OMB No 1545-1150

Open to Public Inspection

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4,850 4,400 100

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Net Assets

|               | Form  | 990-                         | EZ  |               | Re               | turn o       | f Orga        | ınizati       | on Exe        | mpt      | Fron            | n Incor                 | ne T      | ax       |                 | 2           | 2018          |
|---------------|---|------------------------------|---|---------------|------------------|--------------|---------------|---------------|---------------|----------|-----------------|-------------------------|-----------|----------|-----------------|-------------|---------------|
|               |   | •                            |   | Und           | er section       | 501(c), 5    | 27, or 494    | 7(a)(1) of    | the interna   | al Reve  | nue Co          | ie (except              | t privat  | te found | ations)         | <del></del> | **            |
|               | ď   |                              | •   |               | ► Dor            | not enter :  | social sec    | curity num    | bers on th    | his forr | n as it m       | ay be mad               | de pub    | lic.     |                 | 1 2         | to Pub        |
|               |   | riment of the 'nai Revenue S |   | ļ             | ► Go             | o to www.    | .irs gov/Fe   | orm990EZ      | for instru    | ctions   | and the         | latest info             | rmatio    | m.       |                 | insi        | pection       |
|               |   |                              | 18 calendar   | r year, or    |                  |              |               |               | 01-0          |          | 018, and        |                         |           |          | 12-31           | ,2018       |               |
|               |   | heck if applica              |   |               | of organization  |              |               |               |               |          |                 |                         |           | ) Emplo  |                 | ification   | number        |
|               | $\overline{}$   | ddress chang                 | Į.  | Į.            | AYMEN I          |              | S GOORS       | SECOND        | CHANCE        | OUTE     | EACH (          | סידי                    | 1         | •        | -14771          |             |               |
|               | $\overline{\Box}$   | lame change                  | ·   |               | d street (or P   |              |               |               |               | 0011     | 1               | Room/suite              | - 1       |          | one numb        |             |               |
|               | 二   | nitial return                |   |               | •                | ,            |               |               | ,             |          |                 |                         |           | - тогори |                 |             |               |
|               | ≍   | inal return/ter              | minated   | POF           | 30X 7939         | 9            |               |               |               |          | ]               |                         | ı         | 12       | 29) 465         | -3160       |               |
|               | =   | vnended retur                |   |               | n, state or pro- |              | y, and ZIP or | foreign posta | i code        |          |                 | ~                       | <u> </u>  |          | Exemption       |             |               |
|               | $\equiv$  | oplication per               |   | Bainh         | oridge,          | GA 398       | 818           |               |               |          |                 | O                       | コー        | Numbe    | •               |             |               |
|               | =-  | Accounting                   |   |               | h Accr           |              | her (specif   | (v) ►         |               |          |                 |                         | H C       |          |                 | organizat   | tion is not   |
|               |   | Nebsite:                     |   | _             | menbrot          |              |               | <i>"</i> —    |               |          |                 |                         |           |          | _               | chedule B   |               |
|               | J   | Tax-exemp                    | ot status (d  |               |                  |              |               | cx ) ◀        | (insert no )  |          | 947(a)(1) o     | 527                     |           | •        |                 | or 990-PF   |               |
| ~             |   |                              | anization.  |               |                  | Trus         |               |               | sociation     |          | Other           |                         |           |          |                 |             | <u> </u>      |
| 2019          |   | -                            | b, 6c, and 7  |               |                  | _            |               |               |               | _        |                 | e, or if total          | asset     |          |                 |             |               |
| 7             |   |                              | n (B)) are \$   |               |                  |              |               |               |               |          |                 |                         |           |          | . <b>&gt;</b> S |             | 9,3           |
| 8             |   |                              |   |               |                  |              |               |               |               |          |                 |                         |           |          |                 | art I)      |               |
| 87            | Check if the organization used Schedule O to respond to any question in this Part I |                              |   |               |                  |              |               |               |               |          | •               | [                       |           |          |                 |             |               |
| N0V           | 1 Contributions, gifts, grants, and similar amounts received                        |                              |   |               |                  |              |               |               |               | 1        |                 | 4,8                     |           |          |                 |             |               |
| $\geq$        |   | 1                            | rogram sen  |               |                  |              |               |               |               |          |                 |                         |           |          | 2               |             | 4,4           |
| ய             |   | 3 M                          | lembership  | dues and      | assessme         | ents         |               |               |               |          |                 |                         |           |          | 3               |             | 1             |
| _Z            |   | 4 In                         | vestment in   | ncome .       |                  |              |               |               |               |          |                 |                         |           |          | 4               |             |               |
| 골드            |   | 5a G                         | ross amour  | int from sa   | ile of assets    | s other tha  | an invento    | ry            |               |          | . 5a            | }                       |           |          | **              |             |               |
| 걸             |   | b Le                         | ess cost or   | r other ba    | sis and sale     | es expens    | es · · ·      |               |               |          | - 5b            |                         |           |          |                 |             |               |
| POSTMARK DATE |   | c G                          | ain or (loss)   | s) from sa    | le of assets     | other tha    | n inventor    | y (Subtrac    | t line 5b fro | m line : | 5a) ·           |                         |           |          | 5c              |             |               |
| <u> </u>      |   | 6 G                          | aming and   | l fundraisii  | ng events:       |              |               |               |               |          |                 |                         |           |          |                 |             |               |
| <u></u>       |   | a G                          | iross incom   | ne from ga    | ming (attac      | ch Schedu    | ıle G ıf gre  | ater than     |               |          |                 |                         |           |          | 1 1             |             |               |
|               | ne  | \$                           | 15,000) -   |               | · · · · ·        |              |               |               |               |          | . 6a            | _l                      |           |          | }               |             |               |
|               | Revenue   | b G                          | ross incom  | ne from fu    | ndraising e      | vents (not   | including     | \$            |               |          |                 | of contribu             | utions    |          | 7               |             |               |
|               | 8   | fre                          | om fundrais   | sing even     | ls reported      | on line 1)   | (attach Sc    | hedule G      | if the        |          |                 |                         |           |          | 1.1             |             |               |
|               |   | SI                           | um of such  | gross inc     | ome and co       | ontribution  | is exceeds    | \$15,000)     | · · · ·       |          | . [6ь           | <u></u>                 |           |          |                 |             |               |
|               |   | C Le                         | ess. direct e   | expenses      | from gamin       | ng and fun   | ıdraising e   | vents •       | • • • • •     |          | . <u>6c</u>     |                         |           |          | ] ]             |             |               |
| .,            |   | d N                          | et income o   | or (loss) fi  | rom gaming       | g and fund   | raising ev    | ents (add l   | ines 6a and   | d 6b an  | d subtra        | ct                      |           |          | 1               |             |               |
| 2020          |   | lir                          | ne 6c) 🕠  |               |                  |              | · · · · ·     |               |               |          |                 |                         |           |          | 6d              |             |               |
| 2             |   | 1                            | ross sales (  |               | -                |              |               |               |               |          |                 |                         |           |          | ]               |             |               |
| 6             |   |                              | ess cost of   |               |                  |              |               |               |               |          |                 |                         |           |          | ] . [           |             |               |
| 67            |   | c G                          | ross profit o   | or (loss) f   | rom sales o      | of inventor  | y (Subtrac    | t line 7b fr  | om line 7a)   |          |                 |                         |           |          | 7c              |             |               |
| Z             |   | 8 0                          | ther revenu   | ue (descri    | be in Schei      | dule O)      |               |               |               |          |                 | · · · · · · · · · · · · | <i>is</i> |          | 8               |             |               |
| JAN           |   | 9 T                          | otal revenue<br>otal revenue<br>trants and senefits paid<br>alaries, other<br>rofessional | ue. Add li    | nes 1, 2, 3,     | 4, 5c, 6d,   | 7c, and 8     | <u> </u>      |               |          | ived I          | n. Cone                 | • • •     | ▶        | 9               |             | 9,3           |
|               |   | 10 G                         | irants and s  | sımılar am    | ounts paid       | (list in Sch | hedule O)     |               |               | Kerk     | g : 0           | BC' no                  |           |          | 10              |             |               |
| OCAININE D    |   | 11 B                         | enefits paid  | d to or for   | members          |              |               | • • • • •     | • • • • •     | 15       | ٠٠. ·           |                         |           |          | 11              |             |               |
| 2             | ģ   | 12 S                         | alaries, othe   | er compe      | nsation, an      | id employe   | e benefits    | , <i>.</i> .  | • • • • •     |          | יטאי פ          | 7 5013                  |           |          | 12              |             | <del></del> _ |
| F             | Expenses  | 13 P                         | rofessional   | I fees and    | other paym       | nents to in  | dependen      | t contracto   | ns · · ·      | !        | 7. ! UK         |                         | • • •     |          | 13              |             |               |
| 3             | ç   | 14 0                         | ccupancy, r   | rent, utiliti | es, and ma       | intenance    |               |               | • • • • •     |          |                 | i jid                   | ń.        |          | 14              |             | 8,7           |
| )             | ũ   | 15 P                         | ccupancy, r<br>rinting, publ<br>Other expens  | dications,    | postage, ai      | nd shippin   | g · · ·       |               | • • • • •     |          | . Og <b>d</b> ( | الا، بربغ               | •         |          | 15              |             | 5             |
|               |   | 16 O                         | ther expens   | nses (desc    | ribe ın Sch      | edule O)     |               |               |               |          |                 |                         |           |          | 16              |             |               |

