OMB No 1545-0047

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

JUN 28 2021

Return of Organization Exempt From Income Tax

Form 990 (2019)

Form 99	09 (2019) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of the agency is to increase the emotional and economic self-sufficiency of women and their families.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	central Minnesota. Services include workshops, individual peer counseling, testing and assessments, advocacy, resources and referrals, and direct client assistance as appropriate. LWPC served 60 newly enrolled and 62 previously enrolled displaced
	homemakers in this past fiscal year.
	······
4b	(Code:) (Expenses \$ 38,950 including grants of \$ 1,641) (Revenue \$ 38,950) United Ways and foundation grants provide pre-employment and peer counseling services to women in transition who live in south central Minnesota. Services include workshops, individual peer counseling, testing and assessments, advocacy and resources and
	referrals. Target populations are low income women, abuse survivors, single parents, and women moving off of public assistance
	to self-sufficiency. This past fiscal year, LWPC served 27 newly enrolled and 37 previously enrolled women in transition. This program also served 90 clients through collaborative programming that were not specifically enrolled in this program.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 237.751

Part IV Checklist of Required Schedules

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

	20 (2019)			Page
Part	Checklist of Required Schedules (continued)			
	Delition of the second of the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	/	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		7
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part	V Statements Regarding Other IRS Filings and Tax Compliance	•		
	Check if Schedule O contains a response or note to any line in this Part V	•		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		Yes	No

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

reportable gaming (gambling) winnings to prize winners?

c Did the organization comply with backup withholding rules for reportable payments to vendors and

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		SH 3							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		1	1							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Fastir 1	September 1	11/67							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	1							
b											
_		3b		<u> </u>							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4.		,							
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1 1	-							
þ	If "Yes," enter the name of the foreign country ▶	3	1	14.4							
 .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4	200								
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓							
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or										
	gifts were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	100	兴华	Ж.							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	15.	4	2.							
	and services provided to the payor?	7a		✓							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
	required to file Form 8282?	7c		✓							
d	If "Yes," indicate the number of Forms 8282 filed during the year	4	4年	leel'							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		>							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	10.1	1	* ol'i							
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	74°	37. 18							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:	13.3	3.20°	独洲							
а	Initiation fees and capital contributions included on Part VIII, line 12	3		洋生							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		C. 24								
11	Section 501(c)(12) organizations. Enter:	1	. #	3							
а	Gross income from members or shareholders			, 9F							
b	Gross income from other sources (Do not net amounts due or paid to other sources			1							
_	against amounts due or received from them.)	3	を歌	372							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	· Copyrigin	6-114	6 19th							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		51	1411							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.	12 16	1,776	1.1							
b	Enter the amount of reserves the organization is required to maintain by the states in which	1.1 0		14							
	the organization is licensed to issue qualified health plans	4	n j	17,11							
С	Enter the amount of reserves on hand	94 ₃ ,4		TO.							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	41-44(2)	1							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	 	 							
_	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.45	 	 							
15	excess parachute payment(s) during the year?	15		1							
	If "Yes," see instructions and file Form 4720, Schedule N.	- Ast	11-115	Excep.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	مُلسدت الـ							
10	If "Yes," complete Form 4720, Schedule O.		الرزي	1,620,							
	ii ree, complete reini - ree, concedio o.	M. J. A.	以海	445544							

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Form	990	(2019)	۱

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See								
C4	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	<u>. </u>					
Secti	on A. Governing Body and Management			T					
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<u> </u>	Yes	No					
ь	Enter the number of voting members included on line 1a, above, who are independent . 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		√					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1					
6	Did the organization have members or stockholders?	6		✓					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
a	The governing body?	8a	√	 					
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1					
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes						
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No 🗸					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	\vdash					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	✓						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	\						
13	Did the organization have a written whistleblower policy?	13	✓						
14	Did the organization have a written document retention and destruction policy?	14	1						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	✓	<u> </u>					
b	Other officers or key employees of the organization	15b	\preceq						
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		,						
-	with a taxable entity during the year?	16a	عصد						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Secti	on C. Disclosure	1.55		1					
17	List the states with which a copy of this Form 990 is required to be filed ▶ Minnesota								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)	Γ (Sec	tion	501(c)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	rest p	oolicy,					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>						
	Laurie Wiebesiek, 127 South 2nd Street, Suite 210, Mankato, MN 56001 507-345-1577								

