501	0006500712	4
	44445	•

Return of Organization Exempt From Income Tax 2949311416601 1 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

n this form as it may be made public.

2019

Department of the Treasury	▶ Do not enter social security numbers or
Internal Revenue Service	► Go to www.irs.gov/Form990 for instru

(Rev January 2020)

uctions and the latest information.

Open to Public Inspection

Α	For the 26	019 calend	dar year, or tax year beginning		, 2019, and en	ding		, 20	
В	Check if ap	plicable	C Name of organization LIFE'S B	EACON FOUNDATION, IN	IC.		D Emplo	oyer identification	number
	Address ch	ange	Doing business as					23-3065434	
$\bar{\sqcap}$	Name char	nge	Number and street (or P.O box i	mail is not delivered to street	address)	Room/suite	E Teleph	none number	
$\overline{\sqcap}$	Initial return	ì	506 NORTH GEORGE STREE	Т		ľ		717-577-0553	
Ħ	Final return	urn/terminated City or town, state or province, country, and ZIP or foreign postal code							
=	Amended r		YORK, PA 17404	<b>G</b> Gross	receipts \$				
=							this a group return fo	or subordinates? 🔲 Ye	s V No
_		<b>Fy</b>			es included? 🔲 Ye				
	Tax-exemp	t status	√ 501(c)(3)	) <b>◄</b> (insert no ) 49	47(a)(1) or 52	7) If	"No," attach a le	st (see instructions)	)
<u></u>			EACONFOUNDATION.ORG	<u>, , , , , , , , , , , , , , , , , , , </u>	1		roup exemption		
			Corporation Trust Associa	ation Other >	L Year of fo			of legal domicile	PA
		Summa	<del></del>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 111 2 2 2 2 2		
			cribe the organization's miss	ion or most significant	activities:			<del></del>	
•	1	-			1	CHOILT THE	VEAD		
Governance	"	IFE SKILL	S CENTER PROVIDING PROG	KAWIWIING FOR OVER 13	S MEN I HKOO	GHOOT THE	ILAK		
Ë	] , ;	hook thic	box ▶ ☐ If the organization	discontinued its opera	tions or dispos	ed of more	than 25% of	its net assets	
Š			voting members of the gove			ed of filore	3		
Ö	3 N	lumber of	independent voting membe	ro of the governme had	y (Bost VI) lung	DECE!			<del></del>
Se	4 N	atal acces	independent voting membe	rs of the governing bod a colondor year 2010 (E	y (Fait VI, III)ei	MEGEIV	ED 5		2
Activities &	1		per of individuals employed i	- ·	art v, tie za)		18		0
	1		per of volunteers (estimate if	* '	e 12   S  - A	AUG 06 2	020 🖏		20
<			ated business revenue from		ie iz   🗸		2		0
	b N	iet unreiai	ted business taxable income	from Form 990-1, line		CIDENE		Current Ye	0
Revenue			(D+ \/III   E	461		GDEN;	16.933	Current re	
		9 Program service revenue (Part VIII, line 2g)							26,411
	1								176,7 <u>67</u>
	)		stment income (Part VIII, column (A), lines 3, 4, and 7d)						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	•		ue-add lines 8 through 11 (r				209,709		203,178
	1		d similar amounts paid (Part			·			
			aid to or for members (Part I)						
es			her compensation, employee			)			
Ехрепѕеѕ	1		al fundraising fees (Part IX, o					······································	
×			raising expenses (Part IX, co	• • • • • • • • • • • • • • • • • • • •				••••	
Ш	I .	•	enses (Part IX, column (A), Iır	·			_169,427		210,429
	18 T	otal expe	nses. Add lines 13-17 (must	equal Part IX, column (	A), line 25) .				
		tevenue le	ess expenses. Subtract line	18 from line 12	<u> </u>		40,282		(7,251)
ets or						Beginning	of Current Year	End of Yea	ar
sets alan	20 T	otal asset	ts (Part X, line 16)			· L	15,875		18,917
Net Asse Fund Bala	21 T	otal liabili	ties (Part X, line 26)				15,854		26,146
5 E	22 N	let assets	or fund balances. Subtract	line 21 from line 20			21		(7,229)
Pa	art II	Signatu	re Block						
Un	der penaltie	es of perjury	, I declare that I have examined this	return, including accompanyii	ng schedules and s	statements, and	to the best of r	my knowledge and	belief, it is
tru	e, correct, a	and complet	e Declaration of preparer (other than	officer) is based on all inform	ation of which pre	parer has any k	nowledge		
			Mechan 1. a	lle			7/2	2/2020	
Sig	gn	Signat	ure of officer	// -			Date	•	
He	ere		lichael J. /t/	lkn 1	reasurer	_			
		Type o	or print name and title				-		
D-	الم:	Print/Type	preparer's name	Preparer's signature		Date	Check	☐ if PTIN	
Pa							self-em	<b>—</b> ,	
	eparer	Firm's nar	me ►			•	Firm's EIN ▶	• 11	
US	se Only	Firm's add					Phone no.		
Ma	v the IRS		this return with the preparer	shown above? (see ins	tructions)			. Yes	□No
			tion Act Notice, see the separa			at. No. 11282Y			90 (2019)

0,29

01111 33	יט קבט ו	9)		i age 🚣
Part		Statement of Program Serv Check if Schedule O contains	rice Accomplishments s a response or note to any line in this	Part III
1	Brie	fly describe the organization's m		
	LIFE	SKILLS CENTER PROVIDING PR	OGRAMMING FOR OVER 155 MEN THROU	GHOUT THE YEAR
	D. 4			and the second s
2	prio		significant program services during the	
3	serv	ices?	ucting, or make significant changes in	how it conducts, any program
		es," describe these changes on		As there is a second to the second to
4	ехр	enses. Section 501(c)(3) and 50		its three largest program services, as measured by ort the amount of grants and allocations to others,
4a	(Cod	de) (Expenses \$	210,429 including grants of \$	) (Revenue \$176,767)
	HEL	P MEN IN RECOVERY FROM DRU	IGS AND ALCOHOL LEARN NEW LIFE SKII	LLS
			<del></del>	
4b	(Cod	de:) (Expenses \$	including grants of \$	) (Revenue \$)
4c	(Cod	de:) (Expenses \$	ıncluding grants of \$	) (Revenue \$)
				······
				<u> </u>
			<del></del>	
		<del></del>		
	O41-	ne program and and 15 and	a Sahadula (C.)	
4d		er program services (Describe or enses \$ includii	in Schedule O.) ing grants of \$	ne \$ )
4e		Il program service expenses ▶		

