#### EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

| Α             | For the                    | 2018 calendar year, or tax year beginning and er  | nding       |                              |                               |
|---------------|----------------------------|---|-------------|------------------------------|-------------------------------|
| В             | Check if applicable        | C Name of organization  |             | D Employer identific         | cation number                 |
|               | Addres<br>change           | PAYMENTSFIRST, INC  |             |                              |                               |
|               | Name<br>change             | Doing business as   |             | **_*                         | <b>**</b> 6397                |
|               | Initial<br>return          | Number and street (or P.O. box if mail is not delivered to street address)  | loom/suite  | E Telephone number           | ,                             |
|               | Final return/              | 3250 RIVERWOOD PARKWAY, SUITE 150   |             | 678-                         | 384-9791                      |
|               | termin-<br>ated            | City or town, state or province, country, and ZIP or foreign postal code  |             | <b>G</b> Gross receipts \$   | 2,700,911.                    |
| Ļ             | Amend                      | AILANIA, GA 30333   |             | H(a) Is this a group re      |                               |
|               | Applica<br>tion<br>pending |   |             | for subordinates             |                               |
| _             |                            | SAME AS C ABOVE   |             | H(b) Are all subordinates in |                               |
|               |                            | mpt status: $\square$ 501(c)(3) $\square$ 501(c) ( 6 ) $\blacktriangleleft$ (insert no.) $\square$ 4947(a)(1) or $\square$ <b>WWW.PAYMENTSFIRST.ORG</b> | 527         | i '                          | list. (see instructions)      |
|               |                            | prganization: X Corporation Trust Association Other   | I Voor      | H(c) Group exemption         |                               |
|               |                            | Summary   | L Year o    | or formation: 1975 N         | 1 State of legal domicile: GA |
|               | T 4 7                      | Briefly describe the organization's mission or most significant activities: TO SE   | RVE O       | UR MEMBERS                   | AS A                          |
| Governance    | ' ;                        | TRUSTED PARTNER SUPPORTING THE SECURE USE   | . ADV       | ANCEMENT AN                  | D                             |
| nai           | 2                          | Check this box  if the organization discontinued its operations or dispose  | -           |                              |                               |
| S e           | 3 1                        | Number of voting members of the governing body (Part VI, line 1a)   |             |                              | 14                            |
| Ğ             | 4 1                        | Number of independent voting members of the governing body (Part VI, line 1b)   |             |                              | 14                            |
| es &          |                            | otal number of individuals employed in calendar year 2018 (Part V, line 2a)   |             |                              | 18                            |
| Ϋ́            |                            | otal number of volunteers (estimate if necessary)   |             |                              | 0                             |
| Activities &  |                            | otal unrelated business revenue from Part VIII, column (C), line 12   |             |                              | 30,000.                       |
| _             | 1 d                        | Net unrelated business taxable income from Form 990-T, line 38  | <u></u>     | 7b                           | -6,182.                       |
|               |                            |   |             | Prior Year                   | Current Year                  |
| <u>e</u>      | 8 (                        | Contributions and grants (Part VIII, line 1h)   |             | 1,312,750.                   | 1,321,683.                    |
| ē             |                            | Program service revenue (Part VIII, line 2g)  |             | 1,053,786.                   | 1,207,164.                    |
| Revenue       |                            | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  |             | 8,375.                       | 11,429.                       |
|               |                            | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |             | 80,805.                      | 88,368.                       |
|               |                            | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |             | 2,455,716.                   | 2,628,644.                    |
|               |                            | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |             | 0.                           | 0.                            |
|               | 1                          | Benefits paid to or for members (Part IX, column (A), line 4)   |             | 1,873,042.                   | 1,998,750.                    |
| Expenses      | 15 5                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |             | 0.                           | 0.                            |
| ben           | loa i                      | Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)                                | 0.          | •                            | <u> </u>                      |
| Ä             | 17                         | otal fundraising expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                  |             | 772,751.                     | 723,186.                      |
|               |                            | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |             | 2,645,793.                   | 2,721,936.                    |
|               |                            | Revenue less expenses. Subtract line 18 from line 12  |             | -190,077.                    | -93,292.                      |
| Net Assets or | 3                          |   | Be          | ginning of Current Year      | End of Year                   |
| sets          | 20                         | otal assets (Part X, line 16)   |             | 3,174,357.                   | 3,150,217.                    |
| ASS           | 21                         | otal liabilities (Part X, line 26)  |             | 1,747,463.                   | 1,816,615.                    |
| <u>Si</u>     | 22 1                       | Net assets or fund balances. Subtract line 21 from line 20  |             | 1,426,894.                   | 1,333,602.                    |
| P             | art II                     | Signature Block   |             |                              |                               |
|               |                            | ties of perjury, I declare that I have examined this return, including accompanying schedules a   |             |                              | / knowledge and belief, it is |
| true          | e, correct                 | , and complete. Declaration of preparer (other than officer) is based on all information of whic  | ch preparer | has any knowledge.           |                               |
|               |                            | Signature of officer  |             | <br>Date                     |                               |
| Sig           |                            | •   |             | Date                         |                               |
| He            | re                         | PEGGY GACHESA, CEO Type or print name and title   |             |                              |                               |
| _             |                            | Print/Type preparer's name Preparer's signature   | 10          | Date Check                   | PTIN                          |
| Pai           |                            | JEFFREY D. CHANDLER, CPA JEFFREY D. CHAND   |             | 5/07/19 if self-employe      |                               |
|               | - +                        | Firm's name BORLAND BENEFIELD, P.C.   |             | Firm's EIN                   | **-***1243                    |
|               | · -                        | Firm's address 2101 HIGHLAND AVE S., SUITE 500  |             | THIII 3 LIN                  |                               |
|               |                            | BIRMINGHAM, AL 35205  |             | Phone no. 20                 | 5-802-7212                    |
| Ma            | v the IR                   | S discuss this return with the preparer shown above? (see instructions)   |             | 1                            | X Yes No                      |

| Pai | Charlet Cohort de Constitute a war avec avec to the charlet Constitute of the charlet Cohort III   |                        |
|-----|--|------------------------|
| 1   | Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:   | <u> </u>               |
| •   | PROVIDE EDUCATION, SUPPORT, AND RISK AND COMPLIANCE SERVICES T   | 0                      |
|     | PROMOTE THE USE, ADVANCEMENT, AND UNDERSTANDING OF ELECTRONIC  |                        |
|     | PAYMENTS.  |                        |
|     |  |                        |
| 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 X 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?   | Yes X No               |
|     | If "Yes," describe these changes on Schedule O.  |                        |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by   |                        |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organization for the section for  | expenses, and          |
|     | revenue, if any, for each program service reported.  | 309,092.)              |
| 4a  | (Code:) (Expenses \$ 99,638. including grants of \$  | 309,092.               |
|     | COMPLIANCE, ADVANCEMENT AND UNDERSTANDING OF ELECTRONIC PAYMEN   | ጥሮ ፑለኮ                 |
|     | THE BENEFIT OF INDUSTRY PARTICIPANTS AND THE PAYMENTS NETWORK.   | ID FOR                 |
|     | THE BENEFIT OF IMPOSITE PROTECTION AND THE PROTECTION.   |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
| 4b  | (Code:) (Expenses \$   | 869,057.)              |
| 40  | RISK AND COMPLIANCE- PAYMENTSFIRST PROMOTES GROWTH AND SECURE  |                        |
|     | ELECTRONIC PAYMENTS THROUGH PROVIDING RESOURCES AND SUPPORT TO   |                        |
|     | AND CONTROL RISK AND ENSURE RULE AND REGULATORY COMPLIANCE FOR   | THE                    |
|     | BENEFIT OF THE PAYMENTS NETWORK.   |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
| 4c  | (Code:) (Expenses \$   | )                      |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     |  |                        |
|     | Other program convices (Describe in Schedule O.)   |                        |
| 40  | Other program services (Describe in Schedule O.) (Expenses \$ 1,577,499 • including grants of \$ ) (Revenue \$   | 1                      |
|     | Total program service expenses ► 1,770,058.  | J                      |
|     | remi pregram est not experience program and a second control of the second control of th | Form <b>990</b> (2018) |

13580507 786654 3063

## Form 990 (2018) PAYMENTSFIRS Part IV Checklist of Required Schedules

|     |   |     | Yes | No          |
|-----|---|-----|-----|-------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |     | l           |
|     | If "Yes," complete Schedule A   | 1   |     | X           |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2   |     | Х           |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |     | l           |
|     | public office? If "Yes," complete Schedule C, Part I  | 3   |     | X           |
| 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   |     |             |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |     |     | 3,7         |
| _   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5   |     | X           |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |     |     | v           |
| _   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | X           |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | _   |     | x           |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     |             |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |     |     | x           |
| •   | Schedule D, Part III  | 8   |     |             |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |     |     |             |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |     |     | x           |
| 40  | If "Yes," complete Schedule D, Part IV  | 9   |     |             |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent   | 40  |     | x           |
| 44  | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X    | 10  |     | 122         |
| 11  | as applicable.  |     |     |             |
| •   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |     |     |             |
| а   | D 11/1  | 11a | Х   |             |
| h   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total   | Ha  |     |             |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | Х           |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total  | 110 |     |             |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |     | Х           |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in  |     |     |             |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |     | Х           |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | Х           |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |     |     |             |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |     | X           |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |     |     |             |
|     | Schedule D, Parts XI and XII  | 12a | Х   |             |
| 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 |     | Х           |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | Х           |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | X           |
| b   |   |     |     |             |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |     |     | 3,7         |
|     | 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   |     |     | l 🕶         |
| 40  | 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  | 40  |     | X           |
| 47  | or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16  |     |             |
| 17  |   | 47  |     | x           |
| 10  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines            | 17  |     | 1           |
| 18  | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     | x           |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  | 10  |     | <del></del> |
| 19  | complete Schedule G, Part III   | 19  |     | X           |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | X           |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     | <del></del> |
| 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           |
|     |   | _   |     | _           |

3063\_\_\_1

## Form 990 (2018) PAYMENTSFIRST, INC Part IV Checklist of Required Schedules (continued)

|      |  |      | Yes | No          |
|------|--|------|-----|-------------|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22   |     | 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 \$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  |     |             |
|      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d  |     |             |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |      |     |             |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |     |             |
| 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  | 051  |     |             |
| 00   | Schedule L, Part I   | 25b  |     |             |
| 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   | 20   |     | <del></del> |
|      | 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  |     | X           |
| 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? If "Yes," complete Schedule M   | 29   |     | Х           |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |      |     | . v         |
| 0.4  | contributions? If "Yes," complete Schedule M   | 30   |     | X           |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations?   | 24   |     | x           |
| 32   | If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  | 31   |     |             |
| 32   | Schedule N, Part II  | 32   |     | x           |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |      |     |             |
| •    | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33   |     | х           |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |      |     |             |
|      | Part V, line 1   | 34   |     | Х           |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  |     | Х           |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |      |     |             |
|      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b  |     |             |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |      |     |             |
|      | If "Yes," complete Schedule R, Part V, line 2  | 36   |     |             |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 0.7  |     | Х           |
| 20   | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37   |     |             |
| 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   |             |
| Pa   | Note. All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance   | _ 00 |     |             |
|      | Check if Schedule O contains a response or note to any line in this Part V   |      |     |             |
|      |  |      | Yes | No          |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |      |     |             |
| b    | Enter the number of Forms 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   |     |             |

# Form 990 (2018) PAYMENTSFIRST, INC Part 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 return  | 2a 18                        |            |     |       |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax return   | ns?                          | 2b         |     | X     |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions   | )                            |            |     |       |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |                              | За         | Х   |       |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0  | )                            | 3b         | Х   |       |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other a  | authority over, a            |            |     |       |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account   | account)?                    | 4a         |     | X     |
| 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 A   | · · ·                        |            |     |       |
|        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |                              | 5a         |     | X     |
|        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa   |                              | 5b         |     | X     |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |                              | 5c         |     |       |
| ьа     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |                              | <b>C</b> - |     | Х     |
| h      | any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribut |                              | 6a         |     | - 22  |
| D      |  |                              | 6b         |     |       |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |                              | OD         |     |       |
| '<br>а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser  | vices provided to the payor? | 7a         |     |       |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |                              | 7b         |     |       |
|        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |                              |            |     |       |
|        | to file Form 8282?   |                              | 7с         |     |       |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                           |            |     |       |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c  | ontract?                     | 7e         |     |       |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control   | act?                         | 7f         |     |       |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Fo   | orm 8899 as required?        | 7g         |     |       |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   | ation file a Form 1098-C?    | 7h         |     |       |
| 8      | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained   | by the                       |            |     |       |
|        |  |                              | 8          |     |       |
| 9      | Sponsoring organizations maintaining donor advised funds.  |                              |            |     |       |
| а      |  |                              | 9a         |     |       |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |                              | 9b         |     |       |
| 10     | Section 501(c)(7) organizations. Enter:  | 100                          |            |     |       |
| a<br>b | Initiation fees and capital contributions included on Part VIII, line 12   | 10a<br>10b                   |            |     |       |
| 11     | Section 501(c)(12) organizations. Enter:   | 100                          |            |     |       |
|        | Gross income from members or shareholders  | 11a                          |            |     |       |
|        | Gross income from other sources (Do not net amounts due or paid to other sources against   |                              |            |     |       |
|        | amounts due or received from them.)  | 11b                          |            |     |       |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   |                              | 12a        |     |       |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b                          |            |     |       |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                              |            |     |       |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   |                              | 13a        |     |       |
|        | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |                              |            |     |       |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the   | 1                            |            |     |       |
|        | organization is licensed to issue qualified health plans   | 13b                          |            |     |       |
|        | Enter the amount of reserves on hand   | 13c                          |            |     | v     |
|        | Did the organization receive any payments for indoor tanning services during the tax year?   |                              | 14a        |     | X     |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule  |                              | 14b        |     |       |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune   |                              | 4.         |     | Х     |
|        | excess parachute payment(s) during the year?  If "Yos " soo instructions and file Form 4720. Schodule N.   |                              | 15         |     | Λ     |
| 16     | If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investmen                   | t income?                    | 16         |     | Х     |
| 10     | If "Yes," complete Form 4720, Schedule O.  | t income?                    | 10         |     |       |
|        | ii 100, complete i citil 4120, contecicie c.   |                              | Form       |     | (2010 |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|     | Check if Schedule O contains a response or note to any line in this Part VI   |         |          | X    |  |  |  |  |  |  |
|-----|---|---------|----------|------|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management   |         |          |      |  |  |  |  |  |  |
|     |   |         | Yes      | No   |  |  |  |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   |         |          |      |  |  |  |  |  |  |
|     | 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 1b 1   |         |          |      |  |  |  |  |  |  |
| 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 supervision               |         |          |      |  |  |  |  |  |  |
|     | of officers, directors, or trustees, or key employees to a management company or other person?                                      |         |          |      |  |  |  |  |  |  |
| 4   |   |         |          |      |  |  |  |  |  |  |
| 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       | Х        |      |  |  |  |  |  |  |
| 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      |          | X    |  |  |  |  |  |  |
| 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 the                |         |          |      |  |  |  |  |  |  |
|     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9       |          | Х    |  |  |  |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |         |          |      |  |  |  |  |  |  |
|     |   |         | Yes      | No   |  |  |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a     |          | X    |  |  |  |  |  |  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |         |          |      |  |  |  |  |  |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 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?                                   |         |          |      |  |  |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official  | 15a     | Х        |      |  |  |  |  |  |  |
| b   | Other officers or key employees of the organization   | 15b     | Х        |      |  |  |  |  |  |  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |         |          |      |  |  |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |          |      |  |  |  |  |  |  |
|     | taxable entity during the year?   | 16a     |          | X    |  |  |  |  |  |  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |         |          |      |  |  |  |  |  |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |         |          |      |  |  |  |  |  |  |
|     | exempt status with respect to such arrangements?  | 16b     |          |      |  |  |  |  |  |  |
| Sec | tion C. Disclosure  |         |          |      |  |  |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed ►GA , SC , TN  |         |          |      |  |  |  |  |  |  |
| 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  | ) availa | able |  |  |  |  |  |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |         |          |      |  |  |  |  |  |  |
|     | Own website Another's website X 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     | l finan | cial     |      |  |  |  |  |  |  |
| _   | 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                      |         |          |      |  |  |  |  |  |  |
|     | GAI CRAIG - 678-384-9791  |         |          |      |  |  |  |  |  |  |
|     | 2 RIVERCHASE OFFICE PLAZA, BIRMINGHAM, AL 35244   |         |          |      |  |  |  |  |  |  |