Net assets or fund balances at end of year Combine lines 18 through 20 · · · · · · · · · · · . ▶

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 

Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . .

**Short Form** 

For Paperwork Reduction Act Notice, see the separate instructions. EEA

Form 990-EZ (2018)

19 20

|             | 0-EZ (2018) THE LAYMEN BROTHERHOOD S   | ECOND CHANCE O             | UTREACH CTR                 | 26-1                                       | 4771         | .99 Page 2              |
|-------------|--|----------------------------|-----------------------------|--|--------------|-------------------------|
| Part        | <del></del>  | and to any aventure        | un thus Davi II             |  |              | П                       |
|             | Check if the organization used Schedule O to resp.   | ond to any question        |                             | Beginning of year                          | <del>;</del> |                         |
| 22 Ca       | sh, savings, and investments   |                            |                             | 0  | 22           | (B) End of year 75 -    |
|             | nd and buildings   |                            |                             | 0  | 23           |                         |
|             | ner assets (describe in Schedule O)  |                            |                             | 0  | 24           | 0                       |
| 25 Tot      | al assets  |                            |                             | 0  | 25           | 75                      |
| 26 To       | tal liabilities (describe in Schedule O)   |                            |                             | 0  | 26           | 0                       |
|             | t assets or fund balances (line 27 of column (B) must agree will   | <del></del>                |                             | 0  | 27           | 75                      |
| Part        |  | · ·                        | •                           |  | ]            | Expenses                |
|             | Check if the organization used Schedule O to res   |                            | n in this Part III          | <u> </u>                                   | (Req         | uired for section       |
| What is     | the organization's primary exempt purpose? HELP TROUBL   | ED YOUTH                   | <del></del>                 | <del></del>                                | 501(         | c)(3) and 501(c)(4)     |
| Describ     | the organization's program service accomplishments for each of   | of its three largest progr | am services,                |  | orgar        | nizations, optional for |
|             | sured by expenses. In a clear and concise manner, describe the same benefited, and other relevant information for each program title | services provided, the r   | iumber of                   |  | other        | s)                      |
| 28 TR       |  | <del></del>                |                             |  | †            | T                       |
| 33.         |  |                            |                             |  | }            |                         |
| <del></del> |  |                            |                             |  | İ            |                         |
| (Gi         | rants \$ ) If this amount inc  | ludes foreign grants, ch   | eck here · · ·              | ▶ []                                       | 28a          | 1,500                   |
| 29          |  |                            |                             |  |              |                         |
|             |  |                            | - <del></del>               |  |              |                         |
|             |  |                            |                             |  |              |                         |
| <u></u>     | rants \$ ) If this amount inc  | ludes foreign grants, ch   | eck here · · ·              | · · · · · <b>&gt;</b> []                   | 29a          | <del> </del>            |
| 30          | <del></del>  | <del> </del>               | <del></del>                 |  | ł            |                         |
|             |  |                            |                             |  |              |                         |
| (G          | rants \$ ) If this amount inc  | ludes foreign grants, ch   | ack here                    |  | 30a          |                         |
|             |  |                            |                             |  | 1000         |                         |
|             | · ·  | ludes foreign grants, ch   | neck here                   | ▶ □  | 31a          |                         |
| 32 To       | tal program service expenses (add lines 28a through 31a)   |                            |                             |  | 32           | 1,500                   |
| Part        | IV List of Officers, Directors, Trustees, and Key Employe  | es (list each one even i   | f not compensated           | see the instruction                        | s for F      | Part IV)                |
|             | Check if the organization used Schedule O to respond to  | any question in this Par   | t IV                        |  | • • •        | <u></u>                 |
|             |  | (b) Average                | (c) Reportable compensation | (d) Health benefit<br>contributions to emp | . 1          | (e) Estimated amount of |
|             | (a) Name and title   | hours per week             | (Forms W-2/1099-MIS         |  |              | other compensation      |
|             |  | devoted to position        | (if not paid, enter -0      | deferred compensa                          | tion         |                         |
|             | N BIVINS Sr.<br>CER/DIRECTOR   | 40.00                      | }                           | o  |              | 0                       |
| OFFIC       | LER/ DIRECTOR  | 40.00                      |                             | 4  | - 4          |                         |
| Sul         | via Bivins - Secretary   | 40                         |                             |  | $\Delta$     | 0                       |
| 7           |  |                            |                             |  | 0            | 0                       |
| B           | unevista Holmes-Vice Pre.  | when                       | needed                      |  |              |                         |
|             |  |                            | neede d                     | 9  | 9            | O                       |
| Be          | tty Holmes asst Sec.   | When                       | needed                      |  |              |                         |
|             |  |                            |                             | j  | 1            |                         |
|             |  |                            | <u> </u>                    | -  |              | <del></del>             |
|             |  |                            | )                           | 1  | Ì            |                         |
|             |  |                            | <del> </del>                | <del></del>                                |              | <del></del>             |
|             |  |                            | 1                           | ľ  | 1            |                         |
|             |  |                            |                             |  |              |                         |
|             |  |                            |                             | }  | 1            |                         |
|             |  |                            |                             | 1  |              |                         |
|             |  |                            |                             |  | ]            |                         |
|             |  |                            |                             |  |              |                         |