Page 3

orm 990 (20	19)	
art IV	Checklist of Required Schedules	
	·	· · · · · · · · · · · · · · · · · · ·

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Ť	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	<u> </u>
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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	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		✓
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b>✓</b>
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		✓

Part	V 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		1
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
C	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		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<b>/</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
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		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	✓
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	· .		
	1 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		<del> </del>
	TENNIANE VALUE VALUE VALUE VALUE VALUE VALUE VALUE (S			,

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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>\</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶			-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>√</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	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:	1		
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		<del> </del>		
C 1/10	<del> </del>	14a		<b>/</b>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>
b 15	· · · · · · · · · · · · · · · · · · ·			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	-"		
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	ii 100, complete l'ulii 4720, concedie o.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struci	tions.
Secti	on 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 1a 4			
	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			ŀ
	committee, explain on Schedule O.			l
b	Enter the number of voting members included on line 1a, above, who are independent .			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<del>-</del>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>√</b>
6	Did the organization have members or stockholders?	6		<b>√</b>
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		_
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	7	·i
b	Each committee with authority to act on behalf of the governing body?	8b	Ż	
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 on Schedule O	9	200 )	✓
secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	103	<del>√</del>
	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	<b>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		<b>√</b>
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
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		✓
b	Other officers or key employees of the organization	15b		<b>✓</b>
	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		$\overline{}$
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		<b>√</b>
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ▶ PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website V Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	ROBERT E. ALLEN (717) 577-0553 506 NORTH GEORGE STREET, YORK, PA 17404			

Page	

Form	000	1001	n١
-orm	990	(20)	91

Part VII	Compensation of Officer	rs, Directors,	Trustees,	Key Employees	, Highest	Compensate	d Employees	, and
	Independent Contractor	S						

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. See instructions for the order in which to list the persons above.

□ Check this box if neither the organization not	r any relate	a org	anız	atic	n c	ompe	ensa	ited any current	onicer, director,	or trustee.
				(0	C)					
(A) Name and title	(B) Average hours	Average hours (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
-	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHARLES REDDINGER	ļ									
VICE PRESIDENT	2.00		⊢	<b>✓</b>	ļ	_		0	0	
(2) MICHAEL ALLEN	ļ	ļ		,				_	_	
SECRETARY/TREASURER	2.00		<del> </del> -	<b>/</b>			ļ	0	0	
(3) ROBERT E. ALLEN	40.00	ł						44.500	o	,
PRESIDENT (4)	40.00	<u> </u>	╁┈	•				11,500		
(**)		ĺ		ŀ						
(5)										
(6)									-	
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Emj	ploy	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (c	ontinuea
						C)							
	(A)	(B)	(don	ot ch		ation more	e than o	one	(D)	(E)			(F)
	Name and title	Average hours	box,	unles	s pe	rson	is both	n an	Reportable compensation	Reportati compensa			ted amount other
		per week	office		_		or/trust	<del></del>	from the	from relat	ted	comp	ensation
		(list any hours for	¥ a	nstrt	Officer	X <sub>ey</sub>	mg dg	Former	organization (W-2/1099-MISC)	organızatı (W-2/1099-1			om the zation and
		related	recto	ut io	ę	emp	est c	<u>ब</u>	(44-2/1099-141130)	(44-2) 1033-1	viioc)		rganizations
		organizations below	7 2	nal t		employee	) all						
		dotted line)	Individual trustee or director	Institutional trustee		•	Highest compensated employee						
				e			ated						
(15)													
								١.					
(16)													
		<u> </u>						_					
(17)		<b> </b>											
44.00		-	<u> </u>		_	-		┝					
(18)		<b></b>											
(19)				$\vdash$	┢	<b>-</b>		┢					<u>-</u>
1.127		<del> </del>	1										
(20)								T					
32		<u> </u>	1		1								
(21)													
								<u> </u>					
(22)		<b></b>											
(00)		-	ļ	-				-					
(23)		<del> </del>	-										
(24)					H	╁	<del> </del>	<del>                                     </del>					
(24)		<del> </del> -	1								•		
(25)			<u> </u>					<u> </u>				-	
3		†											
1b	Subtotal							<b>&gt;</b>		—			
C	Total from continuation sheets to Part								11/50			*	
d	Total (add lines 1b and 1c)							<u> </u>	HEU				
2	Total number of individuals (including but		d to th	ose	e list	ted	above	e) w	ho received mor	e than \$10	0,000	of	
	reportable compensation from the organ	ization >								•••			Yes No
_	Did the everywhere hat any farmon	- <b>66</b>		<b></b>		_			lavaa ar biabaa			r	Tes No
3	Did the organization list any former employee on line 1a? If "Yes," complete							mp	loyee, or nighes	st compen	saleu	3	<del></del>
4	For any individual listed on line 1a, is the							n a		 nsation fro	m the	<del></del>	<del>-</del>
•	organization and related organizations	greater th	an \$1	150,	,000	? 1	f "Ye	s,"	complete Sched	dule J for	such		
	individual											4	✓
5	Did any person listed on line 1a receive of									tion or indi	vidual		
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedi	ıle J t	for s	such person	<u></u>	· ·	5	✓
Secti	on B. Independent Contractors												
1	Complete this table for your five high												
	compensation from the organization. Rep	ort compen	isatioi	n tol	rtne	ca	ienda	r ye		within the	organ		s tax year
	(A) Name and business add	Iress							(B) Description of serv	rices	(	<b>(C)</b> Compens	ation
								1				• -	
		·· -· ·							·				
		-						Ī					
2	Total number of independent contractor							o th	nose listed abov	e) who			
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion	<u> </u>						