832006 12-31-18

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

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

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

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

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

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

| <b>(A)</b><br>Name and Title | (B) Average hours per week   | box                            | Position (do not check more than one box, unless person is both an officer and a director/trustee) |  |  |               | h an   | ( <b>D)</b> Reportable compensation from | <b>(E)</b> Reportable compensation from related | (F) Estimated amount of other |
|------------------------------|--|--------------------------------|--|--|--|---------------|--|--|---|-------------------------------|
|                              | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee  | the organizations organization (W-2/1099-MISC) |  | organizations | compensation<br>from the<br>organization<br>and related<br>organizations |  |   |                               |
| (1) RICH LEARY               | 1.00   | ,,                             |  | 77   |  |               |  | •  | 0   | 0                             |
| CHAIRMAN                     | 1 00   | Х                              |  | Х  |  |               |  | 0.                                       | 0.  | 0.                            |
| (2) GLEN CROSS               | 1.00   | ٠,,                            |  | 37   |  |               |  | _  | _   | _                             |
| SECRETARY                    | 1 00   | Х                              |  | Х  |  |               |  | 0.                                       | 0.  | 0.                            |
| (3) SCOTT WOODS              | 1.00   | ٠,                             |  | . I  |  |               |  |  | ^   | _                             |
| TREASURER                    | 1 00   | Х                              |  | Х  |  |               |  | 0.                                       | 0.  | 0.                            |
| (4) ARON STOSBERG            | 1.00   | \<br>•                         |  |  |  |               |  | _  | 0   | _                             |
| DIRECTOR                     | 1.00   | Х                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| (5) MARK ALTMAN              | 1.00   | X                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| DIRECTOR (6) GREG MCCLELLAN  | 1.00   | ^                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| DIRECTOR                     | 1.00   | X                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| (7) JERRY SIEGEL             | 1.00   | ^                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| DIRECTOR                     | 1.00   | X                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| (8) DAVID PETERSON           | 1.00   |                                |  |  |  |               |  | 0.                                       | 0.  | •                             |
| VICE CHAIR                   | 1.00   | x                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| (9) MARISA REYNOLDS          | 1.00   |                                |  |  |  |               |  | · ·                                      | •   | •                             |
| DIRECTOR                     | 1.00   | x                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| (10) PAUL RAGLAND            | 1.00   |                                |  |  |  |               |  |  |   | •                             |
| DIRECTOR                     |  | x                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| (11) KAREN GRAHN             | 1.00   | <del></del>                    |  |  |  |               |  | •  | •   | •                             |
| DIRECTOR                     |  | х                              |  | х  |  |               |  | 0.                                       | 0.  | 0.                            |
| (12) VIVEK JHA               | 1.00   |                                |  |  |  |               |  |  |   |                               |
| DIRECTOR                     |  | Х                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| (13) TONI DAVISSON           | 1.00   |                                |  |  |  |               |  |  |   |                               |
| DIRECTOR                     |  | Х                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| (14) JODI MOORE              | 1.00   |                                |  |  |  |               |  |  |   |                               |
| DIRECTOR                     |  | Х                              |  |  |  |               |  | 0.                                       | 0.  | 0.                            |
| (15) PEGGY GACHESA           | 40.00  |                                |  |  |  |               |  |  |   |                               |
| CEO                          |  | 1                              |  | Х  |  |               |  | 208,175.                                 | 0.  | 0.                            |
| (16) DONNA ASHWORTH          | 40.00  |                                |  |  |  |               |  |  |   |                               |
| VP RISK & COMPLIANCE         |  |                                |  |  |  | Х             |  | 173,527.                                 | 0.  | 0.                            |
| (17) GAI CRAIG               | 40.00  |                                |  |  |  |               |  |  |   |                               |
| EXECUTVE VICE PRESIDENT      |  | L                              |  |  |  | Х             | L  | 166,827.                                 | 0.  | 0.                            |

832007 12-31-18

| Part VII Section A. Officers, Directors, Trus   | tees, Key Em   | ploy                           | ees.   | , and   | d Hi         | ighe                            | st (        | Compensated Employe                    | es (continued)                           |                        |  |                            |
|---|--|--------------------------------|--|---------|--------------|---------------------------------|-------------|--|--|------------------------|--|----------------------------|
| (A)<br>Name and title   | (A)  Name and title  Average hours per week                          |                                | Position (do not check more than one box, unless person is both a officer and a director/trustee |         |              |                                 |             | (D)  Reportable compensation from      | (E) Reportable compensation from related | (F) Estimate amount of |  | of                         |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee  | Officer | Key employee | Highest compensated<br>employee | Former      | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | or<br>a                | mpensa<br>from th<br>ganizat<br>nd relat<br>ganizati | ation<br>le<br>tion<br>ted |
| (18) ALLEN YOUNG  | 40.00  |                                |  |         |              |                                 |             | 105.064                                |  |                        |  |                            |
| VP EDUCATION & COMMUNICATI  |  |                                |  |         |              | X                               |             | 137,864.                               | 0  | <u>-</u>               |  | 0.                         |
|   |  |                                |  |         |              |                                 |             |  |  |                        |  |                            |
|   |  |                                |  |         |              |                                 |             |  |  |                        |  |                            |
|   |  |                                |  |         |              |                                 |             |  |  |                        |  |                            |
|   |  |                                |  |         |              |                                 |             |  |  |                        |  |                            |
| 1b Sub-total c Total from continuation sheets to Part VI  | I, Section A   |                                |  |         |              |                                 | <b>&gt;</b> | 686,393.<br>0.<br>686,393.             | 0  | •                      |  | 0.                         |
| d Total (add lines 1b and 1c)  Total number of individuals (including but n compensation from the organization  |  |                                |  |         |              |                                 | no r        | -                                      |  | <u>•</u>               |  | 4                          |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s  |  |                                |  |         |              |                                 |             | highest compensated e                  |  | 3                      | Yes  | No<br>X                    |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150  |  |                                |  |         |              |                                 |             |  |  | 4                      | Х  |                            |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com   | -  |                                |  |         | -            |                                 | elat        | ted organization or indiv              | dual for services                        | 5                      |  | Х                          |
| Section B. Independent Contractors  |  |                                |  |         |              |                                 |             |  | <b>A</b> 100 000 1                       |                        |  |                            |
| Complete this table for your five highest co<br>the organization. Report compensation for   | -  | -                              |  |         |              |                                 |             |  | · · · · · · · · · · · · · · · · · · ·    | isation                | i from   |                            |
| (A)<br>Name and business  | address  | N                              | ONE  | 3       |              |                                 |             | (B)<br>Description of s                | ervices                                  | Comp                   | ( <b>C)</b><br>ensatio                               | n                          |
|   |  |                                |  |         |              |                                 |             |  |  |                        |  |                            |
|   |  |                                |  |         |              |                                 |             |  |  |                        |  |                            |
|   |  |                                |  |         |              |                                 |             |  |  |                        |  |                            |
| Total number of independent contractors (in a second contractor of independent contractor o | •  | ot li                          | mite   | d to    |              | _                               | stec        | d above) who received n                | nore than                                |                        |  |                            |
| \$100,000 of compensation from the organic  | zation >   |                                |  |         |              | 0                               |             |  |  | Forn                   | n <b>990</b> (                                       | 2018)                      |

| Pa   | rt v | Check if Schedule O contains a respon  | se or note to any li                        | ine in this Part VIII                         |  |   |   |
|--|------|--|---|---|--|---|---|
|  |      | Cricenti Corredute C Cornaine a respect  |   | (A) Total revenue                             | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts | 2    | c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above f Noncash contributions included in lines 1a-1f: \$ f Total. Add lines 1a-1f  a RISK & COMPLIANCE b EDUCATION c LICENSE AUTOMATION TOO d e f All other program service revenue | Business Code<br>611600<br>611600<br>611600 | 1,321,683.<br>868,072.<br>309,092.<br>30,000. | 868,072.<br>309,092.                   | 30,000.                                 |   |
|  | 3    | g Total. Add lines 2a-2f  Investment income (including dividends, interpretation)  |   | 1,207,164.                                    |  |   |   |
|  | 4 5  | other similar amounts) Income from investment of tax-exempt bon  | d proceeds                                  | 11,429.                                       |  |   | 11,429.   |
|  |      | a Gross rents b Less: rental expenses c Rental income or (loss)  | (ii) Personal                               | -   |  |   |   |
|  | 7    | d Net rental income or (loss)  a Gross amount from sales of assets other than inventory  |   | _   |  |   |   |
|  |      | b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)   |   |   |  |   |   |
| Other Revenue  |      | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  |   |   |  |   |   |
| Other  |      | Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising event   | b   | -   |  |   |   |
|  | ı    | <ul> <li>a Gross income from gaming activities. See         Part IV, line 19         b Less: direct expenses         c Net income or (loss) from gaming activities     </li> </ul>   | a b   |   |  |   |   |
|  | 10   | a Gross sales of inventory, less returns and allowances     b Less: cost of goods sold   | a 159,650.                                  |   |  |   |   |
|  |      | c Net income or (loss) from sales of inventory   | <u> </u>                                    | 87,383.                                       |  |   | 87,383.   |
|  |      | Miscellaneous Revenue a OTHER INCOME b   | Business Code<br>900099                     | 985.  | 985.                                   |   |   |
|  |      | c  |   |   |  |   |   |
|  |      | d All other revenue  |   |   |  |   |   |
|  |      | e Total. Add lines 11a-11d   |   | 985.  |  | 30 000                                  | 00 010  |
|  | 12   | Total revenue. See instructions  | <u> </u>                                    | 2,628,644.                                    | μ, <b>ι/ο,14</b> 9•                    | 30,000.                                 | 98,812.   |

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

| <u></u> | Check if Schedule O contains a respons  | se or note to any line in  (A) | this Part IX                | (C)                             | ∟<br>(D)             |
|---------|---|--------------------------------|-----------------------------|---------------------------------|----------------------|
|         | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | Total expenses                 | Program service<br>expenses | Management and general expenses | Fundraising expenses |
| 1       | Grants and other assistance to domestic organizations   |                                |                             |                                 |                      |
|         | and domestic governments. See Part IV, line 21  |                                |                             |                                 |                      |
| 2       | Grants and other assistance to domestic   |                                |                             |                                 |                      |
|         | individuals. See Part IV, line 22   |                                |                             |                                 |                      |
| 3       | Grants and other assistance to foreign  |                                |                             |                                 |                      |
|         | organizations, foreign governments, and foreign   |                                |                             |                                 |                      |
|         | individuals. See Part IV, lines 15 and 16   |                                |                             |                                 |                      |
| 4       | Benefits paid to or for members   |                                |                             |                                 |                      |
| 5       | Compensation of current officers, directors,  | E60 16E                        | 202 516                     | 160 640                         |                      |
|         | trustees, and key employees   | 562,165.                       | 393,516.                    | 168,649.                        |                      |
| 6       | Compensation not included above, to disqualified  |                                |                             |                                 |                      |
|         | persons (as defined under section 4958(f)(1)) and   |                                |                             |                                 |                      |
|         | persons described in section 4958(c)(3)(B)  | 1 000 310                      | 714 000                     | 206 006                         |                      |
| 7       | Other salaries and wages  | 1,020,319.                     | 714,223.                    | 306,096.                        |                      |
| 8       | Pension plan accruals and contributions (include  | 1 4 7 6 1 7                    | 102 220                     | 44 205                          |                      |
|         | section 401(k) and 403(b) employer contributions)   | 147,617.                       | 103,332.                    | 44,285.                         |                      |
| 9       | Other employee benefits   | 157,859.                       | 110,501.                    | 47,358.                         |                      |
| 10      | Payroll taxes   | 110,790.                       | 77,553.                     | 33,237.                         |                      |
| 11      | Fees for services (non-employees):  |                                |                             |                                 |                      |
| а       | Management  | 11 606                         |                             | 11 606                          |                      |
| b       | Legal   | 11,626.                        |                             | 11,626.                         |                      |
| С       | Accounting  | 15,752.                        |                             | 15,752.                         |                      |
| 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 Sch 0.)  | 34,434.<br>9,237.              |                             | 34,434.                         |                      |
| 12      | Advertising and promotion   | 9,237.                         |                             | 9,237.                          |                      |
| 13      | Office expenses   | 25,041.                        |                             | 25,041.                         |                      |
| 14      | Information technology  |                                |                             |                                 |                      |
| 15      | Royalties   |                                |                             |                                 |                      |
| 16      | Occupancy   | 52,789.                        |                             | 52,789.                         |                      |
| 17      | Travel  | 65,332.                        | 58,799.                     | 6,533.                          |                      |
| 18      | Payments of travel or entertainment expenses  |                                |                             |                                 |                      |
|         | for any federal, state, or local public officials   |                                |                             |                                 |                      |
| 19      | Conferences, conventions, and meetings  |                                |                             |                                 |                      |
| 20      | Interest  |                                |                             |                                 |                      |
| 21      | Payments to affiliates  |                                |                             |                                 |                      |
| 22      | Depreciation, depletion, and amortization   | 35,326.                        |                             | 35,326.                         |                      |
| 23      | Insurance   | 11,752.                        |                             | 11,752.                         |                      |
| 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 0.)  | 00 (20                         | 00 (20                      |                                 |                      |
| а       | EDUCATION   | 99,638.                        | 99,638.                     |                                 |                      |
| b       | RISK & COMPLIANCE   | 92,921.                        | 92,921.                     |                                 |                      |
| С       | NACHA ASSESSMENTS   | 79,949.                        | 79,949.                     | 40.010                          |                      |
| d       | BOARD EXPENSES  | 48,012.                        | 20 606                      | 48,012.                         |                      |
| е       | All other expenses  | 141,377.                       | 39,626.                     | 101,751.                        |                      |
| 25      | Total functional expenses. Add lines 1 through 24e  | 2,721,936.                     | 1,770,058.                  | 951,878.                        |                      |
| 26      | <b>Joint costs</b> . Complete this line only if the organization  |                                |                             |                                 |                      |
|         | reported in column (B) joint costs from a combined  |                                |                             |                                 |                      |
|         | educational campaign and fundraising solicitation.  |                                |                             |                                 |                      |
|         | Check here if following SOP 98-2 (ASC 958-720)  |                                |                             |                                 | Form <b>990</b> (20  |