|             |  |                            |                             |  |              |                         |
|             |  |                            |                             |  |              |                         |
|             |  |                            |                             |  | ]            |                         |
|             |  |                            |                             | 1  | 1            | ,                       |
|             |  |                            | ļ                           |  |              |                         |
| ٠           |  |                            |                             |  | - 1          |                         |
| <del></del> |  | <u> </u>                   | <u> </u>                    |  |              | Farm 888 57 (2012)      |
| EEA         |  |                            |                             |  |              | Form 990-EZ (2018)      |

|      | 90-EZ(2018) THE LAYMEN BROTHERHOOD SECOND CHANCE OUTREACH CTR 26-14771  | 99           | P            | age 3  |
|------|---|--------------|--------------|--|
| Par  | t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the                                |              |              |  |
|      | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V                         |              |              | .П   |
|      |   |              | Yes          | No   |
| 33   | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a                       |              |              |  |
|      | detailed description of each activity in Schedule O   | 33           | 1            | Х  |
| 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed                              |              |              |  |
| •    | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the                             |              | i            |  |
|      |   | 34           |              | v  |
| 25.0 | <b>3</b>  | 34           |              | <u>X</u>   |
| JJ a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business                            | _            |              | .,   |
|      | activities (such as those reported on lines 2, 6a, and 7a, among others)?   | 35a          |              | <u> </u>   |
|      | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O            | 35b          |              |  |
| C    | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,                     |              |              |  |
|      | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  | 35c          |              | X  |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets                        |              |              | İ  |
|      | during the year? If "Yes," complete applicable parts of Schedule N  | 36           |              | _X_  |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions  |              |              |  |
|      |   | 37b          |              | [ ]  |
|      | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were                       |              |              |  |
|      | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                          | 38a          |              | - <u>x</u> -                                     |
| h    | If "Yes," complete Schedule L, Part II and enter the total amount involved  |              |              | <del></del>                                      |
| 39   | · · · · · · · · · · · · · · · · · · ·   |              |              | ,  |
|      | Section 501(c)(7) organizations Enter   |              |              | ,  |
| a    | Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·                                      |              |              |  |
| b    | Gross receipts, included on line 9, for public use of club facilities   | 1            |              | 1  |
| 40 a | Section 501(c)(3) organizations   Enter amount of tax imposed on the organization during the year under.                              |              |              |  |
|      | section 4911 , section 4912 , section 4955  |              |              | *  |
| b    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958                           |              |              |  |
|      | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a pnor year                          | i '          | 1            | 1  |
|      | that has not been reported on any of its pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                              | 40b          |              | <u>X</u>   |
| С    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed   |              |              |  |
|      | on organization managers or disqualified persons during the year under sections 4912,   |              | <b>!</b>     |  |
|      | 4955, and 4958  | <b>i</b> '   | 1            | ſ  |
| đ    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line   |              |              | ĺ  |
| _    | 40c reimbursed by the organization  |              |              | ,  |
|      | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter                           | !            | !            | ١,   |
| ٠    |   | 40e          |              |  |
|      | transaction. It is a complete to the account  | 408          | <u> </u>     |  |
| 41   | List the states with which a copy of this return is filed   |              |              |  |
| 42 a | The organization's books are in care of  Telephone no  229-4  | <u> 55-3</u> | 160          |  |
|      | Localed at ► ZIP + 4 ►  |              |              |  |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over                 |              | Yes          | No   |
|      | a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?                     | 42b          |              |  |
|      | If "Yes," enter the name of the foreign country   |              | - 1          |  |
|      | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and                           | j            | 1            | ١  |
|      | Financial Accounts (FBAR)   | ì            | ]            |  |
| С    | At any time during the calendar year, did the organization maintain an office outside the United States?                              | 42c          |              |  |
| _    | If "Yes," enter the name of the foreign country   |              |              |  |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here · · · · · · · · · · · · · · · · · · |              |              |  |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year   |              |              | نــا   |
|      | and enter the amount of tax-exempt interest received of accided during the tax year   |              | TV           |  |
|      |   |              | Yes          | No   |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be                                     |              | -            |  |
|      | completed instead of Form 990-EZ  | 44a          |              | X  |
| þ    | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be                              |              | l            |  |
|      | completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·  | 44b          | <u> </u>     | X  |
| С    | Did the organization receive any payments for indoor tanning services during the year?  | 44c          | [            | X  |
|      | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an                            | <u> </u>     |              |  |
| _    | explanation in Schedule O · · · · · · · · · · · · · · · · · ·   | 44d          |              |  |
| AF - | ·   |              |              | <del>                                     </del> |
|      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a          | <del> </del> | X  |
| b    | Did the organization receive any payment from or engage in any transaction with a controlled entity within the                        | 1            |              | }  |
|      | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of                                  | -            |              | Ι.   |