Part	VIII	Statement of Revenue Check if Schedule O contains a response	se or note to an	v line in this Pa	rt VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>12</u> 92	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
ج ق	С	Fundraising events 1c	14,627	•			
Ę,	d	Related organizations 1d					
<u> </u>	e	Government grants (contributions) 1e					
뺤	f	All other contributions, gifts, grants,	1				
ıtid er (		and similar amounts not included above   1f	11,784				1
축춘	q	Noncash contributions included in					
id it		lines 1a-1f 1g	\$		,	ļ '	
သို့ န	h	Total. Add lines 1a-1f		26,411			
			Business Code				
Ce	2a	LIFE SKILLS CENTER	624200	176,767	176,767		
ه کے	b						
S E	С						
gram Ser Revenue	d						
Program Service Revenue	е						
Pro	f	All other program service revenue	<del></del>				
	g	Total. Add lines 2a-2f	🕨	176,767			
	3	Investment income (including dividends					
		other similar amounts)	▶[				
	4	Income from investment of tax-exempt bor	nd proceeds ▶ [				
	5	Royalties	▶				
		(i) Real	(ii) Personal			-	
	ьа	Gross rents 6a					
	b	Less rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	•				
	7a	Gross amount from (I) Securities	(ii) Other				
		sales of assets					
		other than inventory /a		1			
퐈	b	Less cost or other basis					
Revenue		and sales expenses . 7b					
ě.	С	Gain or (loss) 7c					
	d	Net gain or (loss)	▶				
Other	ชิล	Gross income from fundralsing					
0		events (not including \$					
		of contributions reported on line					
		1c) See Part IV, line 18	· · · · · · · · · · · · · · · · · · ·				
	ł	Less: direct expenses					
	C	Net income or (loss) from fundraising ever	nts ▶				
	9a	Gross income from gaming	ŀ				
	_	activities. See Part IV, line 19 . 9a					
		Less. direct expenses	s <b>•</b>				
	i	· · · · · · · · · · · · · · · · · · ·	s <b>-</b>				
	ıva	Gross sales of inventory, less	ŀ				
	h	returns and allowances 10a Less: cost of goods sold 10b					
		Less: cost of goods sold [10b]  Net income or (loss) from sales of inventor	v <b>&gt;</b>				
		iver income or (loss) from sales of inventor	Business Code	_			
Snc	11-	}	DUSINESS CODE			<del></del>	
nec iue	11a					<u> </u>	
Miscellaneous Revenue	b					<u> </u>	<del> </del>
Sce	2	All other revenue					
Ξ̈́	ď	Total. Add lines 11a–11d	▶				
	12	Total revenue Socientrictions	· · · ·	202 170	<u> </u>		

Part IX	Statement	of Functional E	Expenses

	Statement of Functional Expenses	Jaka all antionen All	-46		· (4)			
Sectio	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	(D) 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	11,500	11,500					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		·					
7	Other salaries and wages							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	-		•				
10	Payroll taxes							
11	Fees for services (nonemployees):							
	Management							
a								
b	Legal							
С	Accounting							
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .							
12	Advertising and promotion							
13	Office expenses	258	258					
14	Information technology							
15	Royalties							
16	Occupancy	68,981	68,981		-			
17	Travel	8,445	8,445					
18	Payments of travel or entertainment expenses	0,443	0,445					
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .							
20	Interest	3,655	3,655					
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
а	TELEPHONE	4,398	4,398					
b	SUPPLIES	16,189	16,189					
c	PROGRAM EXP/FOOD	47,557	47,557					
d	AUTO	31,783	31,783	<del></del>				
e		17,663	8,592	782	8,289			
	All other expenses  Total functional expenses. Add lines 1 through 24e				8,289			
25 26	Joint costs. Complete this line only if the	210,429	201,358	782	8,289			
20	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)							