## Form 990 (2018) Part X | Balance Sheet

| Part X                      | Balance Sheet  |             |                          |                                 |                      |                           |
|-----------------------------|--|-------------|--------------------------|---------------------------------|----------------------|---------------------------|
|                             | Check if Schedule O contains a response or not       | te to any   | line in this Part X      |                                 |                      |                           |
|                             |  |             |                          | <b>(A)</b><br>Beginning of year |                      | <b>(B)</b><br>End of year |
| 1                           | Cash - non-interest-bearing                          | 1,194,151.  | 1                        | 1,049,551                       |                      |                           |
| 2                           | Savings and temporary cash investments               |             | 208,187.                 | 2                               | 209,415              |                           |
| 3                           | Pledges and grants receivable, net                   |             | 3                        |                                 |                      |                           |
| 4                           | Accounts receivable, net                             |             | 1,631,516.               | 4                               | 1,772,072            |                           |
| 5                           | Loans and other receivables from current and for     |             |                          |                                 |                      |                           |
|                             | trustees, key employees, and highest compens         |             |                          |                                 |                      |                           |
|                             | Part II of Schedule L                                |             |                          |                                 | 5                    |                           |
| 6                           | Loans and other receivables from other disquali      |             |                          |                                 |                      |                           |
|                             | section 4958(f)(1)), persons described in section    | n 4958(c)(  | (3)(B), and contributing |                                 |                      |                           |
|                             | employers and sponsoring organizations of sec        | tion 501(c  | c)(9) voluntary          |                                 |                      |                           |
| <b>2</b>                    | employees' beneficiary organizations (see instr)     | . Complet   | te Part II of Sch L      |                                 | 6                    |                           |
| Assets 6 7                  | Notes and loans receivable, net                      |             | Г                        |                                 | 7                    |                           |
| ₹   8                       | Inventories for sale or use                          |             |                          |                                 | 8                    |                           |
| 9                           | Prepaid expenses and deferred charges                |             |                          | 84,142.                         | 9                    | 77,108                    |
| 10a                         | Land, buildings, and equipment: cost or other        |             |                          |                                 |                      |                           |
|                             | basis. Complete Part VI of Schedule D                | 10a         | 126,354.                 |                                 |                      |                           |
| b                           | Less: accumulated depreciation                       |             | 123,320.                 | 25,103.                         | 10c                  | 3,034                     |
| 11                          | Investments - publicly traded securities             |             | 11                       |                                 |                      |                           |
| 12                          | Investments - other securities. See Part IV, line    |             |                          |                                 | 12                   |                           |
| 13                          | Investments - program-related. See Part IV, line     | 11          |                          |                                 | 13                   |                           |
| 14                          | Intangible assets                                    | 31,258.     | 14                       | 39,037                          |                      |                           |
| 15                          | Other assets. See Part IV, line 11                   |             | 15                       |                                 |                      |                           |
| 16                          | Total assets. Add lines 1 through 15 (must equ       |             | 3,174,357.               | 16                              | 3,150,217<br>252,402 |                           |
| 17                          | Accounts payable and accrued expenses                |             |                          | 276,085.                        | 17                   | 252,402                   |
| 18                          | Grants payable                                       |             | 18                       |                                 |                      |                           |
| 19                          | Deferred revenue                                     |             |                          | 1,471,378.                      | 19                   | 1,564,213                 |
| 20                          | Tax-exempt bond liabilities                          |             |                          |                                 | 20                   |                           |
| 21                          | Escrow or custodial account liability. Complete      | Part IV of  | Schedule D               |                                 | 21                   |                           |
| ဖွ 22                       | Loans and other payables to current and former       | r officers, | directors, trustees,     |                                 |                      |                           |
| ┋ │                         | key employees, highest compensated employee          |             |                          |                                 |                      |                           |
| Liabilities 8               | Complete Part II of Schedule L                       |             |                          |                                 | 22                   |                           |
| 23                          | Secured mortgages and notes payable to unrela        |             | <b>_</b>                 |                                 | 23                   |                           |
| 24                          | Unsecured notes and loans payable to unrelate        |             |                          |                                 | 24                   |                           |
| 25                          | Other liabilities (including federal income tax, pa  |             |                          |                                 |                      |                           |
|                             | parties, and other liabilities not included on lines | s 17-24). ( | Complete Part X of       |                                 |                      |                           |
|                             | Schedule D   |             |                          | 1 545 463                       | 25                   | 1 016 615                 |
| 26                          | Total liabilities. Add lines 17 through 25           |             |                          | 1,747,463.                      | 26                   | 1,816,615                 |
|                             | Organizations that follow SFAS 117 (ASC 958          |             | here 🕨 🔼 and             |                                 |                      |                           |
| S                           | complete lines 27 through 29, and lines 33 ar        |             |                          | 1 406 004                       |                      | 1 222 602                 |
| ਵੱ   27<br>ਲ                | Unrestricted net assets                              |             |                          | 1,426,894.                      | 27                   | 1,333,602                 |
| ਲ   28<br>ਲ                 | Temporarily restricted net assets                    |             |                          |                                 | 28                   |                           |
| 일 29                        |  |             |                          |                                 | 29                   |                           |
| 로                           | Organizations that do not follow SFAS 117 (A         | SC 958),    | check here ▶ □ □         |                                 |                      |                           |
| ō                           | and complete lines 30 through 34.                    |             |                          |                                 |                      |                           |
| 30                          | Capital stock or trust principal, or current funds   |             |                          |                                 | 30                   |                           |
| Net Assets or Fund Balances | Paid-in or capital surplus, or land, building, or ed |             |                          |                                 | 31                   |                           |
| 를 32                        | Retained earnings, endowment, accumulated in         |             |                          | 1 400 004                       | 32                   | 1 222 (00                 |
| _ 33                        | Total net assets or fund balances                    |             |                          | 1,426,894.                      | 33                   | 1,333,602                 |
| 34                          | Total liabilities and net assets/fund balances       |             |                          | 3,174,357.                      | 34                   | 3,150,217                 |

Form **990** (2018)

13580507 786654 3063

| orm | 1 990 (2018) PAYMENTSFIRST, INC   | **.     | -***6397 | Pa  | ge <b>12</b> |
|-----|---|---------|----------|-----|--------------|
| Pa  | rt 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       | 2,628    |     |              |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2       | 2,721    |     |              |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3       |          |     | 92.          |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4       | 1,426    | 5,8 | 94.          |
| 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      | 1,333    | 3,6 | 02.          |
| Pa  | rt XII Financial Statements and Reporting   |         |          |     |              |
|     | Check if Schedule O contains a response or note to any line in this Part XII  |         |          |     | X            |
|     |   |         |          | Yes | No           |
| 1   | Accounting method used to prepare the Form 990:  Cash X Accrual Other   |         |          |     |              |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | Ο.      |          |     |              |
| 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       | d on a  |          |     |              |
|     | separate basis, consolidated basis, or both:  |         |          |     |              |
|     | 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 separat       | e basis | 5,       |     |              |
|     | 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 th     | e audit | ,        |     |              |
|     | review, or compilation of its financial statements and selection of an independent accountant?                        |         | 2c       | Х   |              |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Sch     | edule ( | D        |     |              |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir   | ngle Au | ıdit     |     |              |
|     | Act and OMB Circular A-133?   |         | 3a       |     | Х            |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired au | dit      |     |              |

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PAYMENTSFIRST, INC

**Employer identification number** \*\*-\*\*\*6397

| Pai | t I Organizations Maintaining Donor Advise                            | d Funds or Other Similar Funds or                  | Accounts. Complete if the                 |
|-----|---|--|---|
|     | organization answered "Yes" on Form 990, Part IV, line                | e 6.   | ·   |
|     |   | (a) Donor advised funds                            | (b) Funds and other accounts              |
| 1   | Total number at end of year   |  |   |
| 2   | Aggregate value of contributions to (during year)                     |  |   |
| 3   | Aggregate value of grants from (during year)                          |  |   |
| 4   | Aggregate value at end of year  |  |   |
| 5   | Did the organization inform all donors and donor advisors in v        | writing that the assets held in donor advised fu   | inds                                      |
|     | are the organization's property, subject to the organization's        | exclusive legal control?                           | Yes No                                    |
| 6   | Did the organization inform all grantees, donors, and donor a         | dvisors in writing that grant funds can be usec    | lonly                                     |
|     | for charitable purposes and not for the benefit of the donor o        | r donor advisor, or for any other purpose confe    | erring                                    |
|     |   |  |   |
| Pai | 1 5   |  | V, line 7.                                |
| 1   | Purpose(s) of conservation easements held by the organization         | on (check all that apply).                         |   |
|     | Preservation of land for public use (e.g., recreation or e            | ducation) Preservation of a historical             | ly important land area                    |
|     | Protection of natural habitat   | Preservation of a certified                        | historic structure                        |
|     | Preservation of open space  |  |   |
| 2   | Complete lines 2a through 2d if the organization held a qualif        | ied conservation contribution in the form of a     |   |
|     | day of the tax year.  |  | Held at the End of the Tax Year           |
| а   | Total number of conservation easements                                |  | 2a  |
| b   |   |  |   |
| С   | Number of conservation easements on a certified historic stru         |  | 2c  |
| d   | Number of conservation easements included in (c) acquired a           |  |   |
|     | listed in the National Register                                       |  |   |
| 3   | Number of conservation easements modified, transferred, rel           | eased, extinguished, or terminated by the orga     | anization during the tax                  |
|     | year  |  |   |
| 4   | Number of states where property subject to conservation eas           |  |   |
| 5   | Does the organization have a written policy regarding the per         |  | □ v □ v.                                  |
|     | violations, and enforcement of the conservation easements it          |  |   |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,          | mandling of violations, and emorcing conserva      | tion easements during the year            |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand           | lling of violations, and enforcing conservation    | assements during the year                 |
| ′   | S   | illing of violations, and emorcing conservation of | easements during the year                 |
| 8   | Does each conservation easement reported on line 2(d) above           | e satisfy the requirements of section 170(h)(4)    | (B)(i)                                    |
| Ū   | and section 170(h)(4)(B)(ii)?   |  |   |
| 9   | In Part XIII, describe how the organization reports conservation      |  |   |
| _   | include, if applicable, the text of the footnote to the organizat     | •  |   |
|     | conservation easements.   |  | 3   |
| Pai | t III Organizations Maintaining Collections of                        | f Art, Historical Treasures, or Other              | Similar Assets.                           |
|     | Complete if the organization answered "Yes" on Form                   | 990, Part IV, line 8.                              |   |
| 1a  | If the organization elected, as permitted under SFAS 116 (AS          | C 958), not to report in its revenue statement     | and balance sheet works of art,           |
|     | historical treasures, or other similar assets held for public exh     | nibition, education, or research in furtherance of | of public service, provide, in Part XIII, |
|     | the text of the footnote to its financial statements that descri      | bes these items.                                   |   |
| b   | If the organization elected, as permitted under SFAS 116 (AS          | C 958), to report in its revenue statement and     | balance sheet works of art, historical    |
|     | treasures, or other similar assets held for public exhibition, ed     | ducation, or research in furtherance of public s   | ervice, provide the following amounts     |
|     | relating to these items:  |  |   |
|     | (i) Revenue included on Form 990, Part VIII, line 1                   |  |   |
|     | (ii) Assets included in Form 990, Part X                              |  | ▶ \$                                      |
| 2   | If the organization received or held works of art, historical treater | asures, or other similar assets for financial gair | n, provide                                |
|     | the following amounts required to be reported under SFAS 1            | 16 (ASC 958) relating to these items:              |   |
| а   | Revenue included on Form 990, Part VIII, line 1                       |  |   |
|     | Assets included in Form 990, Part X                                   |  |   |
| LHA | For Paperwork Reduction Act Notice, see the Instructions              | s for Form 990.                                    | Schedule D (Form 990) 2018                |