Form 990-EZ (2018)

Form 990-EZ See instructions

| Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (b) Average (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation.   | 47<br>48<br>49a<br>49b |                |           |
|--|------------------------|----------------|-----------|
| to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) Organizations Only  All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tab 50 and 51  Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None"  (a) Name and title of each employee  (b) Average hours per week devoted to position  (b) Average hours per week devoted to position  (c) Reportable compensation  (d) Health benefits, continuous to employee benefit plans, and deferred compensation  (e) Health benefits, continuous to employee benefit plans, and deferred compensation              | 47<br>48<br>49a<br>49b | · · · ·        | No        |
| All section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tab 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "  (b) Average hours per week devoted to position  (c) Reportable compensation  (d) Health benefits, contributions to employee benefit plans, and deferred compensation  | 47<br>48<br>49a<br>49b | · · · ·        | No        |
| All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tab 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI  7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  9a Did the organization make any transfers to an exempt non-charitable related organization?  b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None"  (b) Average hours per week devoted to position (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation (Forms W-2/1099-MISC)   | 47<br>48<br>49a<br>49b | · · · ·        | No        |
| Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  Did the organization make any transfers to an exempt non-charitable related organization?  Did the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  Did the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (b) Average hours per week devoted to position (Forms W-2/1099-MISC)  (c) Reportable contributions to employee benefit plans, and deferred compensation. | 47<br>48<br>49a<br>49b | · · · ·        | No        |
| Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 47<br>48<br>49a<br>49b |                | No        |
| year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (b) Average (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation.   | 48<br>49a<br>49b       | Yes            |           |
| year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (b) Average (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation.   | 48<br>49a<br>49b       | · ·            | X         |
| Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (b) Average hours per week devoted to position (Forms W-2/1099-MISC)  (c) Reportable compensation (Health benefits, contributions to employee benefit plans, and deferred compensation  | 48<br>49a<br>49b       |                | X         |
| Did the organization make any transfers to an exempt non-charitable related organization?  b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (b) Average (c) Reponsible compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation.   | 49a<br>49b             |                |           |
| b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None"  (b) Average (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Health benefits, confubutions to employee benefit plans, and deferred compensation   | 49b                    |                |           |
| employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (b) Average (c) Reportable compensation contributions to employee benefit plans, and deferred compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation  |                        |                |           |
| (b) Average (c) Reportable contributions to employee hours per week devoted to position (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation  |                        | <del></del> -  | _         |
| (a) Name and title of each employee hours per week compensation (Forms W-2/1099-MISC) contributions to employee benefit plans, and deferred compensation   |                        |                |           |
| (a) Name and title of each employee hours per week compensation benefit plans, and deferred devoted to position (Forms W-2/1099-MISC) compensation   |                        | ated amount of |           |
| NONE Compensation (Forms W-2/1099-MISC) Compensation   |                        | mpensati       |           |
| NONE   |                        | <del></del>    |           |
| NONE   |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
| S100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Co  | ompensatio             | <b></b>        |           |
| NONE   |                        |                |           |
| 10012  |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
|  |                        |                |           |
| d Total number of other independent contractors each receiving over \$100,000 · · · · · · ▶  |                        |                |           |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a  |                        |                |           |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A   | Yes                    |                | No        |
| 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  | <u> </u>               |                | No        |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A   | <u> </u>               |                | No        |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A   | nd belief, i           |                | No        |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A   | nd belief, i           |                | No        |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A   | nd belief, i           |                | No        |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A   | nd belief, i           |                | No        |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Annature of officer  Date  OFFICERDIRECTOR  Type or print name and title  Preparer's signature  Preparer's signature  Date  Check displayed  Preparer's signature   | nd belief, i           |                | no<br>    |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Institute of officer  Date  Preparer Signature  Preparer Signature  Date  Check of self-employed  Preparer Firm's name Senior Professional Services  Firm's EIN > 20-4   | nd belief, i           |                | No.       |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A   | nd belief, i           |                | No.       |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  OFFICERDIRECTOR  Type or print name and title  Preparer  Preparer's signature  Date  11–18–2019  Firm's name  Senior Professional Services  Firm's EIN  20  20  20  20  20  20  20  20  20  2   | PTIN POX               | 87.PV          | No<br>105 |