2   Sawngs and temporary cash investments   2   3	Form	1 990 (20	019)			Page 11
Cash—non-interest-bearing   Beginning of year   End of year	Р	art X	Balance Sheet			_
1 Cash—non-interest-beaming   0,872   1   11,911     2 Savings and temporary cash investments   2   3     3 Pledges and grants receivable, net   3   3     4 Accounts receivable, net   4   4     5 Luans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   5     6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8)   6     7 Notes and loans receivable, net   7     8 Inventories for sale or use   7     9 Prepaid expenses and desfered charges   9     10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   7,003     10b Less: accumulated depreciation   10b   7,003   10c   700: 11     10 Investments – publicity traded securities   110   110   110   110     11 Investments – publicity traded securities   110   11			Check if Schedule O contains a response or note to any line in this Pa	(A)	· · ·	(B)
2 Savings and temporary cash investments						
3 Pledges and grants receivable, net   4   4   4   4   4   4   4   5   5   4   5   5		1		8,872		11,914
4 Accounts receivable, net 5 Luans and other receivables from any current or former officer, director, tustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepald expenses and deferred charges 9 Prepald expenses and deferred charges 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1 Illustiments—publicly traded securities 1 Investments—publicly traded securities 1 Investments—publicly traded securities 1 Investments—bublicly traded securities 1	,	2	• • •			
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 5  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) . 6  7 Notes and loans receivable, net . 7  8 Inventories for sale or use . 9  9 Prepaid expenses and deferred charges . 9  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . 10b . 7,003 10c . 700: 111 Investments – publicity traded securities . 111 . 122 . 123 investments – other securities. See Part IV, line 11 . 13 investments – program-related. See Part IV, line 11 . 13 investments – program-related. See Part IV, line 11 . 13 investments – program-related. See Part IV, line 11 . 13 investments – program-related. See Part IV, line 11 . 15 in		3	Pledges and grants receivable, net			
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(h(1)), and persons described in section 4958(h(2)(5)).  7 Notes and loans receivable, net.  7 Notes and loans receivable, net.  8 Inventories for sale or use.  9 Prepald expenses and deferred charges.  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D.  1b Less: accumulated depreciation.  10b T,003 10c 700:  11 Investments—publicity traded securities.  12 Investments—publicity traded securities.  13 Investments—popping—related. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  18 Grants payable.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Excoro or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  4 January 10 January 10 January 10 January 11		4	Accounts receivable, net		4	
under section 4958(h(1)), and persons described in section 4958(c)(3)(B) .		5	trustee, key employee, creator or founder, substantial contributor, or 35%		5	
7   Notes and loans receivable, net   7   8   8   8   8   9   Pepade expenses and deferred charges   9   9   9   9   9   9   9   9   9		6	Loans and other receivables from other disqualified persons (as defined			
7   Notes and loans receivable, net   7   8   8   8   8   9   Pepade expenses and deferred charges   9   9   9   9   9   9   9   9   9			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 11 Investments — publicity traded securities 12 Investments — publicity traded securities 13 Investments — program-related. See Part IV, line 11 14 Intrangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 1,467 17 17,669 18 Grants payable 19 Deferred revenue 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Lacs and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 20 Lacs and other payable to unrelated third parties 21 Unsecured notes and loans payable to unrelated third parties 22 Unsecured motes and loans payable to unrelated third parties 23 Controlled entity or family member of any of these persons 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities. Add lines 17 through 25 15,971 27 Total liabilities. Add lines 17 through 25 15,971 28 Net assets without donor restrictions 29 Total liabilities. Add lines 17 through 25 26 26,141 29 Total liabilities. Add lines 17 through 25 29 29 20 20 21 21 27 27 27 28, 32, and 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earmings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 (7,230)	Ś	7			7	
10a	set	8			8	
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D	As	1	to the first of th		9	
basis. Complete Part VI of Schedule D .   10a   7,003   10b   7,003   10c   7000   10b   10b   7,003   10c   7000   10b   7,003   10c   7000   11b   11c   12c						
b Less: accumulated depreciation . 10b		100				
11   Investments – publicity traded securities   11   12   Investments – other securities. See Part IV, line 11   12   13   14   14   13   14   14   15   15   15   16   15   15   16   15   16   15   16   16		h		7 003	10c	7003
12   Investments — other securities. See Part IV, line 11		1				
13   Investments—program-related. See Part IV, line 11   14   Intangible assets   14   14   15   Other assets. See Part IV, line 11   15   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   15,875   16   18,911   17   Accounts payable and accrued expenses   1,467   17   17,669   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   Escrow or custodial account liability. Complete Part IV of Schedule D   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   4,872   22   2,500   23   Secured mortgages and notes payable to unrelated third parties   23   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and other liabilities not included on lines 17-24). Complete Part X of Schedule D   9,515   25   5,971   25   26   26,14*   27   27   27   27   27   27   27   2			· · · · · · · · · · · · · · · · · · ·		_	
14 Intangible assets .			·		13	
15 Other assets. See Part IV, line 11			, 5		14	
16					_	
17			Total assets. Add lines 1 through 15 (must equal line 33)	15.875	16	18.917
18 Grants payable						
19 Deferred revenue			· •			
20 Tax-exempt bond liabilities		1				<del></del>
21 Escrow or custodial account liability. Complete Part IV of Schedule D					20	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			· · · · · · · · · · · · · · · · · · ·		<del></del>	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	w	I — :	- · · · · · · · · · · · · · · · · · · ·			
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	<u>≓</u>		trustee, key employee, creator or founder, substantial contributor, or 35%			
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	豆			4,872	22	2,500
24 Unsecured notes and loans payable to unrelated third parties	Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			, ,		24	
of Schedule D			Other liabilities (including federal income tax, payables to related third			
26 Total liabilities. Add lines 17 through 25			• • • • • • • • • • • • • • • • • • • •	9.515	25	5.978
Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions		26				
Net assets without donor restrictions	seo		Organizations that follow FASB ASC 958, check here ▶ □			
Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	ā	27	· · · · · · · · · · · · · · · · · · ·	21	27	(7,230
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	Ba	I				•
and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	Ē					
Capital stock or trust principal, or current funds	Ţ					
30 Paid-in or capital surplus, or land, building, or equipment fund	ō	29	·		29	
Retained earnings, endowment, accumulated income, or other funds	ets	l			30	
32       Total net assets or fund balances	SS	31	, , ,		31	
Z     33     Total liabilities and net assets/fund balances	ž,	•	<del>y</del>	21	32	(7,230
	ž	ı				18,917

(7,230)

18,917

Page	1	2
------	---	---

Part	XI Reconciliation of Net Assets			<del></del>
	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)			3,178
2	Total expenses (must equal Part IX, column (A), line 25)		21	10,429
3	Revenue less expenses. Subtract line 2 from line 1		(	7,251)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			21
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		(	7,230 <u>)</u>
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	· ·		
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			اا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			اجــا
b	Were the organization's financial statements audited by an independent accountant?	2b		✓,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	ļ		
	separate basis, consolidated basis, or both:			
	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	2c		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	20		<b>—</b>
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
ο-		-		
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a		1
_	Single Audit Act and OMB Circular A-133?	34		├ <b>~</b>
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	required addit of addits, explain willy on schedule of and describe any steps taken to didengo such addits.		<b>00</b> 0	(2019)
		Fori	11 320	(2013)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public ation. Inspection Employer identification number