Form	990	(2019)	

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Part VII	Compensation of Officers, Directors,	Trustana Kay Employees	Highway Communicated For	-1.
t all t VII	Compensation of Officers, Directors,	Trustees, Ney Employees	. Hignest Compensated Emi	Diovees. and
	Indonosiant Contractors		. •	, ,
	Independent Contractors			

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount	
	hours per week		-		irect	or/trus	tee)	compensation from the	compensation from related	of other compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	휥	Former	organization	organizations	from the
	hours for related	IN IN	Ĕ	ĕ	3	loye	Ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	약류	nal	ŀ	ğ	l ^o Si		[, rounte organizations
	below dotted line)	ste	trus		8	Pen				
	,	"	8			Highest compensated employee				
(1) Allison Bluhm										
Board Chair	1.5	✓		✓	<u> </u>		$ldsymbol{ld}}}}}}$	0	0	0
(2) Ruth Harms										
Board Vice-Chair	11	✓		✓	L_			0	0	0
(3) Savanah Byers									:	
Bpard Treasurer	11	✓		✓				0	0	0
(4) Amy Klugherz						1				
Board Secretary	1	/	╙	✓	<u> </u>	<u> </u>	<u> </u>	0	0	0
(5) Deb Drummer			l							
Board Member	1	✓	<u> </u>	<u> </u>	<u> </u>	ļ		0	0	0
(6) Daria Makela				ļ					1	
Board Member	11	✓	_	_		<u> </u>	<u> </u>	0	0	<u> </u>
(7) Ruth Arians		١.						'		
Board Member	1	1	Ļ		ļ	 	_	0	0	0
(8) Janice Hope Gorman	 		-			1				
Board Member	1	/	 —	_	<u> </u>	├		0	0	0
(9) Bob Dickhudt		١,						1		
Board Member	1	/	-	_	<u> </u>	 	<u> </u>	0	0	0
(10) Jean Keenan		ł								
Executive Director	40+	├	-	✓		├	├—	74,308	G	4,524
(11) Laurie Wiebesiek		ł		,		ľ	l			
Fiscal Manager	16	-	\vdash	V	├	├		23,073	0	1,505
(12)	} -	1						1		
No Key Employees or other employees > \$150,000			⊢	<u> </u>	├	 	_			
(13) in "reportable & other comp" [(D), (E), & (F)]	} -	1		l		}			!	
No High 5's as no other employees had > \$100,000		+	├	\vdash	\vdash	 	-	 		
(14) in [(D) & (E)] Two slots "automatically"	}	1		İ						
reported as "Officer"Exec Dir & Fiscal Mgr	L	Ь	<u></u>	Ц.	<u> </u>	Ц	L	L	L	L