## **SCHEDULE A**

**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.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

2018
Open to Public

OMB No 1545-0047

| Namo  | of the   | organization                                |                        |  |                        |                | Employer identific                      | ation number                        |
|-------|--|---|------------------------|--|------------------------|----------------|---|-------------------------------------|
| THE   | LA   | YMEN BROTHERHOOD SECOND C                   |                        |  |                        |                | 26-14771                                |                                     |
| Pa    | rt I   | Reason for Public Charity                   | Status (All org        | ganizations must co                                | implete t              | his part       | See instruction                         | S.                                  |
| The ( | orgar  | nization is not a private foundation becau  | ise it is (For lines 1 | through 12, check only of                          | one box.)              |                |   |                                     |
| 1     |  | A church, convention of churches, or as     | ssociation of church   | es described in section 1                          | 70(b)(1)(A             | )(i).          |   |                                     |
| 2     |  | A school described in section 170(b)(1      | )(A)(ii) (Attach Sch   | nedule E (Form 990 or 99                           | 10-EZ))                |                |   | $\mathcal{O}$                       |
| 3     |  | A hospital or a cooperative hospital sen    | vice organization de   | scribed in section 170(b                           | )(1)(A)(iii).          |                |   |                                     |
| 4     |  | A medical research organization operation   |                        |  |                        | 70(b)(1)(A)    | (iii). Enter the                        |                                     |
|       |  | hospital's name, city, and state            |                        |  |                        |                | •                                       |                                     |
| 5     |  | An organization operated for the benefit    | t of a college or uni  | versity owned or operate                           | d by a gove            | emmental u     | init described in                       |                                     |
|       |  | section 170(b)(1)(A)(iv). (Complete Pa      |                        | ,  | . •                    |                |   |                                     |
| 6     | П  | A federal, state, or local government or    | governmental unit      | described in section 170                           | (b)(1)(A)(v            | ).             |   |                                     |
| 7     | $\overline{\boxtimes}$   | An organization that normally receives      | -                      |  |                        | •              | he general public                       |                                     |
|       | described in section 170(b)(1)(A)(vi) (Complete Part II )  |   |                        |  |                        |                |   |                                     |
| 8     | П  | A community trust described in section      |                        | Complete Part II.)                                 |                        |                |   |                                     |
| 9     | 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    | П  | An organization that normally receives      | (1) more than 33.1     | /3% of its support from c                          | ontributions           | members        | thin fees, and aross                    |                                     |
|       |  | receipts from activities related to its ex- |                        | • •  |                        | •              |   |                                     |
|       |  | support from gross investment income        | •                      | •  |                        |                |   |                                     |
|       |  | acquired by the organization after June     |                        | ·  |                        | 11 tux) 11011  | 1 24311103003                           |                                     |
| 11    | An organization organized and operated exclusively to test for public safety. See section 509(a)(4).   |   |                        |  |                        |                |   |                                     |
| 12    | An organization organized and operated exclusively to test for public safety. See section 505(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes |   |                        |  |                        |                |   |                                     |
|       | Ч  | of one or more publicly supported organ     |                        |  |                        |                |   |                                     |
|       |  | Check the box in lines 12a through 12a      |                        |  |                        |                |   | ^                                   |
|       | _  |   |                        |  |                        |                |   | 9                                   |
|       | а  | Type I. A supporting organization of        |                        |  |                        |                |   |                                     |
|       |  | the supported organization(s) the p         | * .                    | • •  | or the aire            | ctors or trus  | stees of the                            |                                     |
|       |  | supporting organization. You mus            | •                      |  |                        |                |   |                                     |
|       | b  | Type II A supporting organization           |                        |  |                        | -              |   |                                     |
|       |  | control or management of the sup            |                        | •  | ons that co            | ntrol or ma    | nage the supported                      |                                     |
|       |  | organization(s) You must comple             | •                      |  |                        |                |   |                                     |
|       | С  | Type III functionally integrated.           |                        |  |                        |                | ally integrated with,                   |                                     |
|       |  | its supported organization(s) (see          |                        |  |                        |                |   |                                     |
|       | d  | Type III non-functionally integrat          |                        | •  |                        |                |   |                                     |
|       |  | that is not functionally integrated.        | The organization ge    | nerally must satisfy a dist                        | tribution red          | quirement a    | ind an attentiveness                    |                                     |
|       |  | requirement (see instructions) You          | u must complete P      | Part IV, Sections A and D                          | ), and Part            | V.             |   |                                     |
|       | e  | Check this box if the organization i        | received a written d   | etermination from the IRS                          | S that it is a         | Type I, Typ    | oe II, Type III                         |                                     |
|       |  | functionally integrated, or Type III r      | •                      | grated supporting organi                           | zation                 |                |   |                                     |
|       | f  | Enter the number of supported organiz       | ations                 |  | · · · · ·              |                |   |                                     |
|       | g  | Provide the following information about     | the supported orga     | anization(s).                                      |                        |                |   | <del></del>                         |
|       | (  | ) Name of supported organization            | (ii) EiN               | (iii) Type of organization                         | (iv) is the o          | -              | (v) Amount of monetary                  | (vi) Amount of                      |
|       |  |   |                        | (described on lines 1-10 above (see instructions)) | listed in you<br>docum | ir governing i | support (see<br>instructions)           | other support (see<br>instructions) |
|       |  |   |                        | ,  |                        |                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1                                   |
|       |  | ·   |                        | <del></del>  | Yes                    | No             | ·                                       |                                     |
| (A)   |  |   |                        |  |                        |                |   |                                     |
|       |  |   |                        |  |                        |                |   |                                     |
| (B)   |  |   |                        |  |                        | <b>]</b>       |   |                                     |
|       |  |   |                        |  |                        |                | ·                                       |                                     |
| (C)   |  |   |                        |  | }                      |                |   | j                                   |
|       |  |   |                        |  |                        |                | · <del></del>                           |                                     |
| (D)   |  | j   |                        |  | }                      | ]              |   |                                     |
| (D)   |  |   |                        |  |                        |                |   |                                     |
| 151   |  |   |                        |  |                        |                |   |                                     |
| (E)   |  |   |                        |  |                        |                |   |                                     |
| Tota  | 1  |   |                        | + 1  |                        |                |   |                                     |