| 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that apply):  a Public exhibition  |      | t III Organizations Maintaining Co               | ollections of A     | rt, Hist   | orical Tr      | easures, d    | or Othe     | er Si   | imilar A    | ssets(con     | tinued)  |  |
|--|------|--|---------------------|------------|----------------|---------------|-------------|---------|-------------|---------------|----------|--|
| a Public exhibition d  | 3    | Using the organization's acquisition, accessio   | n, and other record | ls, checl  | any of the     | following tha | ıt are a si | ignific | cant use c  | f its collect | ion iter | ns   |
| b Scholarly research e   |      | (check all that apply):                          |                     |            |                |               |             |         |             |               |          |  |
| c Preservation for future generations 4 Provide a description of the organization's celections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? line 21.  1b if "Yes," explain the arrangement in Part XIII and complete the following table:  1   | а    | Public exhibition                                | d                   | · 🆳 i      | _oan or exc    | hange progra  | ams         |         |             |               |          |  |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   | b    | Scholarly research                               | е                   |            | Other          |               |             |         |             |               |          |  |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  | С    | Preservation for future generations              |                     |            |                |               |             |         |             |               |          |  |
| to be sold for raise funds rather than to be maintained as part of the organization's collection?  | 4    | Provide a description of the organization's col  | lections and explai | n how th   | ey further t   | he organizati | on's exer   | mpt p   | ourpose ir  | Part XIII.    |          |  |
| Part W   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21.    1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV?   Yes   No b   If Yes, "explain the arrangement in Part XIII and complete the following table:    C     Additions during the year   1d  | 5    | During the year, did the organization solicit or | receive donations   | of art, hi | storical trea  | sures, or oth | er similar  | asse    | ets         |               | _        | _  |
| reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  |      |  |                     |            |                |               |             |         |             |               |          | <u>No</u>  |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  | Pai  |  | •                   | ete if the | organizatio    | n answered '  | "Yes" on    | Forn    | n 990, Par  | t IV, line 9, | or       |  |
| on Form 990, Part X?    Prives, "explain the arrangement in Part XIII and complete the following table:  |      |  |                     |            |                |               |             |         |             |               |          |  |
| b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance  | 1a   |  |                     |            |                |               |             |         |             |               | _        | _  |
| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10.  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related progenizations  D If "Yes" on line 3a, 3(i), are the related organizations listed as required on Schedule R?  D Secribe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  B Land  B Land  B Additions  C Leashold improvements  |      |  |                     |            |                |               |             |         |             | · L Yes       |          | _ No   |
| c Beginning balance d Additions during the year 1 tel 1d   | b    | If "Yes," explain the arrangement in Part XIII a | nd complete the fo  | llowing t  | able:          |               |             | _       | -           |               |          |  |
| d Additions during the year   1d   1e   1f   1e   1e   |      |  |                     |            |                |               |             |         |             | Amou          | ınt      |  |
| e Distributions during the year   1   1   1   1   1   1   1   1   1  |      |  |                     |            |                |               |             |         | 1c          |               |          |  |
| f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Yes   | d    |  |                     |            |                |               |             |         | 1d          |               |          |  |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   | е    |  |                     |            |                |               |             |         |             |               |          |  |
| Describe in Part XIII. Check here if the explanation has been provided on Part XIII.   Describe in Part XIII. Check here if the organization answered "Yes" on Form 990, Part IV, line 10.   |      |  |                     |            |                |               |             |         | 1f          |               |          |  |
| Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Call Description of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (e) Fou   |      | -  |                     |            |                |               |             | -       |             | · L Yes       | F        | _  No  |
| (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (d) Three years back   (e) Four years    |      |  |                     |            |                |               |             |         |             |               | L        |  |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ %  5 Permanent endowment ▶ %  6 Temporarily restricted endowment ▶ %  7 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations  5 b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land  b Buildings c Leasehold improvements d Equipment C Stepholar Market Stepholar Stephol  | Pai  | <b>TV</b> Endowment Funds. Complete it           |                     |            |                |               |             |         |             |               |          |  |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment   |      |  | (a) Current year    | (b) P      | rior year      | (c) Two year  | rs back     | (d) II  | ree years i | Dack (e) Fo   | ur year  | s back   |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related o  | 1a   |  |                     |            |                |               |             |         |             |               |          |  |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 6 Other  126,354. 123,320. 3,034.   | b    |  |                     |            |                |               |             |         |             |               |          |  |
| e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶  | С    |  |                     |            |                |               |             |         |             |               |          |  |
| and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment   |      |  |                     |            |                |               |             |         |             |               |          |  |
| f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶  | е    | •  |                     |            |                |               |             |         |             |               |          |  |
| g End of year balance  |      |  |                     |            |                |               |             |         |             |               |          |  |
| Pervide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶   | f    | <del>-</del>                                     |                     |            |                |               |             |         |             |               |          |  |
| Board designated or quasi-endowment ▶  | g    |  |                     |            |                |               |             |         |             |               |          |  |
| b Permanent endowment ▶  | 2    |  | ent year end baland |            | g, column (a   | a)) held as:  |             |         |             |               |          |  |
| c Temporarily restricted endowment ▶   | а    | -  |                     | _%         |                |               |             |         |             |               |          |  |
| The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (ii |      |  | <del></del>         |            |                |               |             |         |             |               |          |  |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment c Other  Other  | С    |  |                     |            |                |               |             |         |             |               |          |  |
| Second   S   |      |  |                     |            |                |               |             |         |             |               |          |  |
| (ii) unrelated organizations (iii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other  Other   | 3a   | Are there endowment funds not in the posses      | sion of the organiz | ation tha  | it are held a  | and administe | ered for th | he or   | ganizatior  | ı             |          |  |
| (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  |      | -  |                     |            |                |               |             |         |             |               |          | No   |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  basis (other)  b Buildings  c Leasehold improvements  d Equipment  other  Other  |      |  |                     |            |                |               |             |         |             |               |          | <del>                                     </del> |
| Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land bBuildings CLeasehold improvements CLe |      | (ii) related organizations                       |                     |            |                |               |             |         |             | 3a(i          | i)       | <del>                                     </del> |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation  |      |  |                     |            |                |               |             |         |             | 3b            |          |  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  |      |  |                     | wment 1    | unds.          |               |             |         |             |               |          |  |
| Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Cost or other basis (other)   | Pai  |  |                     |            | , ,, ,, ,      |               |             |         | 4.0         |               |          |  |
| basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  |      |  |                     |            |                | 1             |             |         |             |               |          |  |
| b Buildings         c Leasehold improvements           c Leasehold improvements         126,354.         123,320.         3,034.           e Other         0 <td></td> <td>Description of property</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(d) Bo</td> <td>ok valı</td> <td></td>   |      | Description of property                          |                     |            |                |               |             |         |             | (d) Bo        | ok valı  |  |
| c Leasehold improvements         126,354.         123,320.         3,034.           e Other         126,354.         123,320.         3,034.   | 1a   | Land   |                     |            |                |               |             |         |             |               |          |  |
| d Equipment 126,354. 123,320. 3,034.   | b    |  |                     |            |                |               |             |         |             |               |          |  |
| e Other  | С    | Leasehold improvements                           |                     |            |                |               |             |         | •           | 1             |          |  |
|  | d    | Equipment  |                     |            | 12             | 6,354.        | 1           | L23     | ,320.       |               | 3,0      | 34.  |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  |      |  |                     |            |                |               |             |         |             |               |          | <u> </u>   |
|  | Tota | . Add lines 1a through 1e. (Column (d) must eq   | ual Form 990, Part  | X, colun   | nn (B), line 1 | 10c.)         |             |         | <b></b>     |               | 3,0      | 34.  |

Schedule D (Form 990) 2018

| Part VII | Investments - | Other | Securities. |
|----------|---------------|-------|-------------|

| (a) Description of security or category (including name of security)   | (b) Book value            | (c) Method of valua                                | tion: Cost or end-of-year market v |
|--|---------------------------|--|------------------------------------|
| 1) Financial derivatives   |                           |  |                                    |
| 2) Closely-held equity interests   |                           |  |                                    |
| Other  |                           |  |                                    |
| (A)  |                           |  |                                    |
| (B)  |                           |  |                                    |
| (C)  |                           |  |                                    |
| (D)  |                           |  |                                    |
| (E)  |                           |  |                                    |
| (F)  |                           |  |                                    |
| (G)  |                           |  |                                    |
| (H)  |                           |  |                                    |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  |                           |  |                                    |
| Part VIII Investments - Program Related.   |                           |  |                                    |
| Complete if the organization answered "Yes" of   |                           | e 11c. See Form 990, Part                          | X, line 13.                        |
| (a) Description of investment  | (b) Book value            | (c) Method of valua                                | tion: Cost or end-of-year market v |
| (1)  |                           |  |                                    |
| (2)  |                           |  |                                    |
| (3)  |                           |  |                                    |
| (4)  |                           |  |                                    |
| (5)  |                           |  |                                    |
| (6)  |                           |  |                                    |
| (7)  |                           |  |                                    |
| (8)  |                           |  |                                    |
| (9)  |                           |  |                                    |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  |                           |  |                                    |
| Part IX Other Assets.  |                           |  |                                    |
| Complete if the organization answered "Yes" o  |                           | e 11d. See Form 990, Parl                          | •                                  |
| (a) L  | Description               |  | (b) Book va                        |
| (1)  |                           |  |                                    |
| (2)  |                           |  |                                    |
| (3)  |                           |  |                                    |
| (4)  |                           |  |                                    |
| (5)  |                           |  |                                    |
| (6)  |                           |  |                                    |
| (7)  |                           |  |                                    |
| (8)  |                           |  |                                    |
| (9)  |                           |  |                                    |
|  | 15)                       |  | <b>&gt;</b>                        |
|  | 10./                      |  |                                    |
|  | 10.,                      |  |                                    |
| Part X Other Liabilities.  Complete if the organization answered "Yes" of  |                           |  | 0, Part X, line 25.                |
| Part X Other Liabilities.  Complete if the organization answered "Yes" of the complete in the organization of liability.   |                           | e 11e or 11f. See Form 99<br><b>(b)</b> Book value | 0, Part X, line 25.                |
| Part X Other Liabilities.  Complete if the organization answered "Yes" of the complete in the  |                           |  | 0, Part X, line 25.                |
| Part X Other Liabilities.  Complete if the organization answered "Yes" of the image |                           |  | 0, Part X, line 25.                |
| Part X Other Liabilities.  Complete if the organization answered "Yes" of the image |                           |  | 0, Part X, line 25.                |
| Complete if the organization answered "Yes" of a Description of liability  (1) Federal income taxes (2)  |                           |  | 0, Part X, line 25.                |
| Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization and the o |                           |  | 0, Part X, line 25.                |
| Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered of the organization and the organization a |                           |  | 0, Part X, line 25.                |
| Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and "Yes" of the organization and "Yes" of the organization answered "Yes" of the organization and "Yes" of the or |                           |  | 0, Part X, line 25.                |
| Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization of liability  (1) Federal income taxes (2) (3) (4) (5) (6)   |                           |  | 0, Part X, line 25.                |
| Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)   |                           |  | 0, Part X, line 25.                |
| Complete if the organization answered "Yes" of the complete if the complete if the complete if the organization answered "Yes" of the complete if the comp | on Form 990, Part IV, lin |  | 0, Part X, line 25.                |

832053 10-29-18

| Schedule D | (Form 990) 2018        | PAYMENTSFIRST,                | INC       | **-***6397                            | Page |
|------------|------------------------|-------------------------------|-----------|---------------------------------------|------|
| Part XI    | Reconciliation of      | Revenue per Audited           | Financia  | l Statements With Revenue per Return. |      |
|            | Complete if the organi | ization answered "Yes" on For | n 990 Par | t IV line 12a                         |      |

|   | Complete if the organization answered thes on Form 990, Fart IV, line 12a.   |    |            |    |           |
|---|--|----|------------|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements     | 1  | 2,700,911. |    |           |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:          |    |            |    |           |
| а | Net unrealized gains (losses) on investments                                 | 2a |            |    |           |
| b | Donated services and use of facilities                                       | 2b |            |    |           |
|   | Recoveries of prior year grants  | 2c | 72,267.    |    |           |
| d | Other (Describe in Part XIII.)   |    |            |    |           |
| е | Add lines 2a through 2d  | 2e | 72,267.    |    |           |
| 3 | Subtract line 2e from line 1   | 3  | 2,628,644. |    |           |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:         |    |            |    |           |
| а | Investment expenses not included on Form 990, Part VIII, line 7b             | 4a |            |    |           |
| b | Other (Describe in Part XIII.)   | 4b |            |    |           |
| С | Add lines <b>4a</b> and <b>4b</b>  |    |            | 4c | 0.        |
| _ | Total revenue Add lines 2 and 4. (This must equal Form 900, Part I, line 12) |    |            | 5  | 2 628 644 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,794,203. Total expenses and losses per audited financial statements \_\_\_\_\_ Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses

72,267. Other (Describe in Part XIII.) 72,267. e Add lines 2a through 2d 2,721,936. Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

**b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES BY THE INTERNAL REVENUE SERVICE UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANZIATION HAS FILED AN ANNUAL FORM 990 WITH THE INTERNAL REVENUE SERVICE, AND ITS TAX RETURNS THE YEAR ENDED 2014 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

COSTS OF GOODS SOLD 72,267.