	S BEACON FOUNDATION, INC.						65434
Pa							ons
	organization is not a private founda				•		+ 0
1	A church, convention of churc						/ )~/
2	A school described in section		•				$\cup$ $\cup$
3	A hospital or a cooperative hospital						CIII Fatantha
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). Enter the
5	An organization operated for		college or upwergity	owned c	r operate	nd by a government	al unit donombod in
3	section 170(b)(1)(A)(iv). (Com		college or university	owned C	operate	ed by a government	ai unit described ii
6	☐ A federal, state, or local govern	•	mental unit described	ın secti	on 170/b	V4\/A\/\/	
7	An organization that normally						n the general nublic
-	described in section 170(b)(1)			port iron	, a govo	innormal arm or from	Title general public
8	☐ A community trust described i		•	Part II )			
9				-	erated in	conjunction with a l	and-grant college
	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:						
10	An organization that normally in the companies of the	receives: (1) mor	e than 331/3% of its si	ipport fro	m contri	butions, membershi	p fees, and gross
	receipts from activities related support from gross investmen	to its exempt fu	nctions—subject to c related business taxal	ertain exc	ceptions,	and (2) no more tha	n 331/3% of its
	acquired by the organization a	fter June 30, 197	75. See <b>section 509(</b> a	)(2). (Co	nplete Pa	art III.)	D4511100000
11	☐ An organization organized and	l operated exclus	sively to test for public	safety.	See <b>sect</b>	ion 509(a)(4).	
12	An organization organized and						
	of one or more publicly support						
	Check the box in lines 12a thro	-			_	•	•
а							
	the supported organization					the directors or trust	ees of the
	supporting organization. Y		•				
b	_ ,, ,						
	control or management of organization(s). You must	• • •	_		persons	that control or man	age the supported
С	□ <b>-</b>	•	•		onnectio	n with and function:	ally integrated with
·	its supported organization(						any integrated with,
d			-				orted organization(s
	that is not functionally integ						
	requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
е	Check this box if the organ	nzation received	a written determination	on from ti	ne IRS th	at it is a Type I, Type	e II, Type III
	functionally integrated, or 1	Гуре III non-func	tionally integrated sup	porting	organızat	ion.	
f							
g	Provide the following information	n about the supp	orted organization(s).			<del></del>	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of
			above (see instructions))		ment?	instructions)	other support (see instructions)
					<b>N</b> -	,	
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(D)	; 						
(E)							
·- <i>,</i>							
Tota	1	بكاساء كالماسا	شدنك كالماساني	ند جدور	هر کالک	I	1