Pari	Section A. Onicers, Directors,	i rustees,	<u>ney</u>	EM	pio	yee	es, ar	ia r	lignest Compe	ensated	Emplo	yees (con	tinued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	b office Individua	unle: er an	Pos heck	erson	e that is to the state of the s	h an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Report compens from rel organiza (W-2/1099	able sation lated itions	(F) Estimated a of othe compens from ti organizatio related organ	er ation ne n and
(15)							-	 					
(16)													
(17)							-						 -
(18)				<u> </u>	<u> </u>								
(19)				-	_								
(20)				-		<u> </u>							
(21)					-								
(22)													
(23)													
(24)													
(25)				-									
1b	Subtotal							>	97,381				6,029
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•				▶ ▶	97,381				6,029
2	Total number of individuals (including bur reportable compensation from the organization)	t not limited						e) w		e than \$1	00,000	of	0,023
3	Did the organization list any former of employee on line 1a? If "Yes," complete. For any individual listed on line 1a, is the organization and related organizations individual.	officer, dire Schedule J	<i>for</i> si porta	<i>uch</i> ble	<i>ınd</i> con	<i>ividi</i> npe	<i>ual</i> nsatio	 on a		 nsation fr	 om the	3	
5	Did any person listed on line 1a receive of for services rendered to the organization											5	
Secti	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep	nest comport comper	ensat nsatio	ed n fo	inder the	epe e ca	ndent lenda	r ye	ontractors that it ear ending with or	eceived within th	more e orgar	than \$100, nization's ta	000 of x year.
	(A) Name and business add	dress							(B) Description of ser	vices		(C) Compensation	1
None								_					
								-					
2	Total number of independent contractor received more than \$100,000 of compens	-	_					o th	nose listed abov	e) who			AT E

L	Par	t∶V.	Ш	Stater	nent c	of Revenue

*****		Check if Schedule O contains a resp	oonse or note to a	ny line in this Pa	art ⁱ VIII		
				(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats at	1a	· · · · · · · ·	1a 36,280			CAMPACA MARKET	
Sen in	b	· · · · · · · · · · · · · · · · · · ·	1b				
Ar.	d		1c 3,974				
를 를	, u		1d 209.216				
as,	f.	All other contributions, gifts, grants,	1e 209,216				
e ë	•		1f 30,541				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f	lg \$				
<u>ā č</u>	h	Total. Add lines 1a-1f	⊳ .	280,011			
•			Business Code	THE STREET	HEAVIEW TO	THE STREET	MUNICIPAL
Program Service Revenue	2a				,	. ,	
sen Iue	b	<u></u>	<u>·</u>	r ,	, ,		
gram Ser Revenue	0		 	<u> </u>			
gra Re	9	·					
Ž	f	All other program service revenue .					
	g	Total. Add lines 2a-2f					
i,	3	Investment income (including divide				TOTAL PROPERTY.	Secret - Cartefully in America Charles
, ,		other similar amounts)		19			19
	4	Income from investment of tax-exempt		0			
	5`	Royalties	(ii) Personal	0	Something the same		des frances de la lace de la companya de la company
	6a	Gross rents 6a	(1) 1 61301141				
	b	Less: rental expenses 6b	·				
5	C	Rental income or (loss) 6c					
ij	d	Net rental income or (loss)		0			
•	7a	Gross amount from (i) Securities	(ii) Other				
بي		sales of assets					
	h	other than inventory 7a Less: cost or other basis	,				
Ž	U	and sales expenses . 7b					
eve	С	Gain or (loss) 7c					
er Revenue	d	Net gain or (loss)		0	·	;	13
Othe	8a	Gross income from fundraising					
0		events (not including \$	1				
		of contributions reported on line 1c). See Part IV, line 18	Ba				
; ,	h		Bb B				
, !	C	Net income or (loss) from fundraising e		C C C C C C C C C C C C C C C C C C C		TIME CONTRACTOR OF THE PROPERTY OF THE PROPERT	PARENTER PROPERTY (E-PER)
.	9a	Gross income from gaming	, ;	MARKET THE			
,			9a				
	b		96	罗斯默尼纳 (连			
	С	Net income or (loss) from gaming activ	vities . : . ▶	0	History and A. History Carlotte. Has been	interceptal declarical forms (1990)	franciscos binistrativas
ĺ	10a	Gross sales of inventory, less returns and allowances 1	0				
	b		0a 0b				
	c	Net income or (loss) from sales of inve		O CONTRACTOR CONTRACTOR	ther overstreaments	Cara a mana a mana a sa manini	1990年6月 1990年 1990
2	-		Business Code				
eor le	11a				,		A Syphian of Statement and State
lan ent	Ь			,			
Miscellaneous Revenue	C	All sales are a second		,	, ,	·	!
<u> </u>	ď	All other revenue					AND PARTY OF THE STATE OF THE S
	<u>е</u> 12	Total revenue. See instructions		280,030		O	12 15 15 15 15 15 15 15 15 15 15 15 15 15
			<u> </u>		U		19

