HAS BEEN THE BEGINNING OF OUR PUSH TO REINTRODUCE OUR REHABILITATION CURRICULUM INTO

THE CALIFORNIA PRISON SYSTEM. WE HAVE SUCCEEDED BY COMPLETING THE FOLLOWING:

• INCREASE THE CAPACITY OF OUR HOUSING PROGRAM

•OPEN NEW COMPUTER LAB FOR CLIENTS

•RESTART OUR YOUTH MENTORING PROGRAM

•NEW PARTNERSHIP WITH ST. JOSEPH CENTER

• PROCUREMENT FROM CDCR STATE OF CALIFORNIA FOR REHABILITATION CURRICULUM

GOALS FOR THE FUTURE

•ADDING A RESIDENTIAL TREATMENT FACILITY

•BUILD GARDENING SERVICES TO PROVIDE JOBS FOR HOUSING RESIDENTS

•AND EXPAND PROGRAMS TO THE JAILS AND PRISONS

#### TIMELIST GROUP INC

Employer identification number 46-0881011

MISSION:

OUR GOAL IS TO ADVANCE THIS PROGRAM WHEREVER THERE IS NEED FOR IT TO HELP MEN, WOMEN, AND

YOUTH RESHAPE THEIR LIVES TO BECOME PRODUCTIVE INDIVIDUALS WITHIN SOCIETY. THE PROGRAM

BEGINS WHILE PARTICIPANTS ARE INCARCERATED, AND SUPPORTS THEM THROUGH THE REENTRY

PROGRESS. AS WE WANT TO MAKE OUR COMMUNITY A BETTER PLACE THROUGH EDUCATION AND THE

ENLISTING OF OUR CITIZENS TO BRING SERVICES TO THOSE IN NEEDS.

990	<b>Overflow Statement</b>			<b>2018</b> Page 1
Name(s) as shown on return			FEIN	
TIMELIST GROUP INC				46-0881011
Description				Amount
BUSINESS AIRFARE			\$	3,002
BUSINESS LODGING				2,12
CAR RENTAL				23
PARKING				73
		Total:	\$	5,43
Degariation				Amount
Description AUTO EXPENSES			\$	Amount
				3,860
MEALS AND ENTERTAI				1,03
PAYROLL PROCESSING	- FEE			5,55!
PEST CONTROL	1.012			2,29
DUES AND SUBSCRIPT				714
				1,45
GIFT EXPENSES				1,75
HOUSING EXPENSES				
		Total:		<u>19,976</u> <u>16,410</u> <b>53,05</b>
HOUSING EXPENSES PROFESSIONAL FEES Description			\$	<u>16,41</u> 53,05
HOUSING EXPENSES PROFESSIONAL FEES Description CHARITABLE CONTRIE				<u>16,41</u> 53,05 <u>Amount</u> 202
HOUSING EXPENSES PROFESSIONAL FEES Description CHARITABLE CONTRIE BANKING FEE			\$	<u>16,410</u> 53,05 Amount <u>202</u> 168
HOUSING EXPENSES PROFESSIONAL FEES Description CHARITABLE CONTRIE BANKING FEE SECURITY			\$	<u>16,410</u> 53,05 <u>Amount</u> 202 168 150
HOUSING EXPENSES PROFESSIONAL FEES Description CHARITABLE CONTRIE BANKING FEE SECURITY TAXES			\$	<u>16,410</u> 53,05 <u>Amount</u> 202 168 150 382
HOUSING EXPENSES PROFESSIONAL FEES Description CHARITABLE CONTRIE BANKING FEE SECURITY TAXES PEST CONTROL	BUTIONS		\$	<u>16,41</u> 53,05 <u>Amount</u> 20: 16: 15: 38: 98:
HOUSING EXPENSES PROFESSIONAL FEES Description CHARITABLE CONTRIE BANKING FEE SECURITY TAXES	BUTIONS	Total:	\$	<u>16,41</u> 53,05 <u>Amount</u> 20: 163 150 383 983 150
HOUSING EXPENSES PROFESSIONAL FEES Description CHARITABLE CONTRIE BANKING FEE SECURITY TAXES PEST CONTROL	BUTIONS		\$	<u>16,410</u> 53,05 <u>Amount</u> 202 168 150
HOUSING EXPENSES PROFESSIONAL FEES CHARITABLE CONTRIE BANKING FEE SECURITY TAXES PEST CONTROL	BUTIONS	Total:	\$	<u>16,410</u> 53,05 <u>Amount</u> 202 168 150 383 983 150
HOUSING EXPENSES PROFESSIONAL FEES CHARITABLE CONTRIE BANKING FEE SECURITY TAXES PEST CONTROL	BUTIONS	Total:	\$	<u>16,41</u> 53,05 <u>Amount</u> 20: 163 150 383 983 150
HOUSING EXPENSES PROFESSIONAL FEES CHARITABLE CONTRIE BANKING FEE SECURITY TAXES PEST CONTROL	BUTIONS	Total:	\$	<u>16,41</u> 53,05 <u>Amount</u> 20: 163 150 383 983 150
HOUSING EXPENSES PROFESSIONAL FEES CHARITABLE CONTRIE BANKING FEE SECURITY TAXES PEST CONTROL	BUTIONS	Total:	\$	<u>16,41</u> 53,05 Amount <u>20</u> 16 15 38 98 15
HOUSING EXPENSES PROFESSIONAL FEES Description CHARITABLE CONTRIE BANKING FEE SECURITY TAXES PEST CONTROL	BUTIONS	Total:	\$	<u>16,41</u> 53,05 Amount <u>20</u> 16 15 38 98 15
HOUSING EXPENSES PROFESSIONAL FEES Description CHARITABLE CONTRIE BANKING FEE SECURITY TAXES PEST CONTROL	BUTIONS	Total:	\$	<u>16,41</u> 53,05 <u>Amount</u> 20: 163 150 383 983 150