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)  Section A. Public Support  Callendar year for fiscal year beginning in   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2015 (f) Total membraths please received. (Do not include any "unusual grants.")  2 Tax revenues level of for the organization's benefit and either paid to or expended on its behalf .  3 The value of services or facilities furnished by a governmental unit to the organization without charge .  4 Total. Add lines 1 through 3 .  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .  6 Public support. Subtract lines from line 4  Section B. Total Support  7 Amounts from line 4  6 Gross income from interest, dividends, payments received on securities loans, rents, rayshes, and income from merset of the payments received on securities loans, rents, rayshes, and income from interest, dividends, payments received on securities loans, rents, rayshes, and income from the business is regularly carried on the dividence of the payments received an securities loans, rents, rayshes, and income from the sale of capital assets (Explain in Part VI).  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) in the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box first stopport percentage for 2018 (line 5; column) (f) divided by line 11, column (f) 14	Part							
Section A. Public Support  Calendar year (or fiscal year beginning in)   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2018 (f) Total membraship flees received. (Co not include any "unusual grants.")  Tax revenues leved for the organization's benefit and either paid to or expended on its behalf or a commentation or a commentation of the commentation of the commentation without charge.  Total. Add lines 1 through 3.  The value of services of ratelities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3.  The public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total organization) from lines 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total organization without charge in the secure of the commentation of the commentation organization organizat								ally under
Calendar year (or fiscal year beginning in)   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total membership fees received. ((b) not include any "unusual grants.") .  2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf .  3 The value of services or facilities furnished by a governmental unit to the organization without charge .  4 Total. Add lines 1 through 3 .  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .  6 Public support. Subtract line 5 from line 4  Section B. Total Support  7 Amounts from line 4  6 Gross income from interest, dividends, payments received on securities loans, rents, royalbes, and income from securities loans, rents, royalbes, and income from securities loans, rents, royalbes, and income from line for the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through/10  12 Cross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(s)(5) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage form 2018 Schedule A, Part II, line 14  15 Public support percentage for granization qualities as a publicly supported organization  16 Distribution of Public support percentage or more of the organization qualities as a publicly supported organization in Part VI.)  17 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, or 17a, and line 11/s 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI.) by with organization meets the "facts-and-circumstances" test, check this box	Secti		quality unde	er title tests in	sted below, p	nease comple	ee Fart III.)	
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or any account of the organization or the organization without charge. 3 The value of services or facilities furnished by a governmental unit to the organization without charge . 4 Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 26 for the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total  7 Amounts from line 4 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through/10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 390 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section G. Computation of Public Support Percentage  14 Public support percentage form 2018 Schedule A, Part II, line 14  9 Public support percentage from 2018 Schedule A, Part II, line 14  15 Public support percentage from 2018 Schedule A, Part II, line 14  16 33/1/8 support test/ 2018. If the organization did not check the box on line 13, and line 14 is 33/1/8 or more, check this box and 54p here. The organization qualifies as a publicly supported organization  16 b) 10%-facts-and-circumstances test – 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%-facts-and-circumsta			(a) 2015	/h) 2016	(a) 2017	(4) 2019	(0) 2010	/n Total
membership fees received. (Do not include any "unusual grants.").  2			(a) 2013	(6) 2016	(6) 2017	(0) 2016	(e) 2019	(1) 10tai
include any "unusual grants.")  Tax revenues lever for the organization's benefit and either paid to or expended on its behalf .  The value of services or facilities furnished by a governmental unit to the organization without charge .  Total. Add lines 1 through 3 .  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, obtain (included on line 1 that exceeds 2% of the amount shown on line 11, obtain (included on line 1 that exceeds 2% of the amount shown on line 11, obtain (included on line 1 that exceeds 2% of the amount shown on line 11, obtain (included on line 1 that exceeds 2% of the amount shown on line 11, obtain (included on line 1 that exceeds 2% of the amount shown on line 11, obtain (included on line 1 that exceeds 2% of the amount shown on line 11, obtain (included on line 1 that exceeds 2% of the amount shown on line 11, obtain (included on line 1 that exceed 2% of the amount shown on line 11, obtained and a spart exceed on securities loans, rents, royaltes, and income from interest, dividends, payments received on securities loans, rents, royaltes, and income from unrelated business activities, whether or not the business activities whether or not the business activities, whether or not the business activities whether or not the business activit						ł		
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
organization's benefit and either paid to or expended on its behalf it to respended on its behalf it is behalf if the value of services or facilities furnished by a governmental unit to the organization without charge .  4 Total. Add lines 1 through 3 .  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2015 (b)/2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amount of the security o	2				<del>                                     </del>	<u> </u>		
to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25 of the amount shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the businesss is regularly carried on securities loans, rents, royalties, and income from similar sources  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 7 the organization during the form 10 to the companization of the check box on line 13, and line 14; 333% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10%-facts-ind-circumstances test—2019, if the organization did not check a box on line 13, 16a, or 16b, and line 15 is 331-3% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-a	-					1 /		
The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Public support, Subtract line 5 from line 4  Gection B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from similar sources .  Net income from unrelated business activities, whether or not the business is regularly carried on the business activities, whether or not the business is regularly carried on the first of the organization of the first organization, check this box and stop here. The organization of the organization of the first own or organization, check this box and stop here. The organization qualifies as a publicly supported organization .   10 331°% support test—2018. If the organization qualifies as a publicly supported organization .   11 a 10%-facts-and-circumstances test—2018. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 33°a/s or more, check this box and stop here. The organization qualifies as a publicly supported organization .   12 a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization .   13 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, 07a, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part		•					i	•
turnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  A mounts from line 4  8 Gross income from interest, dividends, payments received on secunities loans, rents, royaltes, and income from securities loans, rents, royaltes, and income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carned on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Public support percentage for 2019 (line 6, column (f) divided by line 11, column (fi)  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (fi)  15 % 331-3% support test/ 2018. If the organization did not check the box on line 13, and line 14 is 331-3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 331-3% support test/ 2018. If the organization did not check a box on line 13, 16a, 16b, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "fact	3	-			-	<del>                                     </del>		
Total. Add lines 1 through 3	Ū							
Total. Add lines 1 through 3 .  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .  Public support Subtract line 5 from line 4  Section B. Total Support  Calendary ear for fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .  9 Net income from unrelated business activities, whether or not the business is regularly carried on .  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through/10 .  2 Gross receipts from related activities, stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . 14 %  Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . 14 %  Section C. Computation of Public Support Percentage  15 Public support percentage from 2019 (line 6, column (f) divided by line 11, column (f)) . 14 %  16a 331-3% support test—2019. If the organization did not check the box on line 13, and line 14 is 331-3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .    17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-cir								
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on to income from unrelated business activities, whether or not the business is regularly carried on to income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  Total support. Add lines 7 through/10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box afid stop here  Section C. Computation of Pyfblic Support Percentage  Public support percentage for 2018 Schedule A, Part II, line 14  Public support test—2019. If the organization did not check the box on line 13, and line 14 is 331/a/8 or more, check this box and stop here? The organization qualifies as a publicly supported organization  Ballow or information of pyfblic first organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization maets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-an	4	_				<del>/</del>		
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carned on loss from the sale of capital assets (Explain in Part VI).  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support, Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  16 331-3% support test—2018. If the organization did not check the box on line 13, and line 14 is 331-3% or more, check this box and stop here? The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly su		· ·			<del>                                     </del>	-		
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support, Subtract line 5 from line 4  Section B. Total Support  Calendar year for fiscal year beginning in)    7 Amounts from line 4 .  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .  9 Net income from unrelated business activities, which is one of the business is regularly carried on .  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions) .  12 Gross receipts from related activities, etc. (see instructions) .  13 First five years. If the Form 980 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2018 Schedule A, Part II, line 14 .  15 Public support test—2018. If the organization did not check the box on line 13, and line 14 is 331-3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .  16 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331-3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .  17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the	5							
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								1
line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4  Section B. Total Support  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2018 Schedule A, Part II, line 14  16 331/a% support test—2018. If the organization did not check the box on line 13, and line 14 is 331/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organiza					/			
shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)    7 Amounts from line 4								
Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total  7 Amounts from line 4					ł			
Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total  7 Amounts from line 4	6	Public support. Subtract line 5 from line 4	•					
Calendar year (or fiscal year beginning in)   Amounts from line 4	Secti		-		4	<del></del>	1	<del></del>
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on .  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions) . 12  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . 14 %  15 Public support percentage for 2019 Schedule A, Part II, line 14 . 15 %  16 331/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here? The organization qualifies as a publicly supported organization .			(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
payments received on securities loans, rents, royalties, and income from similar sources	7	Amounts from line 4						
payments received on securities loans, rents, royalties, and income from similar sources	8	Gross income from interest, dividends,						-
Section C. Computation of Public Support Percentage  Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  Public support percentage for 2019 (line 6, column (f) divided by line 13, and line 14 is 33¹/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10 My-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15/s 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly sup			/			-		
9 Net income from unrelated business activities, whether or not the business is regularly carried on		rents, royalties, and income from						
activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)		sımılar sources						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2018 Schedule A, Part II, line 14  16 33¹/3² support test—2019. If the organization did not check the box on line 13, and line 14 is 33¹/3² or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 b 33¹/3² support est—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/3² or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10²/4-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. E	9	Net income from unrelated business						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
loss from the sale of capital assets (Explain in Part VI.)		is regularly carried on						
(Explain in Part VI.)	10							
Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)		•						
Gross receipts from related activities, etc. (see instructions)		· · · /						
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))								
Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))		•	•	•				
Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	13							
Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					· · · · ·		· · · ·	▶ 🗆
Public support percentage from 2018 Schedule A, Part II, line 14								
16a 33¹/₃% support test—2019. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
box and stop here. The organization qualifies as a publicly supported organization								
b 33¹/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	16a							
this box and stop here. The organization qualifies as a publicly supported organization		, ,		• • •	•			
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	ь						is 331/3% or m	
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization				• •	_			_
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a							
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·	tacts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	
15/Is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		· /						
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b							
supported organization								
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		-	neets the "fact			i ne organizati	on qualities as	
	40/	· · · · · · · · · · · · · · · · · · ·						
/ IIISTRUCTIONS	18/			box on line 13	, 16a, 16b, 17a	a, or 1/D, chec	k this box and	see
Schedule A (Form 990 or 990-F7) 2019	<del>/</del>	matructions	<del></del>	· · · · ·	· · · · · ·	<u> </u>		