90 or 990-EZ) 2018 THE LAYMEN BROTHERHOOD SECOND CHANCE OUTREACH CTR 26-1477199
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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 Part II

| 3 E C | non A. I ubiic Support   |                                       |                     |                         |                  |                     | <u> </u>                              |
|-------|--|---------------------------------------|---------------------|-------------------------|------------------|---------------------|---------------------------------------|
| Calon | dar year (or fiscal year beginning in)   | (a) 2014                              | (b) 2015            | (c) 2016                | (d) 2017         | (e) 2018            | (f) Total                             |
| 1     | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")                               | 6,590                                 | 4,470               | 4,200                   | 9,249            | 9,350               | · 33,859                              |
| 2     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                |                                       |                     |                         |                  |                     |                                       |
| 3     | The value of services or facilities furnished by a governmental unit to the organization without charge                        |                                       |                     |                         |                  |                     |                                       |
| 4     | Total, Add lines 1 through 3   | 6,590                                 | 4,470               | 4,200                   | 9,249            | 9,350               | 33,859                                |
| 5     | The portion of total contributions by  | t                                     |                     | - 1                     |                  |                     |                                       |
|       | each person (other than a  | - :                                   |                     |                         |                  |                     | •                                     |
|       | governmental unit or publicly  |                                       |                     | ļ                       |                  |                     |                                       |
|       | supported organization) included on  |                                       |                     | ١ ١                     | ,                | [                   |                                       |
|       | line 1 that exceeds 2% of the amount   | ,                                     |                     | l                       |                  |                     |                                       |
|       | shown on line 11, column (f)   |                                       |                     |                         |                  |                     | 7,896                                 |
| 6     | Public support. Subtract line 5 from line 4  |                                       |                     | 2 11                    |                  |                     | 25,963                                |
| Sec   | tion B. Total Support  | 4                                     |                     |                         |                  |                     |                                       |
| Calen | dar year (or fiscal year beginning in)   | (a) 2014                              | (b) 2015            | (c) 2016                | (d) 2017         | (e) 2018            | (f) Total                             |
| 7     | Amounts from line 4  | 6,590                                 | 4,470               | 4,200                   | 9,249            | 9,350               | 33,859                                |
| 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                              |                                       |                     |                         |                  |                     |                                       |
| 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 .  | ,                                     |                     |                         |                  |                     | 33,859                                |
| 12    | Gross receipts from related activities, etc. (s  | ee instructions)                      |                     |                         |                  | 12                  |                                       |
| 13    | First five years. If the Form 990 is for the organization, check this box and stop here  |                                       | <u></u>             | fifth tax year as a s   | ection 501(c)(3) |                     | · · · · · · · · · · · · · · · · · · · |
|       | tion C. Computation of Public St   | <del></del>                           |                     |                         |                  | <del></del>         |                                       |
| 14    | Public support percentage for 2018 (line 6, c  | • • • •                               |                     |                         |                  |                     | 76.68 %                               |
| 15    | Public support percentage from 2017 Sched  |                                       |                     |                         |                  | 15                  | <u>%</u>                              |
| 16a   | 33 1/3% support test - 2018. If the organiza   |                                       | •                   |                         | •                |                     | <b>►</b> ⊠                            |
|       | box and stop here. The organization qualifie   |                                       | =                   |                         |                  |                     | ▶ 🏻                                   |
| D     | 33 1/3% support test - 2017. If the organiza   |                                       |                     |                         |                  |                     | <b>.</b> [                            |
| 47-   | this box and stop here. The organization quiton-facts-and-circumstances test - 2018.   |                                       |                     |                         |                  |                     | ▶ □,                                  |
| 17a   | 10% or more, and if the organization meets t   | •                                     |                     |                         |                  |                     |                                       |
|       |  |                                       |                     | <del>-</del> -          | •                |                     |                                       |
|       | Part VI how the organization meets the "fact   |                                       | •                   | •                       |                  |                     | ▶ □                                   |
|       | organization   |                                       |                     |                         |                  | • • • • • • • •     | · · · · · • 🗀                         |
| Ь     | 10%-facts-and-circumstances test - 2017.   | =                                     |                     |                         |                  |                     |                                       |
|       | 15 is 10% or more, and if the organization me  |                                       | -                   |                         | •                |                     |                                       |
|       | Explain in Part VI how the organization meet   |                                       |                     |                         |                  |                     | , 🗂                                   |
|       |  |                                       |                     |                         |                  |                     | · · · · ▶ ⊔                           |
| 18    | Private foundation. If the organization did n  |                                       |                     |                         |                  |                     | . —                                   |
|       | instructions   | · · · · · · · · · · · · · · · · · · · | • • • • • • • • • • | · · · · · · · · · · · · |                  | • • • • • • • • • • | · · · · • U                           |