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

PAYMENTSFIRST, INC

Employer identification number \*\*-\*\*\*6397

|    | ·   |    | Yes | No |
|----|---|----|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,  |    |     |    |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  |    |     |    |
|    | First-class or charter travel Housing allowance or residence for personal use   |    |     |    |
|    | Travel for companions Payments for business use of personal residence   |    |     |    |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees  |    |     |    |
|    | Discretionary spending account  Personal services (such as maid, chauffeur, chef)   |    |     |    |
|    |   |    |     |    |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or   |    |     |    |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | 1b |     |    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,  |    |     |    |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?   | 2  |     |    |
|    |   |    |     |    |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's   |    |     |    |
|    | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to  |    |     |    |
|    | establish compensation of the CEO/Executive Director, but explain in Part III.  |    |     |    |
|    | Compensation committee Written employment contract  |    |     |    |
|    | Independent compensation consultant Compensation survey or study  |    |     |    |
|    | Form 990 of other organizations  Approval by the board or compensation committee  |    |     |    |
|    |   |    |     |    |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |    |     |    |
|    | organization or a related organization:   |    |     |    |
|    | Receive a severance payment or change-of-control payment?   | 4a |     | X  |
|    | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b |     | X  |
| С  | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c |     | Х  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |    |     |    |
|    |   |    |     |    |
| _  | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |    |     |    |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |    |     |    |
|    | contingent on the revenues of:  | _  |     |    |
|    | The organization?   | 5a |     |    |
| b  | Any related organization?   | 5b |     |    |
| _  | If "Yes" on line 5a or 5b, describe in Part III.  |    |     |    |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |    |     |    |
|    | contingent on the net earnings of:  | 0- |     |    |
| a  | The organization?   | 6a |     |    |
| D  | Any related organization?   | 6b |     |    |
| 7  | If "Yes" on line 6a or 6b, describe in Part III.  |    |     |    |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments  | 7  |     |    |
| 0  | not described on lines 5 and 6? If "Yes," describe in Part III  | 7  |     |    |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the   |    |     |    |
| ۵  | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | 8  |     |    |
| 9  | Regulations section 53.4958-6(c)?   | 9  |     |    |
|    | negulations section 33.4330°0(c):   | J  |     | l  |

Schedule J (Form 990) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018 PAYMEN'I'SH'LKS'I', LINC ""-"" 990) 2018 PAYMEN'I'SH'LKS'I', LINC ""-"" 990) 2018 PAYMEN'I'SH'LKS'I', LINC """ 990) 2018 PAYMEN'I'SH'LKS'I', LINC """ 990) 2018 PAYMEN'I'SH'LKS'I', LINC """ 990) 2018 PAYMEN'I'SH'LKS'I', LINC "" 990) 2018 PAYMEN'I'SH'LKS'I', LINC """ 990) 2018 PAYMEN'I'SH'LKS'I', LINC """ 990) 2018 PAYMEN'I'SH'LKS'I', LINC "" 990) 2018 PAYMEN'I'SH'LKS'I

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|   |                      |     |                    |                                     |  |                          | (i)                          |
|---|----------------------|-----|--------------------|-------------------------------------|--|--------------------------|------------------------------|
|   |                      |     |                    |                                     |  |                          | (ii)                         |
|   |                      |     |                    |                                     |  |                          | (i)                          |
|   |                      |     |                    |                                     |  |                          |                              |
|   |                      |     |                    |                                     |  |                          | (i)                          |
|   |                      |     |                    |                                     |  |                          | (ii)                         |
|   |                      |     |                    |                                     |  |                          | (i)                          |
|   |                      |     |                    |                                     |  |                          | (ii)                         |
|   |                      |     |                    |                                     |  |                          | (3)                          |
|   |                      |     |                    |                                     |  |                          | (ii)                         |
|   |                      |     |                    |                                     |  |                          | (i)                          |
|   |                      |     |                    |                                     |  |                          | (ii)                         |
|   |                      |     |                    |                                     |  |                          | (i)                          |
|   |                      |     |                    |                                     |  |                          |                              |
|   |                      |     |                    |                                     |  |                          | (i)                          |
|   |                      |     |                    |                                     |  |                          | (ii)                         |
|   |                      |     |                    |                                     |  |                          | (i)                          |
|   |                      |     |                    |                                     |  |                          | (ii)                         |
|   |                      |     |                    |                                     |  |                          | (i)                          |
|   |                      |     |                    |                                     |  |                          |                              |
|   |                      |     |                    |                                     |  |                          | (i)                          |
|   |                      |     |                    |                                     |  |                          |                              |
|   |                      |     |                    |                                     |  |                          | (i)                          |
|   |                      |     |                    |                                     |  |                          | (ii)                         |
|   |                      |     |                    |                                     |  |                          | (i)                          |
| .0  | 0.                   | 0.  | 0.                 | 0.                                  | 0.   | 0.                       | EXECUTVE VICE PRESIDENT (ii) |
| • 0                                       | 166,827.             | 0.  | 0.                 | 0.                                  | 27,126.  | 139,701.                 | (3) GAI CRAIG (i)            |
| • 0                                       | • 0                  | 0.  | 0.                 | 0.                                  | 0.   | .0                       | VP RISK & COMPLIANCE (ii)    |
| • 0                                       | 173,527.             | 0.  | 0.                 | 0.                                  | 27,378.  | 146,149.                 | (2) DONNA ASHWORTH           |
| .0  | 0.                   | 0.  | 0.                 | 0.                                  | 0.   | 0.                       | CEO (ii)                     |
| 0   | 208,175.             | 0.  | 0.                 | 0.                                  | 40,659.  | 167,516.                 | (1) PEGGY GACHESA (i)        |
| reported as deferred<br>on prior Form 990 | (5)(1)-(17)          | व   | compensation       | (iii) Other reportable compensation | (ii) Bonus & incentive compensation                | (i) Base<br>compensation | (A) Name and Title           |
| (F) Compensation                          | (E) Total of columns | ble | (C) Retirement and | SC compensation                     | (B) Breakdown of W-2 and/or 1099-MISC compensation | (B) Breakdown of         |                              |
|   |                      |     |                    |                                     |  |                          |                              |

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Schedule J (Form 990) 2018  |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| COMPENSATION  |
| BOARD OF DIRECTORS HAS ESTABLISHED A COMPENSATION COMMITTEE TO REVIEW ALL |
| PART I, LINE 3:   |
|   |
|   |

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

### 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.

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PAYMENTSFIRST, INC

Employer identification number \*\*-\*\*6397

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FORM 990, PART VI, SECTION A, LINE 6:

UNDERSTANDING OF PAYMENT SYSTEMS.

THE MAIN OFFICE OR ANY BRANCH OF WHICH IS CHARTERED UNDER ANY ORGANIZATION, AUTHORITY OF FEDERAL OR STATE LAW TO ENGAGE IN BUSINESS AS A COMMERCIAL BANK, A SAVINGS AND LOAN INSTITUTION OR A CREDIT UNION, MAY BECOME A FINANCIAL INSTITUTION MEMBER OF THE ASSOCIATION, PROVIDED THAT: (I) ITS APPLICATION FOR MEMBERSHIP IN THE ASSOCIATION HAS BEEN APPROVED BY THE CHIEF EXECUTIVE OFFICER, BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE OF THE ASSOCIATION; (II) IT HAS AGREED TO BE BOUND BY THE BYLAWS AS MAY BE AMENDED FROM TIME TO TIME; AND (III) IT HAS PAID SUCH CONTRIBUTIONS TO CAPITAL, DUES AND ASSESSMENTS, IF ANY, AS SHALL HAVE BEEN PRESCRIBED BY THE BOARD OF DIRECTORS OF THE ASSOCIATION. INSTITUTIONS THAT ARE OWNED OR BELONG TO A HOLDING COMPANY MUST MAINTAIN INDIVIDUAL MEMBERSHIPS IF THEY MAINTAIN A SEPARATE BANK OR CREDIT UNION CHARTER. AN INDIVIDUAL OR AN ORGANIZATION THAT IS NOT ELIGIBLE TO BE A FINANCIAL INSTITUTION MEMBER OF THE ASSOCIATION MAY BECOME AN AFFILIATE MEMBER OF THE ASSOCIATION PROVIDED THAT: (I) ITS APPLICATION FOR MEMBERSHIP IN THE ASSOCIATION HAS BEEN APPROVED BY THE CHIEF EXECUTIVE OFFICER ("CEO") OF THE ASSOCIATION; (II) HAS AGREED TO BE BOUND BY THESE BYLAWS AS MAY BE AMENDED FROM TIME TO TIME; IT HAS PAID SUCH DUES AND FEES, IF ANY, AS SHALL HAVE BEEN AND (III) PRESCRIBED BY THE BOARD OF DIRECTORS OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS SHALL BE ELECTED BY THE MEMBERS OF THE ASSOCIATION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

3063\_\_\_1

Name of the organization PAYMENTSFIRST, INC

Employer identification number \*\*-\*\*6397

AT THE ANNUAL MEMBERSHIP MEETING FROM A SLATE OF QUALIFIED NOMINEES. THE SLATE SHALL CONSIST OF PERSONS RECOMMENDED BY THE NOMINATING COMMITTEE TO SERVE AS DIRECTORS OF THE ASSOCIATION. THE NUMBER OF NOMINEES RECOMMENDED BY THE NOMINATING COMMITTEE SHALL EQUAL OR EXCEED THE NUMBER OF SEATS

DESIGNATED BY THE BOARD OF DIRECTORS TO BE FILLED (THE "DESIGNATED OPEN SEATS"). IN NOMINATING PERSONS TO FILL THE DESIGNATED OPEN SEATS,

CONSIDERATION SHALL BE GIVEN FOR DIVERSITY IN GEOGRAPHIC REPRESENTATION AND INSTITUTION TYPE AND SIZE. THE ELECTION OF DIRECTORS SHALL BE CONDUCTED BY WRITTEN BALLOT OR ANY OTHER ALLOWABLE ELECTRONIC MEANS.

FORM 990, PART VI, SECTION B, LINE 11B:

UPON COMPLETION OF THE ORGANIZATION'S FORM 990, THE BOARD MEMBERS REVIEW

THE TAX RETURN AND ARE FREE TO ASK ANY QUESTIONS OR ENGAGE IN DISCUSSION

REGARDING ANY TOPIC COVERED IN THE RETURN. ONCE THE GOVERNING BODY HAS

REVIEWED AND APPROVED THE FORM 990, THE RETURN IS FILED WITH THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEES AND BOARD MEMBERS OF THE ORGANIZATION MUST REVIEW AND SIGN THE

WRITTEN CONFLICT OF INTEREST POLICY ANNUALLY. ADDITIONALLY, THE

ORGANIZATION WILL COMPLETE PERIODIC REVIEWS OF COMPENSATION ARRANGEMENTS

AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS TO MAKE SURE THAT NO

CONFLICTS OF INTEREST HAVE DEVELOPED.

FORM 990, PART VI, SECTION B, LINE 15:

EACH EMPLOYEE'S HOURLY WAGE OR SALARY IS REVIEWED, AT A MINIMUM, ANNUALLY
IN CONJUCTION WITH GOAL STATUS REVIEW. INCREASES IN SALARY ARE DETERMINED

ON THE BASIS OF COMPARABLE INDUSTRY MARKET PERFORMANCE, ADHERENCE TO

| Name of the organization PAYMENTSFIRST, INC                | Employer identification number **-**6397 |
|--|--|
| ORGANIZATION POLICIES AND PROCEDURES, AND THE EMPLOYEE'S   | ABILITY TO ACHIEVE                       |
| OR EXCEED PERFORMANCE GOALS AS DETAILED IN JOB DESCRIPTION | ons.                                     |
|  |  |
| THE CHAIRMAN OF THE BOARD OF DIRECTORS REVIEWS THE CEO'S   | SALARY AND MAKES A                       |
| SALARY RECOMMENDATION TO THE EXECUTIVE COMMITTEE BASED ON  | THE GOAL STATUS                          |
| REVIEW AND REVIEW OF COMPARABLE INDUSTRY MARKET SALARIES.  | ONCE IT IS                               |
| APPROVED, THE BOARD CHAIRMAN MEETS WITH THE CEO AND REVIE  | EWS ALL                                  |
| INFORMATION. THE CEO REVIEWS ALL EMPLOYEE SALARIES.        |  |
|  |  |
| FORM 990, PART VI, SECTION C, LINE 19:                     |  |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT   |  |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC   | UPON REQUEST.                            |
| FORM 990, PART XII, LINE 2C:                               |  |
| THE ORGANIZATION HAS NEITHER CHANGED ITS OVERSIGHT PROCES  | SS NOR ITS                               |
| SELECTIN PROCESS DURING THE TAX YEAR                       |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| Form <b>990-1</b>                                      |           | =xempt Orgai   |   |           |                      |          | ax Keturn                         | )               | OMB N                     | 0. 1545-0687                               |
|--|-----------|--|---|-----------|----------------------|----------|-----------------------------------|-----------------|---------------------------|--|
|  |           | ar (ar   | nd proxy tax unde                                   | er se     | ction 6033(e)        | )        |                                   |                 |                           | 040  |
|  | For ca    | llendar year 2018 or other tax yea                           | ar beginning  |           | , and ending         |          |                                   | _ · I           |                           | 018  |
| Department of the Treasury<br>Internal Revenue Service | •         | ► Go to www.<br>• Do not enter SSN number                    | irs.gov/Form990T for in<br>s on this form as it may |           |                      |          |                                   | .               | Open to Pi<br>501(c)(3) O | ublic Inspection for<br>lrganizations Only |
| A Check box if address changed                         |           | Name of organization (                                       | Check box if name ch                                | nanged    | and see instruction  | ıs.)     |                                   | DEmplo<br>(Empl |                           | fication number                            |
| B Exempt under section                                 | Print     | PAYMENTSFIR  | ST, INC   |           |                      |          |                                   | l               | ,                         | *6397                                      |
| X 501(c)(6)  | or        | Number, street, and room                                     | or suite no. If a P.O. box                          | , see in  | structions.          |          |                                   |                 | ated busine               | ess activity code                          |
| 408(e) 220(e)  | Туре      | 3250 RIVERWO   | OOD PARKWAY   | , នា      | JITE 150             |          |                                   | `               |                           | ,  |
| 408A 530(a)  |           | City or town, state or prov                                  |   | foreigr   | n postal code        |          |                                   |                 |                           |  |
| 529(a)   |           | ATLANTA, GA  |   |           |                      |          |                                   | 524             | <u> 298</u>               |  |
| C Book value of all assets at end of year              |           | F Group exemption numb                                       | •   | <u> </u>  |                      |          |                                   |                 |                           |  |
| 72,7   |           |  |   | oration   |                      |          | 401(a)                            |                 |                           | _ Other trust                              |
|  | -         | ation's unrelated trades or b                                |   | Τ         |                      |          | ne only (or first) un             |                 |                           |  |
|  |           | EE STATEMENT   |   |           |                      |          | omplete Parts I-V.                |                 |                           | <del>)</del> ,                             |
|  |           | ace at the end of the previou                                | s sentence, complete Pa                             | rts I and | d II, complete a Sch | nedule l | M for each addition               | al trade        | ; or                      |  |
| business, then complete                                |           |  | ffiliated group or a paran                          | + ouboi   | dian, controlled are | ···nO    |                                   | Ye              | <b>_</b>                  | No   |
|  |           | poration a subsidiary in an a<br>tifying number of the paren |   | it-Subsi  | diary controlled gro | oupr     | <b>&gt;</b> L                     | Ye              | S A                       | _ NO                                       |
| J The books are in care of                             |           |  | Corporation.  |           | Т                    | elenhoi  | ne number $\blacktriangleright$ 6 | 78-             | 384-                      | 9791                                       |
|  |           | de or Business Inc   | ome   | Π         | (A) Income           | Cicpiloi | (B) Expenses                      |                 |                           | (C) Net                                    |
| 1a Gross receipts or sale                              |           | 30,000.  | 1   |           | (-7                  |          | (= ) =                            |                 |                           | (1)  |
| <b>b</b> Less returns and allow                        |           |  | <b>c</b> Balance ▶                                  | 1c        | 30,00                | 0.       |                                   |                 |                           |  |
|  |           | e A, line 7)   |   | 2         | 25,80                |          |                                   |                 |                           |  |
| 3 Gross profit. Subtract                               |           |  |   | 3         | 4,20                 |          |                                   |                 |                           | 4,200.                                     |
|  |           | ch Schedule D)   |   | 4a        |                      |          |                                   |                 |                           |  |
|  |           | Part II, line 17) (attach Form                               |   | 4b        |                      |          |                                   |                 |                           |  |
|  |           | sts  |   | 4c        |                      |          |                                   |                 |                           |  |
|  |           | ship or an S corporation (at                                 |   | 5         |                      |          |                                   |                 |                           |  |
| 6 Rent income (Schedu                                  | le C)     |  |   | 6         |                      |          |                                   |                 |                           |  |
| 7 Unrelated debt-finance                               |           | me (Schedule E)  |   | 7         |                      |          |                                   |                 |                           |  |
| 8 Interest, annuities, roy                             | alties, a | and rents from a controlled                                  | organization (Schedule F)                           | 8         |                      |          |                                   |                 |                           |  |
|  |           | on 501(c)(7), (9), or (17) or                                |   |           |                      |          |                                   |                 | <u> </u>                  |  |
|  |           | ome (Schedule I)   |   | 10        |                      |          |                                   |                 | <u> </u>                  |  |
|  |           | e J)   |   | 11        |                      | _        |                                   |                 | <b></b>                   |  |
|  |           | ns; attach schedule)   | i   | 12        | 4 20                 | \        |                                   |                 | <u> </u>                  | 4 200                                      |
|  |           | igh 12   |   | 13        | 4,20                 |          |                                   |                 | <u> </u>                  | 4,200.                                     |
|  |           | ot Taken Elsewher<br>utions, deductions must                 |   |           |                      |          | income.)                          |                 |                           |  |
| 14 Compensation of off                                 | icers, di | irectors, and trustees (Sche                                 | dule K)   |           |                      |          |                                   | 14              |                           |  |
| 15 Salaries and wages                                  |           |  |   |           |                      |          |                                   | 15              |                           | 10,382.                                    |
|  |           |  |   |           |                      |          |                                   | 16              |                           |  |
| 17 Bad debts   |           |  |   |           |                      |          |                                   | 17              | <u> </u>                  |  |
|  |           | ee instructions)   |   |           |                      |          |                                   | 18              | <u> </u>                  |  |
| 19 Taxes and licenses                                  |           |  |   |           |                      |          |                                   | 19              |                           |  |
|  |           | e instructions for limitation                                |   |           |                      |          | 25 000                            | 20              | <u> </u>                  |  |
|  |           | 562)   |   |           |                      |          | 25,800.                           | 001             |                           | 0  |
|  |           | n Schedule A and elsewhere                                   |   |           |                      |          | 25,800.                           | 22b             |                           | 0.   |
|  |           | mnanation plans  |   |           |                      |          |                                   | 23              |                           |  |
|  |           | mpensation plans   |   |           |                      |          |                                   | 24<br>25        |                           |  |
| 26 Excess exempt expe                                  | nges (C   | chedule I)   |   |           |                      |          |                                   | 26              |                           |  |
| 27 Excess readership of                                | nsts (So  | chedule J)   |   |           |                      |          |                                   | 27              |                           |  |
| 28 Other deductions (at                                | tach erl  | hedule)  |   |           |                      |          |                                   | 28              |                           |  |
| 29 Total deductions. A                                 | dd lines  | 14 through 28  |   |           |                      |          |                                   | 29              |                           | 10,382.                                    |
|  |           | ncome before net operating                                   |   |           |                      |          |                                   | 30              |                           | -6,182.                                    |
|  |           | loss arising in tax years beg                                |   |           |                      | s)       |                                   | 31              |                           |  |
| ·  | _         | ncome. Subtract line 31 fro                                  | =   |           | •                    |          |                                   | 32              |                           | -6,182.                                    |