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support				<b>-</b> -	. <i>-(</i>		
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees	(4) 2010	(5) 2010	(6) 2017	(6) 2010	(6) 2010	(1) 10141	
•	received. (Do not include any "unusual grants.")	49,149	46,771	7,909	16,943	26,411	147,183	
2	Gross receipts from admissions, merchandise	45,145	40,771	7,505	10,343	20,411	147,103	
	sold or services performed, or facilities					ļ		
	furnished in any activity that is related to the							
•	organization's tax-exempt purpose		·					
3	Gross receipts from activities that are not an unrelated trade or business under section 513					4-0-0-		
_		131,789	154,352	136,305	192,766	176,767	791,979	
4	Tax revenues levied for the				1			
	organization's benefit and either paid to or expended on its behalf							
_	·							
5	The value of services or facilities							
	furnished by a governmental unit to the							
_	organization without charge							
6	<b>Total.</b> Add lines 1 through 5	180,938	201,124	144,214	209,709	203,178	939,163	
7a	Amounts included on lines 1, 2, and 3	•						
	received from disqualified persons .	13,500	18,489	808	1200	4,742	38,739	
b	Amounts included on lines 2 and 3							
	received from other than disqualified		ļ		ļ			
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b	13,500	18,489	808	1,200	4,742	38,739	
8	Public support. (Subtract line 7c from				<u>.</u>			
<del>^ 1</del> :	line 6.)	<u> </u>			i	<u>_</u>	900,424	
	on B. Total Support	(-) 004E	(h) 0016	(=) 0017	(4) 0010 T	(0) 2010	/6 Total	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6	180,938	201,124	144,214	209,709	203,178	939,163	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties, and income from similar sources.							
	· ·							
b	Unrelated business taxable income (less			•				
	section 511 taxes) from businesses acquired after June 30, 1975							
	·	<del> </del>						
	Add lines 10a and 10b	<del> </del>				-		
11	Net income from unrelated business					1		
	activities not included in line 10b, whether or not the business is regularly carried on							
40	•							
12	Other income. Do not include gain or			ļ				
	loss from the sale of capital assets (Explain in Part VI.)			Ţ		ļ		
13	Total support. (Add lines 9, 10c, 11,						<del></del>	
13	and 12.)	180,938	201,124	144,214	209,709	203,178	939,163	
14	First five years. If the Form 990 is for the							
14	organization, check this box and <b>stop he</b>	-						
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2019 (line			3 column (fl)		15	95.88 %	
16	Public support percentage from 2018 Sch		-			16	95.41 %	
	on D. Computation of Investment In			<u> </u>	<u> </u>	1 · - 1	30.71 /	
<u> 17</u>	Investment income percentage for 2019 (			v line 13. colur	nn (f))	17	%	
18	Investment income percentage from 2018					18	0.00 %	
19a	331/3% support tests—2019. If the organ							
	17 is not more than 331/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .							
b	201.07							
J	line 18 is not more than 331/3%, check this							
20	Private foundation. If the organization di	•					<del></del> -	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
þ	Did the organization have ultimate control and discretion in dociding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		-
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authority such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
_		5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	-		-

benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity

anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

6

7

8

9a

9b

9с

10a

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		İ	:
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		<del> </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		<del>                                     </del>
	on B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			· · · · ·
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	l		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		l	L .
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>		
<del></del>	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		V	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ł		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e)
· a	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,,		٠,.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	[		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
ь	·	2a		
U	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		-	-
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	-	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		-
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	П		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	Y Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	h 4h		
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019	, ,	<del></del>	
a	From 2014			,
b	From 2015			
С	From 2016			
ď	Fruin 2017	-	1	-
е	From 2018	1		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7 <sup>·</sup> \$			
а	Applied to underdistributions of prior years		<del></del>	
<u>b</u>	Applied to 2019 distributable amount	,		
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.		:	
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
<u>b</u>	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019	[		

Door	Я
Page	О

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	,
	······································
	,
	·
•••••	

## SCHEDULE D (Form 990)

**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.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

2019 Open to Public Employer identification number

OMB No 1545-0047

	BEACON FOUNDATION, INC.		23-3065434
Pa	Organizations Maintaining Donor Advi		ls or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 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		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit		
n -	conferring impermissible private benefit?		· · · · · · · · · Yes · No
Pa	Conservation Easements.	V" F 000 D-+N/ P 7	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre		
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization heleasement on the last day of the tax year.	id a qualified conservation contribution	
_			Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		
ب 5	Number of conservation easements on a certified hi		
đ	Number of conservation easements included in (historic structure listed in the National Register		1 1
^	-		L
3	Number of conservation easements modified, trans tax year ▶	sterred, released, extinguished, or term	linated by the organization during the
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy reg		
Ŭ	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec		
		ing, harding of violations, and officioning	oonoorvation bassimonies during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
•	<b>▶</b> \$	g, mandaning of violations, and officially s	sometration eacometric during the year
8	Does each conservation easement reported on line 2	2/d) ahove satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemen	nts.	
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e statement and balance sheet work
	of art, historical treasures, or other similar assets	·	
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	BB ASC 958, to report in its revenue st	tatement and balance sheet works o
	art, historical treasures, or other similar assets held		earch in furtherance of public service
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art,		
	following amounts required to be reported under FA		-
а	Revenue included on Form 990, Part VIII, line 1 .		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶ \$