|          | tulo A (Form 990 or 990-EZ) 2018 THE  | LAYMEN BROTH         | ERHOOD SECON          | D CHANCE OU             | TREACH CTR          | 26-1477199                                   | Page 3                  |
|----------|---|----------------------|-----------------------|-------------------------|---------------------|--|-------------------------|
| Pa       | Support Schedule for Org (Complete only if you check  |                      |                       |                         |                     | o auglifu undor                              | Box II                  |
|          | If the organization fails to q  |                      |                       |                         |                     |  | Faitii                  |
| Sec      | ction A. Public Support   | damy ander an        | tests noted by        | siow, picase ec         | implete i dit ii.,  | <u>'                                    </u> |                         |
|          | ondar year (or fiscal year beginning in)  | (a) 2014             | (b) 2015              | (c) 2016                | (d) 2017            | (e) 2018                                     | (f) Total               |
| 1        | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  |                      |                       |                         |                     |  |                         |
| 2        | Gross receipts from admissions, merchandise sold or services performed or facilities furnished in any activity that is related to the organization's lax-exempt purpose |                      |                       |                         |                     |  |                         |
| 3        | Gross receipts from activities that are not an unrelated trade or business under section 513  |                      |                       | :<br>:                  |                     |  |                         |
| 4        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                      |                       |                         |                     |  |                         |
| 5        | The value of services or facilities furnished by a governmental unit to the organization without charge   |                      |                       |                         |                     |  |                         |
| 6        | Total Add lines 1 through 5   | <b>\</b>             |                       |                         |                     |  |                         |
| 7a       | Amounts included on lines 1, 2, and 3 received from disqualified persons · · · · ·  |                      |                       |                         |                     |  |                         |
| b        | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year          |                      |                       |                         |                     |  |                         |
| C        | Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·   |                      |                       |                         |                     |  |                         |
| 8        | Public support. (Subtract line 7c from line 6)  |                      |                       | -                       | # For a metalling   |  |                         |
| Se       | ction B. Total Support  |                      |                       |                         |                     |  |                         |
|          | endar year (or fiscal year beginning in)  | (a) 2014             | (b) 2015              | (c) 2016                | (d) 2017            | (e) 2018                                     | (f) Total               |
| 9        | Amounts from line 6 · · · · · · · · · · · · · · · · · ·   |                      | /\                    |                         | ļ                   |  |                         |
| 10a      | Gross income from interest, dividends, payments received on secunties loans, rents, royalities, and income from similar sources   |                      |                       |                         |                     |  |                         |
| b        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |                      | \                     |                         |                     |  |                         |
| С        | Add lines 10a and 10b · · · · · · · · · · · ·   |                      |                       | <del></del>             | ļ                   | <u> </u>                                     | <del></del>             |
| 11       | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on  |                      |                       |                         |                     |  |                         |
| 12       | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)   |                      | ·                     |                         |                     |  |                         |
| 13       | Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·   |                      |                       |                         |                     |  |                         |
| 14       | First five years. If the Form 990 is for the organization, check this box and stop here   |                      |                       |                         |                     | · · · · · · · · · · · · · · · · · · ·        | ▶ 🗍                     |
|          | ction C. Computation of Public Su   | <del>' '</del>       |                       |                         |                     | <del></del>                                  |                         |
| 15       | Public support percentage for 2018 (line 8, co  |                      |                       |                         |                     | 15   | %                       |
| 16<br>Se | Public support percentage from 2017 Schedul ction D. Computation of Investment  |                      |                       | · · · · · · · · · · · · | ··········          | 16   | <u>%</u>                |
| 17       | Investment income percentage for 2018 (line 1   |                      |                       | mn (f)) · · · · ·       |                     | 17   |                         |
| 18       | Investment income percentage from 2017 Sch  |                      |                       |                         |                     | 18   | %                       |
| 19a      | 33 1/3% support tests - 2018. If the organiza<br>17 is not more than 33 1/3%, check this box ar   |                      |                       |                         |                     | ne   | <u> </u>                |
| b        | 33 1/3%/support tests - 2017. If the organiza<br>line 18/s not more than 33 1/3%, check this bo   | tion did not check a | box on line 14 or lii | ne 19a, and line 16     | is more than 33 1/3 |  |                         |
| 20       | Private foundation. If the organization did no  | =                    | •                     |                         | **                  | · · · · · · · · · · · ·                      | · · · · · <b>&gt;</b> 🗓 |
| EEA      |   |                      |                       |                         |                     | Schedule A (For                              | m 990 or 990-EZ) 2018   |

THE LAYMEN BROTHERHOOD SECOND CHANCE OUTREACH CTR

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)

| Secti | ion A | AII | Sup | porting | Organ | izations |
|-------|-------|-----|-----|---------|-------|----------|
|       |       |     |     |         |       |          |

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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)
- 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.
- 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
  - 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 )

|   |        | Yes      | · No    |
|---|--------|----------|---------|
|   | 1      |          |         |
|   | 2      |          |         |
|   | 3a     |          |         |
|   |        |          |         |
| ł | 3b     |          |         |
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|   |        | -        |         |
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|   | 5a     |          |         |
|   | 5b     |          | نــــا  |
|   | 5c     |          | <u></u> |
|   | 6      | <u>-</u> |         |
|   | 6<br>7 |          | 1       |
| i | 7      |          | 1       |
|   | 8      |          |         |
|   | 9a     |          |         |
| : | 9b     |          |         |
|   | 9c     |          |         |
|   | 4      |          |         |
|   | 10a    | -        |         |
|   | 10b    | <u> </u> |         |