|              | IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   |                |                 | 0331           |                  |         |      |
|--------------|--|----------------|-----------------|----------------|------------------|---------|------|
| Part I       | III Total Unrelated Business Taxable Income  |                |                 |                |                  |         |      |
| 33           | Total of unrelated business taxable income computed from all unrelated trades or businesses (see in:   | structions)    |                 | . 33           | -6               | ,1      | 82.  |
| 34           | Amounts paid for disallowed fringes  |                |                 | . 34           |                  |         |      |
| 35           | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction  | ns) ST         | MT 2            | . 35           |                  |         | 0.   |
| 36           | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum  |                |                 |                |                  |         |      |
|              | lines 33 and 34  |                |                 | 36             | -6               | ,1      | 82.  |
| 37           | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  |                |                 | 37             | 1                | .,0     | 00.  |
| 38           | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,  |                |                 |                |                  |         |      |
|              | enter the smaller of zero or line 36   |                |                 | . 38           | -6               | ,1      | 82.  |
| Part I       | IV Tax Computation   |                |                 |                |                  |         |      |
| 39           | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  |                | <b>•</b>        | ▶ 39           |                  |         | 0.   |
| 40           | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on li  |                |                 |                |                  |         |      |
|              | Tax rate schedule or Schedule D (Form 1041)  |                |                 | ▶ 40           |                  |         |      |
| 41           | Proxy tax. See instructions  |                |                 |                |                  |         |      |
| 42           | Alternative minimum tax (trusts only)  |                |                 |                |                  |         |      |
| 43           | Tax on Noncompliant Facility Income. See instructions  |                |                 | 43             |                  |         |      |
| 44           | <b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies   |                |                 | 44             |                  |         | 0.   |
| Part \       | V Tax and Payments   |                |                 |                |                  |         |      |
|              | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 48   | ja l           |                 |                |                  |         |      |
|              | Other credits (see instructions)   | 5b             |                 |                |                  |         |      |
| c            | 0 11 1 15 45 15 0000   | 5c             |                 |                |                  |         |      |
| •            | Credit for prior year minimum tax (attach Form 8801 or 8827) 48  |                |                 |                |                  |         |      |
|              | • Total credits. Add lines 45a through 45d   |                |                 | 45e            |                  |         |      |
| 46           | Subtract line 45e from line 44   |                |                 |                |                  |         | 0.   |
| 47           | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866  | Other          | attach schedule | 47             |                  |         |      |
| 48           | Total tax. Add lines 46 and 47 (see instructions)  |                | •               | . —            |                  |         | 0.   |
| 49           | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2   |                |                 |                |                  |         | 0.   |
|              |  | Da             |                 | .   10         |                  |         |      |
|              | b 2018 estimated tax payments 50   | _              |                 |                |                  |         |      |
|              | c Tax deposited with Form 8868 50  | _              |                 |                |                  |         |      |
|              | d Foreign organizations: Tax paid or withheld at source (see instructions) 50  | _              |                 | -              |                  |         |      |
|              | e Backup withholding (see instructions) 50   | _              |                 | -              |                  |         |      |
|              | f Credit for small employer health insurance premiums (attach Form 8941) 50  |                |                 | -              |                  |         |      |
|              | g Other credits, adjustments, and payments: Form 2439  | <del>"  </del> |                 | -              |                  |         |      |
| g            |  | ,              |                 |                |                  |         |      |
| E 4          |  | <u> </u>       |                 |                |                  |         |      |
| 51<br>50     | Total payments. Add lines 50a through 50g  |                |                 | 1 1            |                  |         |      |
|              | Estimated tax penalty (see instructions). Check if Form 2220 is attached   |                |                 |                |                  |         |      |
| 53           | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  |                | ·····           | 53             |                  |         |      |
| 54<br>55     | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  |                |                 | 54             |                  |         |      |
| 55<br>Part \ | <u> </u>   |                | funded •        | <b>&gt;</b> 55 |                  |         |      |
|              |  |                |                 |                |                  | v I     | N.   |
| 56           | At any time during the 2018 calendar year, did the organization have an interest in or a signature or o  |                | -               |                | -                | Yes     | No   |
|              | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma  | -              | 9               |                |                  |         |      |
|              | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore   | ign country    |                 |                |                  |         | v    |
|              | here >   |                |                 |                |                  |         | X    |
| 57           | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transf   | eror to, a for | reign trust?    |                |                  |         | Х    |
|              | If "Yes," see instructions for other forms the organization may have to file.  |                |                 |                |                  |         |      |
| 58           | Enter the amount of tax-exempt interest received or accrued during the tax year >\$  |                |                 |                |                  |         |      |
| Cian         | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has |                |                 | nowledge and   | belief, it is tr | ue,     |      |
| Sign<br>Here | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |                |                 | May the IRS    | discuss this r   | eturn v | vith |
| пеге         | CEO  |                |                 | the preparer s |                  | ·       | ٦    |
|              | Signature of officer Date Title  |                |                 | instructions)? | <u>X</u> Yes     |         | No   |
|              | Print/Type preparer's name Preparer's signature Date   |                | Check           | if PTIN        |                  |         |      |
| Paid         | JEFFREY D. CHANDLER, JEFFREY D.  |                | self- employe   |                | 000:-            |         |      |
| Prepa        |  | 7/19           | ,               |                | 07647            |         |      |
| Use C        | Only Firm's name BORLAND BENEFIELD, P.C.   |                | Firm's EIN      | **             | -***1            | .24     | კ    |
|              | 2101 HIGHLAND AVE S., SUITE 500  |                | <b> </b>        | 005            | 00 = -           |         |      |
|              | Firm's address   BTRMTNGHAM AT. 35205  |                | Phone no        | ンハちーR          | ハクーフク            | 112     |      |

823711 01-09-19

| Schedule A - Cost of Goods  | Sold. Enter               | method of invent   | ory valuation $ ightharpoonup N_{ m A}$   | 'A   |  |                |  |
|---|---------------------------|--|---|--|--|----------------|--|
| 1 Inventory at beginning of year  | 1                         | 0.   | 6 Inventory at end of   | year   |  | 6              | 0.   |
| 2 Purchases   | 2                         |  | 7 Cost of goods sold  |  |  |                |  |
| 3 Cost of labor   |                           |  | from line 5. Enter h  | ere and in                                   | ı Part I,  |                |  |
| 4a Additional section 263A costs  |                           |  | line 2  |  |  | 7              | 25,800.  |
| (attach schedule)   | 4a                        |  | 8 Do the rules of sect  |  |  |                | Yes No   |
| <b>b</b> Other costs (attach schedule) **   | * 4b                      | 25,800.  |   | or acquire                                   | ed for resale) apply to  |                |  |
| 5 Total. Add lines 1 through 4b   | 5                         | 25,800.  | the organization?   |  |  |                |  |
| Schedule C - Rent Income (  | From Real                 | Property and   | Personal Proper   | ty Leas                                      | sed With Real Pro  | pert           | y)   |
| (see instructions)  |                           |  |   |  |  |                |  |
| 1. Description of property  |                           |  |   |  |  |                |  |
| (1)   |                           |  |   |  |  | ,              |  |
| (2)   |                           |  |   |  |  |                |  |
| (3)   |                           |  |   |  |  |                |  |
| (4)   |                           |  |   |  |  |                |  |
|   | 2. Rent receive           | d or accrued   |   |  | 0/0/0-4  |                | and with the transcript  |
| (a) From personal property (if the perc<br>rent for personal property is more<br>10% but not more than 50%) | than                      | ` 'of rent for pe  | nd personal property (if the percersonal property exceeds 50% is based on profit or income) | entage<br>or if                              | 3(a) Deductions directl<br>columns 2(a) a                                  |                | attach schedule)   |
| (1)   |                           |  |   |  |  |                |  |
| (2)   |                           |  |   |  |  |                |  |
| (3)   |                           |  |   |  |  |                |  |
| (4)   |                           |  |   |  |  |                |  |
| Total   | 0.                        | Total  |   | 0.   | ,  |                |  |
| (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column                        | ?(a) and 2(b). Ent<br>(A) | er<br><b>&gt;</b>  |   | 0.   | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | <b>•</b>       | 0.   |
| Schedule E - Unrelated Deb  | t-Financed                | Income (see i  | nstructions)  |  |  |                |  |
|   |                           |  | _   |  | 3. Deductions directly co  |                |  |
| _   |                           |  | <ol><li>Gross income from<br/>or allocable to debt-</li></ol>                               | (2   | to debt-finan  a) Straight line depreciation                               | cea prop       | (b) Other deductions   |
| 1. Description of debt-fine   | anced property            |  | financed property   | , ,  | (attach schedule)  |                | (attach schedule)  |
|   |                           |  |   |  |  |                |  |
| (1)   |                           |  |   |  |  |                |  |
| (2)   |                           |  |   |  |  |                |  |
| (3)   |                           |  |   |  |  |                |  |
| (2)<br>(3)<br>(4)   |                           |  |   |  |  |                |  |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)           | of or al<br>debt-finar    | adjusted basis<br>locable to<br>iced property<br>schedule) | <b>6.</b> Column 4 divided by column 5  |  | 7. Gross income reportable (column 2 x column 6)                           | (4             | 8. Allocable deductions column 6 x total of columns 3(a) and 3(b)) |
| (1)   |                           |  | 9   | <u>,                                    </u> |  | +              |  |
| (1)<br>(2)<br>(3)<br>(4)  |                           |  | 9   | -  |  | +              |  |
| (3)   |                           |  | 9   | -  |  | +              |  |
| (4)   |                           |  | 9   |  |  | +              |  |
|   |                           |  | · · · · · · · · · · · · · · · · · · ·   |  | Enter here and on page 1,  | <del>  ,</del> | Inter here and on page 1,  |
|   |                           |  |   |  | Part I, line 7, column (A).  |                | Part I, line 7, column (B).  |
| Totals  |                           |  |   |  | 0  |                | 0.   |
| Total dividends-received deductions inc   |                           |  |   |  | <u> </u>   | _              | 0.   |