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar Ass	sets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	e follov	ving that make sig	gnificant us	se of its
а	Public exhibition		d	□Loan	or exchange	e nrogi	am		
b	Scholarly research				_				
C	☐ Preservation for future generations	:	C	Outer					
	Provide a description of the organiza		and expl	un how t	hov further	the ore	ianization'e ovem	nt nurnosc	ın Dart
4	XIII.								inran
5	During the year, did the organization assets to be sold to raise funds rather							r ☐ Yes	□ No
Part									
	Complete if the organization 990, Part X, line 21.					-			orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							t Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing to	able:	_			
						<u>                                   </u>	<b>†</b>	nount	
C	Beginning balance					10			
d	Additions during the year					10	·+		
е	Distributions during the year					1e	<del></del>		
f	Ending balance					1f			<del></del>
2a	Did the organization include an amou								⊢ No
	If "Yes," explain the arrangement in P	art XIII. Check nei	re it the e	xpianatio	n nas been	provide	ed on Part XIII.		
Par			" <b>-</b>	000 [	20ml 11/ June	. 10			
	Complete if the organization						(d) Three years book	(a) Faur va	ara baak
4.	Deciment of war balance	(a) Current year	(B) Pri	or year	(c) Two year	S Dack	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance	ļ	1					<u> </u>	
b	Contributions		<del> </del>		<u></u> .				
С	Net investment earnings, gains, and losses								
d	Grants or scholarships		<u> </u>						
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current year er	nd balanc	e (line 1g	, column (a	)) held	as:		
а	Board designated or quasi-endowme	nt ▶	%						
b	Permanent endowment ▶	%							
C	Term endowment ►%								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in th	e possession of t	he organı	zation tha	at are held	and ad	ministered for the		
	organization by.							Ye	s No
	(i) Unrelated organizations							3a(i)	$\perp$
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	•	-					3b	
4	Describe in Part XIII the intended use		on's endo	wment fu	unds.				
Part									
	Complete if the organization	n answered "Yes	on For	m 990, F	Part IV, line	e 11a.	See Form 990, I	Part X, line	e 10.
	Description of property	(a) Cost or o (investri		, ,	or other basis ther)		Accumulated epreciation	(d) Book va	alue 
1a	Land								
b	Buildings								
С	Leasehold improvements		4,434						4,434
þ	Equipment		2,569						2,569
e	Other								
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part 2	K, column	i (B), line 10	c.) .	▶		7,003

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form	m 990 Part IV line	a 11h See Form	990 Part X line 12
	(a) Description of security or category	(b) Book value		od of valuation
	(including name of security)	(2) 20011 12:00		of-year market value
(1) Financial				
	eld equity interests			
(3) Other			<del>-</del>	
			·	
(B)				
(C)				
(D) (E)				
(F)				
(G)				·····
(H)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		nod of valuation of-year market value
(1)			L	
(2)				·
(3)				
(4)		<u> </u>		<del></del>
(5)				
(6) (7)				
(8)				<del>-</del> .
(9)				· -
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				<u> </u>
(4) (5)				
(6)				
(7)				
(8)				
(9)				<u> </u>
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u>.</u>	<u> ▶</u>	
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Fore	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	line 25.	<del></del>		(b) Book value
(1) Federal II	(a) Description of liability			(b) DOOK Value
	iconie taxes			
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u></u>	<u> ▶</u>	
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footno	ote to the organization	n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part	· · · · · · · · · · · · · · · · · · ·	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	į.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	40
_		4c   5
5 Post	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part		r neturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2		
a	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	, I
d	Other (Describe in Part XIII.)	20
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b 4a	<u>l</u>
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a  Other (Describe in Part XIII.)	·  -
C	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
	e 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 Y. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	
_,		
		·····
		·····

Schedule D (Fo	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
•••••		
	······································	
	•	
	,	
•		
	•	•
	•	
		***************************************

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** LIFE'S BEACON FOUNDATION, INC. 23-3065434 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4)(5)(6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (g) In default? (h) Approved (a) Name of interested person (c) Purpose of (d) Loan to or (e) Onginal (f) Balance due (i) Written with organization from the principal amount by board or agreement? loan organization? committee? From Yes No Yes No Yes No (1)(2) (3)(4) (5)(6)(7)(8) (9) (10)**Total** 

Part III	Grants or A	Assistance Benefiting	Interested Persons.
----------	-------------	-----------------------	---------------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

11) NANCY ALLEN OWNER LJ ALLEN MOTHER OF PRESIDENT 10,880 RENT PAID FOR 2019 / (2)		(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
(2) (3) (4) (5) (6) (7) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	/41					Yes	No
(8)			MOTHER OF PRESIDENT	10,800	RENT PAID FOR 2019		<del>                                     </del>
(6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10						_	├──
(5) (6) (7) (8) (9) (10) PartV Supplemental Information for responses to questions an Schedule L (see instructions).							<del>                                     </del>
(6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10							
(8) (9) (10) (10) (10) (10) (10) (10) (10) (10							
(9) (10)  Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).							
Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).							<u> </u>
Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).					<del></del>		ļ
Provide additional information for responses to questions on Schedule L (see instructions).			<u> </u>		• • • • • • • • • • • • • • • • • • • •		<u>!</u>
	٤	Provide additional information	n for responses to questions o	on Schedule L (see	instructions).		
					· · · · · · · · · · · · · · · · · · ·	-	
						**	
		······································					
		·					
		·					
				*****************			
		<del>`</del>					
		······································	·	~~~~~			
		· <b></b>					
					<del></del>		
					***		<b>-</b>

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

LIFE'S BEACON FOUNDATION, INC 23-3065434 1. OFFICERS, DIRECTORS, ETC. FAMILY RELATIONSHIP (PART VI, LINE 2) ROBERT E. ALLEN, PRESIDENT AND MICHAEL ALLEN, SECRETARY/TREASURER ARE BROTHERS. 2. FORM 990 GOVERNING BODY REVIEW (PART VI, LINE 11) **GOVERNING BODY REVIEWS 990 BEFORE FILING.** 3. GOVERNING DOCUMENTS, ETC. AVAILABLE TO PUBLIC (PART VI, LINE 19) DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.