| Fai        | Supporting Organizations (continued)   |        |            |          |
|------------|--|--------|------------|----------|
| 44         | Has the expension accorded a wift as contribution from a second of the first second of |        | Yes        | No       |
|            | Has the organization accepted a gift or contribution from any of the following persons?  A person who directly so indirectly controls gifter along or together with persons described in (h) and (c)   |        | [          | į        |
| ٠۵         | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a    |            | - 1      |
| h          | A family member of a person described in (a) above?  | 11b    | :1         |          |
|            | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c    |            |          |
|            | tion B. Type I Supporting Organizations  | 1.10   |            |          |
|            |  |        | Yes        | No       |
| 1          | Did the directors, trustees, or membership of one or more supported organizations have the power to  |        |            | 1        |
|            | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |        | Ì          | ì        |
|            | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or  |        |            |          |
|            | controlled the organization's activities If the organization had more than one supported organization,   |        |            |          |
|            | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |        |            | أسب      |
|            | 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  |        | Ì          | Ì        |
|            | VI how providing such benefit carned out the purposes of the supported organization(s) that operated,  |        |            | 1        |
|            | supervised, or controlled the supporting organization  | 2      |            |          |
| Sec        | tion C. Type II Supporting Organizations   |        |            |          |
|            |  |        | Yes        | No       |
| 1          | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   | }      |            |          |
|            | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |        | • -        |          |
|            | or management of the supporting organization was vested in the same persons that controlled or managed   |        |            |          |
|            | the supported organization(s).   | 1      |            | <u> </u> |
| Sec        | tion D. All Type III Supporting Organizations  |        | Yes        | No       |
| 1          | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |        | 163        | 100      |
| •          | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  | 1:     |            |          |
|            | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   | ,      | ٠.         |          |
|            | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1      | - o+.      |          |
| 2          |  |        |            |          |
| 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      | <b> </b> - |          |
|            |  | -      |            |          |
| 3          | By reason of the relationship described in (2), did the organization's supported organizations have a  | 1      |            | 1        |
|            | 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   |        | إسالة      | لـ ـــا  |
| 6          | supported organizations played in this regard  | 3_     |            |          |
| <u>Sec</u> | tion E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst.)   | ruotio | nel.       |          |
| '<br>a     |  | actio  | 113).      |          |
| b          | <b>5</b> - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   |        |            |          |
| c          |  | ee ins | tructio    | ons)     |
| 2          | Activities Test Answer (a) and (b) below.  |        | Yes        |          |
|            | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |        | -          | . 1      |
|            | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   | ١.     |            |          |
|            | those supported organizations and explain how these activities directly furthered their exempt purposes,   | ,      | İ          |          |
|            | how the organization was responsive to those supported organizations, and how the organization determined  |        | ,          |          |
|            | that these activities constituted substantially all of its activities.   | 2a     |            |          |
| b          | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more  |        |            |          |
|            | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |        | ]          |          |
|            | reasons for the organization's position that its supported organization(s) would have engaged in these   |        |            | ]        |
|            | activities but for the organization's involvement  | 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     | L          | <u> </u> |
| þ          | 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     |            | L        |

THE LAYMEN BROTHERHOOD SECOND CHANCE OUTREACH CTR 26-1477199 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior 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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI). 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 **Current Year** Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 45.36.33 2 マンンガーム 2 Enter 85% of line 1.

emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

3

4 5

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

|     | to A (Form 990 or 990-EZ) 2018 THE LAYMEN BROTHERHOOD SE        | COND CHANCE OUTRE                                | ACH CTR 26-147                         | 77199 Page 7                              |
|-----|---|--|--|---|
| Par | t V Type III Non-Functionally Integrated 509(a)(3)              | Supporting Organiz                               | ations (continued)                     |   |
| Sec | tion D - Distributions  |  |  | Current Year                              |
| •1  | Amounts paid to supported organizations to accomplish exem      |  |  |   |
| 2   | Amounts paid to perform activity that directly furthers exempt  | purposes of supported                            |  |   |
|     | organizations, in excess of income from activity                |  |  |   |
|     | Administrative expenses paid to accomplish exempt purposes      | ons  |  |   |
|     | Amounts paid to acquire exempt-use assets                       |  |  |   |
|     | Qualified set-aside amounts (prior IRS approval required)       | ·-··   |  |   |
|     | Other distributions (describe in Part VI). See instructions     | <del></del>                                      |  |   |
|     | Total annual distributions. Add lines 1 through 6.              |  |  |   |
| 8   | Distributions to attentive supported organizations to which the | organization is responsi                         | ve                                     |   |
|     | (provide details in Part VI). See instructions                  |  |  |   |
|     | Distributable amount for 2018 from Section C, line 6            |  |  |   |
| 10  | Line 8 amount divided by Line 9 amount                          |  |  |   |
|     | Section E - Distribution Allocations (see Instructions)         | (i)<br>Excess Distributions                      | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|     | Distributable amount for 2018 from Section C, line 6            |  |  |   |
| 2   | Underdistributions, if any, for years prior to 2018             | <u> </u>   | Ï                                      |   |
|     | (reasonable cause required - explain in Part VI). See           |  |  | 1   |
|     | instructions  |  |  |   |
| 3   | Excess distributions carryover, if any, to 2018                 |  |  | 1   |
| а   | From 2013   |  |  |   |
| b   | From 2014   |  |  | <u> </u>                                  |
| c   | From 2015   |  |  |   |
| d   | From 2016   |  |  | ,   |
|     | From 2017   |  |  |   |
| f   | Total of lines 3a through e                                     |  |  |   |
| 9   | Applied to underdistributions of prior years                    |  |  |   |
| h   | Applied to 2018 distributable amount                            |  |  |   |
| į   | Carryover from 2013 not applied (see instructions)              |  |  |   |
| j   | Remainder Subtract lines 3g, 3h, and 3i from 3f.                |  |  |   |
| 4   | Distributions for 2018 from                                     |  |  |   |
|     | Section D, line 7 \$  | 1  |  |   |
| а   | Applied to underdistributions of prior years                    | •  |  |   |
|     | Applied to 2018 distributable amount                            |  |  |   |
|     | Remainder Subtract lines 4a and 4b from 4                       |  |  |   |
| 5   | Remaining underdistributions for years prior to 2018, if        |  |  | ı   |
|     | any. Subtract lines 3g and 4a from line 2. For result           |  |  |   |
|     | greater than zero, explain in Part VI See instructions          |  |  | ,   |
| 6   | Remaining underdistributions for 2018. Subtract lines 3h        | <del>                                     </del> | <del> </del>                           |   |
| •   | and 4b from line 1. For result greater than zero, explain in    | · , .  | `                                      |   |
|     | Part VI See instructions.                                       |  |  |   |
| 7   | Excess distributions carryover to 2019 Add lines 3)             | †  |  |   |
| •   | and 4c.   |  |  |   |
| 8   | Breakdown of line 7.  | <del>†</del>                                     |  |   |
|     | Excess from 2014  |  |  | <del></del> ,                             |
|     | Excess from 2015  |  | <u> </u>                               | ,   |
|     |   | L  |  |   |

c Excess from 2016d Excess from 2017

e Excess from 2018

. . . .

| Dart VI | raye o   |
|---------|--|
| 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,   |
|         | Sa, and Sb, Fart V, mie 1, Fart V, Section B, mie 1e, Fart V, Section D, mies S, B, and B, and Fart V, Section E,      |
|         | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)                         |
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