\*\* SEE STATEMENT 3

| Schedule F - Interest,               |  | -,                           |  | Controlled O   |   |   |  | (= 30                              |                    | ,  |
|--------------------------------------|--|------------------------------|--|--|---|---|--|------------------------------------|--------------------|--|
| 1. Name of controlled organiz        | identif  | nployer<br>ication<br>nber   |  | elated income<br>instructions)   |   | al of specified<br>nents made   | <b>5.</b> Part of column 4 that is included in the controlling organization's gross income |                                    |                    | 6. Deductions directly connected with income in column 5                         |
| (1)                                  |  |                              | +  |  |   |   |  |                                    |                    |  |
| (2)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (3)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (4)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| Nonexempt Controlled Organ           | nizations  |                              |  |  |   |   |  |                                    |                    |  |
| 7. Taxable Income                    | 8. Net unrelated incor (see instruction                            |                              | 9. Total   | of specified payr<br>made  | nents   | 10. Part of column in the controllingross   | mn 9 that<br>ing organ<br>s income   | ization's                          |                    | ductions directly connected<br>n income in column 10                             |
| (1)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (2)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (3)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (4)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| Totale                               |  |                              |  |  |   | Add colun<br>Enter here and<br>line 8, o  |  | 1, Part I,                         |                    | dd columns 6 and 11.<br>here and on page 1, Part I,<br>line 8, column (B).       |
| Schedule G - Investm                 | ent Income of a  | Section                      | n 501(c)(  | 7), (9), or  | (17) Or                                       | ganization  | <u> </u>   | 0.                                 |                    | 0  |
|                                      | structions)  |                              |  |  | ` <i>'</i>                                    |   |  |                                    |                    |  |
| <b>1</b> . Des                       | scription of income  |                              |  | 2. Amount of   | income  | <ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol> | cted   | 4. Set-                            | asides<br>chedule) | 5. Total deductions<br>and set-asides<br>(col. 3 plus col. 4)                    |
| (1)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (2)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (3)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (4)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
|                                      |  |                              |  | Enter here and<br>Part I, line 9, co                                     | on page 1,<br>Iumn (A).                       |   |  |                                    |                    | Enter here and on page<br>Part I, line 9, column (B).                            |
| Totals                               |  |                              |  |  | 0.  |   |  |                                    |                    | 0  |
| Schedule I - Exploited               |  |                              |  | r Than Ad  | lvertisi                                      | ng Income   | •  |                                    |                    |  |
| 1. Description of exploited activity | 2. Gross<br>unrelated business<br>income from<br>trade or business | directly<br>with pr<br>of un | openses<br>connected<br>roduction<br>irelated<br>ss income | 4. Net incomfrom unrelated business (cominus colum gain, compute through | trade or<br>lumn 2<br>n 3). If a<br>e cols. 5 | 5. Gross inco<br>from activity i<br>is not unrelat<br>business inco               | that<br>ted  | <b>6.</b> Exp<br>attribut<br>colur | able to            | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (2)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (2)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (4)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| Totals                               | Enter here and on page 1, Part I, line 10, col. (A).               | page                         | ere and on<br>1, Part I,<br>I, col. (B).                   |  |   |   |  |                                    |                    | Enter here and on page 1, Part II, line 26.                                      |
| Schedule J - Advertis                |  | <u>l</u><br>instructio       |  |  |   |   |  |                                    |                    |  |
|                                      | Periodicals Rep  |                              | •  | solidated  | Basis   |   |  |                                    |                    |  |
|                                      | 2. Gross   |                              | 3. Direct  |  | ising gain<br>ol. 2 minus                     | 5. Circulat   | rion   | 6. Reade                           | ership             | 7. Excess readership costs (column 6 minus                                       |
| 1. Name of periodical                | advertising<br>income  | adv                          | vertising costs  | col. 3). If a ga   | ain, comput                                   |   |  | cost                               |                    | column 5, but not more<br>than column 4).  |
| (1)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (2)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
| (3)                                  |  |                              |  |  |   |   |  |                                    |                    |  |
|                                      |  |                              |  |  |   |   |  |                                    |                    |  |
| Totals (carry to Part II, line (5))  |  | 0.                           | 0  |  |   |   |  |                                    |                    | 0  |

823731 01-09-19

### Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical       | 2. Gross<br>advertising<br>income                          | 3. Direct advertising costs                                | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------------|--|--|--|-----------------------|---------------------|---|
| (1)                         |  |  |  |                       |                     |   |
| (2)                         |  |  |  |                       |                     |   |
| (3)                         |  |  |  |                       |                     |   |
| (4)                         |  |  |  |                       |                     |   |
| Totals from Part I          | 0.   | 0.   |  |                       |                     | 0.  |
|                             | Enter here and on<br>page 1, Part I,<br>line 11, col. (A). | Enter here and on<br>page 1, Part I,<br>line 11, col. (B). |  |                       |                     | Enter here and on page 1, Part II, line 27.                                       |
| Totals, Part II (lines 1-5) | 0.   | 0.   |  |                       |                     | 0.  |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name   | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1)   |          | %                                      |   |
| (2)   |          | %                                      |   |
| (3)   |          | %                                      |   |
| (4)   |          | %                                      |   |
| Total. Enter here and on page 1, Part II, line 14 |          | <b>&gt;</b>                            | 0.  |

25,800.

| FORM 990-T                       | DESCRIPTION O               | F ORGANIZATION'S<br>BUSINESS ACTIVIT | PRIMARY UNRELATED<br>Y      | STATEMENT                |
|----------------------------------|-----------------------------|--------------------------------------|-----------------------------|--------------------------|
| LICENSED                         | SOFTWARE AND SUBSC          | RIPTION INCOME                       |                             |                          |
| TO FORM 99                       | 0-T, PAGE 1                 |                                      |                             |                          |
| FORM 990-T                       | NET                         | OPERATING LOSS D                     | EDUCTION                    | STATEMENT                |
| TAX YEAR                         | LOSS SUSTAINED              | LOSS<br>PREVIOUSLY<br>APPLIED        | LOSS<br>REMAINING           | AVAILABLE<br>THIS YEAR   |
| 12/31/15<br>12/31/16<br>12/31/17 | 2,809.<br>5,665.<br>13,688. | 0.<br>0.<br>0.                       | 2,809.<br>5,665.<br>13,688. | 2,809<br>5,665<br>13,688 |
| NOL CARRYO                       | VER AVAILABLE THIS          | YEAR                                 | 22,162.                     | 22,162                   |
| FORM 990-T                       | COST                        | OF GOODS SOLD - O                    | THER COSTS                  | STATEMENT                |
| DESCRIPTIO                       | N                           |                                      |                             | AMOUNT                   |
| DEPRECIATI                       | 25,800                      |                                      |                             |                          |

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B

FORM 990-T COGS

COGS

|  |  |  |  |                |              |              |                   |                       |                         | ω                    | N                      | Asset<br>No.                             |
|--|--|--|--|----------------|--------------|--------------|-------------------|-----------------------|-------------------------|----------------------|------------------------|--|
|  |  |  |  | ENDING BALANCE | DISPOSITIONS | ACQUISITIONS | BEGINNING BALANCE | CURRENT YEAR ACTIVITY | * TOTAL 990-T COGS DEPR | RISK ASSESSMENT TOOL | AUDIT TOOL ENHANCEMENT | Description                              |
|  |  |  |  |                |              |              |                   |                       |                         | 12/15/18             | 06/25/18               | Date<br>Acquired                         |
|  |  |  |  |                |              |              |                   |                       |                         | 200DB                | 200DB                  | Method                                   |
|  |  |  |  |                |              |              |                   |                       |                         | 5.00                 | 5.00                   | Life                                     |
|  |  |  |  |                |              |              |                   |                       |                         | мQ19в                | мç19в                  | < n o C<br>Vine<br>o.                    |
|  |  |  |  | 25,800.        | 0.           | 25,800.      | 0.                |                       | 25,800.                 | 16,800.              | 9,000.                 | Unadjusted<br>Cost Or Basis              |
|  |  |  |  |                |              |              |                   |                       |                         |                      |                        | Bus<br>%<br>Excl                         |
|  |  |  |  | 0.             | 0.           | 0.           | 0.                |                       |                         |                      |                        | Section 179<br>Expense                   |
|  |  |  |  | 25,800.        | 0.           | 25,800.      | 0.                |                       | 25,800.                 | 16,800.              | 9,000.                 | Reduction In<br>Basis                    |
|  |  |  |  | 0.             | 0.           | 0.           | 0.                |                       | 0.                      |                      |                        | Basis For<br>Depreciation                |
|  |  |  |  | 0.             | 0.           | 0.           | 0.                |                       | 0.                      |                      |                        | Beginning<br>Accumulated<br>Depreciation |
|  |  |  |  |                |              |              |                   |                       |                         |                      |                        | Current<br>Sec 179<br>Expense            |
|  |  |  |  |                |              |              |                   |                       | 25,800.                 | 16,800.              | 9,000.                 | Current Year<br>Deduction                |
|  |  |  |  | 0.             | 0.           | 0.           | 0.                |                       | 0.                      |                      |                        | Ending<br>Accumulated<br>Depreciation    |

828111 04-01-18

29.1

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No. 1545-0172

Attachment Sequence No. **179** 

COGS

Identifying number

|             | AYMENTSFIRST, INC   | <u> </u> **-**6397        |                                       |                             |          |                    |  |           |                              |
|-------------|---|---------------------------|---------------------------------------|-----------------------------|----------|--------------------|--|-----------|------------------------------|
| Pa          | art   Election To Expense Certain Prope   | rty Under Section 1       | 79 Note: If you                       | have any lis                | sted pr  | operty, c          | complete Part                          | V before  | e you complete Part I.       |
| 1           | Maximum amount (see instructions)   |                           |                                       |                             |          |                    |  | 1         | 1,000,000.                   |
| 2           | Total cost of section 179 property place  |                           |                                       |                             |          |                    |  |           |                              |
|             | Threshold cost of section 179 property  |                           |                                       |                             |          |                    |  |           | 2,500,000.                   |
|             | Reduction in limitation. Subtract line 3  |                           |                                       |                             |          |                    |  |           |                              |
|             | Dollar limitation for tax year. Subtract line 4 from line                       |                           |                                       |                             |          |                    |  |           |                              |
| 6           | (a) Description of pro  |                           |                                       | (b) Cost (busin             |          |                    | (c) Elected                            |           |                              |
| _           |   |                           |                                       |                             |          |                    |  |           |                              |
|             |   |                           |                                       |                             |          |                    |  |           |                              |
|             |   |                           |                                       |                             |          |                    |  |           |                              |
| <del></del> | Listed property. Enter the amount from  | line 29                   |                                       |                             |          | 7                  |  |           |                              |
|             | Total elected cost of section 179 prope   |                           | in column (c)                         |                             |          | -                  |  | 8         |                              |
|             | Tentative deduction. Enter the <b>smaller</b>                                   |                           |                                       |                             |          |                    |  | —         | <del> </del>                 |
|             | Carryover of disallowed deduction from  |                           |                                       |                             |          |                    |  |           |                              |
|             | Business income limitation. Enter the si  |                           |                                       |                             |          |                    |  |           |                              |
|             | Section 179 expense deduction. Add li   |                           |                                       |                             |          |                    |  |           | _                            |
|             | Carryover of disallowed deduction to 2  |                           |                                       |                             |          | 13                 |  | 12        | <u> </u>                     |
|             | te: Don't use Part II or Part III below for                                     |                           |                                       |                             |          | 13                 |  |           |                              |
|             | art II Special Depreciation Allowa  |                           |                                       |                             | o lietor | l proport          |  |           |                              |
|             | Special depreciation allowance for qual   |                           | - :                                   |                             |          |                    | •                                      |           |                              |
| 14          |   |                           |                                       |                             |          |                    | •                                      | 4,        | 25,800.                      |
| 45          | the tax year  |                           |                                       |                             |          |                    |  |           | _                            |
|             | Property subject to section 168(f)(1) ele                                       |                           |                                       |                             |          |                    |  |           | _                            |
|             |   | include lieted pro        |                                       |                             |          |                    |  | 16        | )                            |
| Г           | art III MACRS Depreciation (Don't   | include listed pro        | · · · · · · · · · · · · · · · · · · · | tion A                      |          |                    |  |           |                              |
|             |   |                           |                                       |                             |          |                    |  | 1 4-      | -                            |
|             | MACRS deductions for assets placed in   |                           |                                       |                             |          |                    |  | 17        |                              |
| 18          | If you are electing to group any assets placed in services.  Section B - Assets |                           |                                       |                             |          |                    |  | tion Sv   | otom                         |
|             | Section B - Assets  | (b) Month and             | (c) Basis for o                       |                             | Ť        |                    |  | lion Sy   | Steili                       |
|             | (a) Classification of property  | year placed<br>in service | (business/invonly - see in            | estment use                 | (d) I    | Recovery<br>period | (e) Convention                         | (f) Metho | d (g) Depreciation deduction |
| 19a         | a 3-year property   |                           |                                       |                             |          |                    |  |           |                              |
| b           | 5-year property   |                           |                                       |                             |          |                    |  |           |                              |
|             | 7-year property   |                           |                                       |                             |          |                    |  |           |                              |
| d           | 1 10-year property  |                           |                                       |                             |          |                    |  |           |                              |
| е           | 15-year property  |                           |                                       |                             |          |                    |  |           |                              |
| f           | 20-year property  |                           |                                       |                             |          |                    |  |           |                              |
|             | 05  |                           |                                       |                             | 2        | 5 yrs.             |  | S/L       |                              |
|             |   | /                         |                                       |                             | 27       | .5 yrs.            | MM                                     | S/L       |                              |
| r           | n Residential rental property   | /                         |                                       |                             |          | .5 yrs.            | MM                                     | S/L       |                              |
|             |   | /                         |                                       |                             |          | 9 yrs.             | MM                                     | S/L       |                              |
| i           | Nonresidential real property  | /                         |                                       |                             |          |                    | ММ                                     | S/L       |                              |
|             | Section C - Assets P  | laced in Service          | During 2018                           | Tax Year Us                 | sing th  | ne Altern          | native Depre                           | iation S  | System                       |
| <b>20</b> a | a Class life  |                           |                                       |                             |          |                    |  | S/L       |                              |
| t           | o 12-year   |                           |                                       |                             | 1:       | 2 yrs.             |  | S/L       |                              |
|             | 30-year   | /                         |                                       |                             | 3        | 0 yrs.             | MM                                     | S/L       |                              |
| _           | d 40-year   | /                         |                                       |                             | 4        | 0 yrs.             | MM                                     | S/L       |                              |
| Pa          | art IV Summary (See instructions.)  |                           |                                       |                             |          |                    |  |           |                              |
| 21          |   | 00                        |                                       |                             |          |                    |  | 2         | 1                            |
|             | Listed property. Enter amount from line   | 28                        |                                       |                             |          |                    |  | ∟=        | <u>'  </u>                   |
| 22          | Total. Add amounts from line 12, lines  |                           |                                       |                             |          |                    |  | ····   -  |                              |
| 22          |   | 14 through 17, lin        | es 19 and 20                          | in column (g                | ), and   | line 21.           | ·                                      |           | 25.000                       |
|             | <b>Total.</b> Add amounts from line 12, lines                                   | 14 through 17, lin        | es 19 and 20<br>artnerships an        | in column (g<br>d S corpora | ), and   | line 21.           | ······································ |           |                              |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

|           | Section A -   | - Depreciation                      | on and Other I                         | nformati     | ion (Ca                           | ution: S                   | ee the i                                      | nstruc   | tions for li              | mits for p | passeng                     | ger auton | nobiles.)                                    |                                    |                              |
|-----------|---|-------------------------------------|--|--------------|-----------------------------------|----------------------------|---|----------|---------------------------|------------|-----------------------------|-----------|--|------------------------------------|------------------------------|
| 24a       | Do you have evidence to s                           | support the bu                      | siness/investme                        | nt use claii | med?                              | Ye                         | es  | No       | <b>24b</b> If "Y          | es," is th | e evide                     | nce writt | en?  | Yes                                | No                           |
|           | (a)<br>Type of property<br>(list vehicles first)    | (b)<br>Date<br>placed in<br>service | (c) Business/ investment use percentag | l oth        | <b>(d)</b><br>Cost or<br>er basis |                            | (e)<br>is for depr<br>siness/inve<br>use only | estment  | (f)<br>Recovery<br>period | Met        | <b>g)</b><br>hod/<br>ention | Depre     | h)<br>eciation<br>uction                     | Elec<br>sectio                     | (i)<br>cted<br>in 179<br>ost |
| 25        | Special depreciation alle                           | owance for c                        | ualified listed                        | property p   | placed i                          | in servic                  | e durin                                       | g the t  | ax year ar                | nd         |                             |           |  |                                    |                              |
|           | used more than 50% in                               | a qualified b                       | ousiness use                           |              |                                   |                            |   |          |                           |            | 25                          |           |  |                                    |                              |
| <u>26</u> | Property used more that                             | n 50% in a c                        | qualified busine                       | ess use:     |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
|           |   | 1 1                                 | 9/                                     | 6            |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
|           |   | : :                                 | 9/                                     |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
|           |   |                                     | 9                                      |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
| <u>27</u> | Property used 50% or le                             | ess in a qual<br>T                  |  |              |                                   |                            |   |          | 1                         | 1          |                             |           |  |                                    |                              |
|           |   | 1 1                                 | 9/                                     |              |                                   |                            |   |          |                           | S/L -      |                             |           |  |                                    |                              |
|           |   | 1 1                                 | 9/                                     |              |                                   |                            |   |          |                           | S/L -      |                             |           |  |                                    |                              |
|           | A del a seco conta in a alconom                     | (h) lines 05                        | % thursuals 07 Fr                      |              |                                   | lina O1                    | 1   |          |                           | S/L -      | 00                          |           |  |                                    |                              |
|           | Add amounts in column                               |                                     |  |              |                                   |                            |   |          |                           |            | 28                          |           |  |                                    |                              |
| 29        | Add amounts in column                               | i (i), iine ∠6. E                   |  | on line 7,   |                                   |                            |   |          |                           |            |                             |           | .   29                                       |                                    |                              |
|           | mplete this section for verour employees, first ans |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    | S                            |
|           |   |                                     |  | (a)          |                                   |                            | o)  |          | (c)                       | (0         | -                           |           | e)   | (f                                 |                              |
| 30        | Total business/investment                           |                                     | -                                      | Vehic        | cle                               | Veh                        | icle  | <u> </u> | /ehicle                   | Veh        | icle                        | Veh       | icle   | Veh                                | icle                         |
|           | year (don't include commu                           |                                     |  |              |                                   |                            |   | <u> </u> |                           |            |                             |           |  |                                    |                              |
|           | Total commuting miles                               |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
| 32        | Total other personal (no                            | -                                   | "                                      |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
| 22        | driven  |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
| 33        | Total miles driven during                           |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
| 24        | Add lines 30 through 32 Was the vehicle availab     |                                     |  | Yes          | No                                | Yes                        | No  | Yes      | No                        | Yes        | No                          | Yes       | No   | Yes                                | No                           |
| 34        | during off-duty hours?                              | •                                   |  | 162          | NO                                | 162                        | NO  | 168      | S NO                      | 162        | NO                          | 162       | NO   | 162                                | No                           |
| 35        | Was the vehicle used p                              |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
| •         | than 5% owner or relate                             |                                     |  |              |                                   |                            |   |          |                           |            |                             |           | '  |                                    |                              |
| 36        | Is another vehicle availa                           |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
|           | use?  | •                                   |  |              |                                   |                            |   |          |                           |            |                             |           | '  |                                    |                              |
|           |   |                                     | - Questions for                        | or Emplo     | yers W                            | ho Prov                    | vide Vel                                      | nicles   | for Use b                 | y Their E  | mploye                      | ees       | <u>,                                    </u> |                                    |                              |
| Ans       | swer these questions to                             |                                     |  | -            | -                                 |                            |   |          |                           | -          |                             |           | ren't  |                                    |                              |
| moi       | re than 5% owners or rel                            | lated person                        | S.                                     |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
| 37        | Do you maintain a writte                            | en policy sta                       | tement that pro                        | ohibits all  | person                            | al use c                   | of vehicl                                     | es, inc  | luding co                 | nmuting,   | by you                      | r         |  | Yes                                | No                           |
|           | employees?  |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
| 38        | Do you maintain a writte                            | en policy sta                       | tement that pro                        | ohibits pe   | ersonal                           | use of v                   | ehicles,                                      | excep    | ot commu                  | ting, by y | our                         |           |  |                                    |                              |
|           | employees? See the ins                              |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
|           | Do you treat all use of v                           |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
|           | Do you provide more th                              |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
|           | the use of the vehicles,                            |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
| 41        | Do you meet the require                             |                                     |  |              |                                   |                            |   |          |                           |            |                             |           |  |                                    |                              |
| D         | Note: If your answer to                             | 37, 38, 39, 4                       | 0, or 41 is "Ye                        | s," don't    | comple                            | te Secti                   | on B fo                                       | the co   | overed ve                 | hicles.    |                             |           |  |                                    |                              |
| Pa        | Amortization  |                                     |  | (b)          |                                   | (a)                        |   |          | (4)                       |            | (0)                         |           |  | (f)                                |                              |
|           | <b>(a)</b><br>Description o                         | f costs                             | Date a                                 | mortization  |                                   | (c)<br>Amortizab<br>amount | le  |          | (d)<br>Code<br>section    |            | (e)<br>Amortiza             |           | Ar   | (f)<br>mortization<br>or this year |                              |
| 42        | Amortization of costs th                            | at hegine d                         | •                                      | begins       |                                   | amount                     |   |          | Section                   |            | period or per               | centage   | 10   | i illis year                       |                              |
| 42        | Amortization of costs th                            | iai negiiis al                      | ing your 2010                          | J            | •                                 |                            |   | 1        |                           |            |                             |           |  |                                    |                              |
|           |   |                                     |  |              |                                   |                            |   | +        |                           |            |                             | -+        |  |                                    |                              |
| 43        | Amortization of costs th                            | at hegan he                         | fore your 2018                         | tax vear     |                                   |                            |   |          |                           |            |                             | 43        |  |                                    |                              |
|           | Total. Add amounts in o                             |                                     |  |              |                                   |                            |   |          |                           |            |                             | 44        |  |                                    |                              |
|           | 252 12-26-18  |                                     |  |              |                                   | -                          |   |          |                           |            |                             |           | F  | orm <b>4562</b>                    | 2 (2018)                     |

#### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

### Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print \*\*-\*\*\*6397 PAYMENTSFIRST, INC File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 3250 RIVERWOOD PARKWAY, SUITE 150 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ATLANTA, GA 30339 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 GAI CRAIG The books are in the care of ► 2 RIVERCHASE OFFICE PLAZA - BIRMINGHAM, AL 35244 Telephone No. $\triangleright$ 678-384-9791 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2019 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

any nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2019)

За

3b

# $\begin{array}{l} \text{Georgia Form 600-T (Rev. 06/25/18)} \\ \text{Exempt Organization} \end{array}$

Unrelated Business Income Tax Return





Mailing Address: Georgia Department of Revenue Processing Center PO Box 740397 Atlanta, Georgia 30374-0397

| Page 1 Amended  | Amended due to IRS Audit  | Addres   | s Change   | UET Annualization Exc                        | eption attached              | d                          |                             |                                   |
|---|---|--|--|--|------------------------------|----------------------------|-----------------------------|-----------------------------------|
| For the taxable y   | ear heginning   |  | 01/01/2  | 018 and ending                               | 12/31                        | /2018                      |                             |                                   |
| Name of Organiz   |   | Name of Fig  |  | and chang                                    | Federal En                   |                            | lo. (in case                | of employees'<br>exempt under     |
|   | ITD CO. THE   |  |  |  | section 501 (                | a), insert the t           | trust's iden                | tification number.)               |
|   | 'IRST, INC  | Niversia   | -1 011   |  | -                            |                            |                             |                                   |
| Number and Stre   | eet   | Number and   | d Street   |  | **_**                        | *6397                      |                             |                                   |
| 3250 RIVE   | RWOOD PARKWAY,  | S  |  |  | NAICS Cod                    |                            | f                           | IRS code                          |
| City or Town  |   | City or Tow  | n  |  |                              | curren                     |                             | section for which you             |
| ATLANTA   | 1   |  |  |  |                              | letter.                    |                             | are exémpt.                       |
| State<br>GA   | ZIP Code 30339  | State  | ZIP Code   |  | 52429                        | ρ                          |                             |                                   |
| GA  | 30339   |  |  |  | 32423                        |                            | HEDULE                      | 1                                 |
|   |   |  |  |  |                              | 30                         | HLDOLL                      | . •                               |
| 1. Unrelated bus  | siness taxable income from Fed  | leral Form 990   | -T (attach copy)   |  | 1.                           |                            |                             | -6182                             |
|   |   |  |  |  |                              |                            |                             |                                   |
| 2. Additions  |   |  |  |  | 2.                           |                            |                             |                                   |
| 3 Total (add Lin  | e 1 and Line 2)   |  |  |  | 3.                           |                            |                             | -6182                             |
| o. Total (add Ell)  | C 1 and Line 2)   |  |  |  | 0.                           |                            |                             |                                   |
| 4. Subtractions   |   |  |  |  | 4.                           |                            |                             |                                   |
|   |   |  |  |  |                              |                            |                             | -6182                             |
| 5. Georgia unrela   | ated business taxable income (  | Line 3 less Lin  | e 4)   |  | 5.                           |                            |                             | -0102                             |
| COMPUTATION   | OF GEORGIA UNRELATED E  | BUSINESS INC   | COME TAX   |  |                              | SC                         | HEDULE                      | 2                                 |
|   |   |  |  |  |                              |                            |                             |                                   |
| 1. Line 5, above  | , multiplied by 6%  |  |  |  | 1.                           |                            |                             | 0                                 |
| O Loop Cradita  | wood from Cohodulo O. do not  | antar mara tha   | n Line 1 of Cobe   | odulo O                                      |                              |                            |                             |                                   |
| 2. Less. Credits  | used from Schedule 3, do not  | enter more tha   | III LINE I OI SCHE   | edule 2                                      | 2.                           |                            |                             |                                   |
| 3. Less: Paymer   | nts   |  |  |  | 3.                           |                            |                             |                                   |
|   |   |  |  |  |                              |                            |                             |                                   |
| 4. Withholding C  | Credits (G2-A, G2-LP and/or G2-   | RP)  |  |  | 4.                           |                            |                             |                                   |
| 5 Balance of tax  | x due OR overpayment  |  |  |  | 5.                           |                            |                             | 0                                 |
| o. Balarios or tax  | due en everpayment  |  |  |  | J.,                          |                            |                             |                                   |
| 6. Interest due (   | See Instructions)   |  |  |  | 6.                           |                            |                             |                                   |
|   |   |  |  |  | _                            |                            |                             |                                   |
| 7. Underestimat   | ed tax penalty  |  |  |  | 7.                           |                            |                             |                                   |
| 8. Other penaltie   | es due (See Instructions)   |  |  |  | 8.                           |                            |                             |                                   |
|   | ,   |  |  |  |                              |                            |                             |                                   |
|   | x, interest and penalties due wi  |  |  |  | 9.                           |                            |                             |                                   |
| 10. If Line 5 is ar   | n overpayment, amount to be c   | redited on   |  |  |                              |                            |                             |                                   |
| DECLARATION: I/<br>to the best of my/<br>on all information | FEDERAL 990-T AND SUPPO We declare under penalty of pr our knowledge and belief, it is of which the preparer has know ted States, free of any expense | erjury that I/we<br>true, correct, a<br>vledge. Georgi | DULES (AND A<br>e have examined<br>and complete. If<br>a Public Revenu | this return (includir<br>prepared by a perso | ng accompan<br>on other than | ying schedu<br>the taxpaye | iles and st<br>er, this dec | tatements) and claration is based |
| PEGGY GAC   |   |  | 5  |  |                              |                            |                             |                                   |
| Signature of Office   |   |  |  | Signature of Indiv                           | idual or Firm                | Preparing Re               | eturn                       |                                   |
| CEO   | 05/07   | /19  |  | P00764759                                    |                              |                            |                             |                                   |
| Title   | Date  |  | 845981<br>08-16-18   | Employee ID or So                            | ocial Security               | Number                     |                             |                                   |

PaymentsFirst, Inc Schedule of Net Operating Loss Carry-Over Decemer 31, 2019

|                    | <u>2015</u> | <u>2016</u> | 2017      |
|--------------------|-------------|-------------|-----------|
| Software Costs     | -           |             |           |
| Wages and Salaries | 2,809.00    | 5,665.00    | 13,688.00 |
|                    |             |             |           |
|                    |             |             |           |
|                    | 2,809.00    | 5,665.00    | 13,688.00 |

These are costs directly associated with the development of the web based software tools currently being marketed.