	30 (2019)				Page 10
Part					
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				ımn (A).
	Check if Schedule O contains a response				🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	13,964	13,964	·公里到5年	Page 11 Trail
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0	THE RESERVE TO SERVE THE PARTY OF THE PARTY	41 24 1 44 1 16 14 15 16 16
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	103,410	85,297		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	80,578	77,615	2,963	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,220	4,102	118	0
9	Other employee benefits	0	0	0	0
10 11	Payroll taxes	15,366	13,660	1,532	174
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	0	0		0
d	Lobbying	3,000			0
e	Professional fundraising services. See Part IV, line 17	0	雅门 里。"是," 唯	J. LIVELLANDA MA	0
f g	Investment management fees	0	0		
12	Advertising and promotion	9,362 158			<u>_</u>
13	Office expenses	14,183			<u>_</u>
14	Information technology	1,435			
15	Royalties	0			
16	Occupancy	11,862	10,535	1,075	
17	Travel	4,739	4,080	329	330
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	714	514	200	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	1,099			0
23	Insurance	4,006	2,941	1,065	Date and appropriate of the first
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b c d e	All other expenses	1,065	250	815	0
25	Total functional expenses. Add lines 1 through 24e	269,161			
<u>26</u>	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	200,101	201,131	27,001	3,413

Form 990 (2019) Part X Balance Sheet

Cash—non-interest-bearing Seavings and temporary cash investments			Check if Schedule O contains a response or	note to any line in this i	Part X		🗆
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from on ther disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8). Notes and loans receivable, net Notes and loans receivable, net Investments—proside separative for the section 4958(c)(3)(8). Notes and loans receivable, net Investments—problet Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Intragible assets Accounts payable and accrued expenses Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Accounts payable and accrued expenses Investments—other securities. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Segure of a see Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Segure of a see Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Segure of a securities of a securities of a securities of schedule D Eacrow or custodial account liability. Complete Part IV of Schedule D Eacrow or custodial account liability and a securities of a securitie							
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3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4986(f)(f)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment: cost or other basis. Complete Part V to f Schedule D 11 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intaglible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17,769 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 10 Tax-exempt bond liabilities 11 Ecrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to unrelated third parties 22 Loans and other liabilities including federal income tax, payables to related third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities fincluding federal income tax, payables to related third parties 27 Total liabilities. Add lines 17 through 25 28 Net assets with donor restrictions 39 Pagic In or capital surplus, or land, building, or equipment fund 30 Pagic-In or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 30 Pagic-In or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other fu		2	Savings and temporary cash investments				
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b Less: accumulated depreciation	- 1			10a 5.75	i8	Aller.	
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15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 55,927 33 123,525	ļ		· · · · · · · · · · · · · · · · · · ·			_	
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parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated	I third parties		24	38,800
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120/020	ala		Net assets without donor restrictions		35,384		46,253
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120/020	As						
120/020	<u> </u>						
	_	_33	lotal liabilities and net assets/fund balances .	<u> </u>	58,927	33	

Form 9	90 (2019)			Page 12
_s Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		280,030
2	Total expenses (must equal Part IX, column (A), line 25)	2		269,161
3	Revenue less expenses. Subtract line 2 from line 1	3		10,869
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		35,384
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1		
	32, column (B))	10		46,253
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·	<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ =	13 64
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	ın	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were con	mpiled	or	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	Were the organization's financial statements audited by an independent accountant?		2b	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a	
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov			
	the audit, review, or compilation of its financial statements and selection of an independent account		2c	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on I	
	Schedule O.		-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t		
	Single Audit Act and OMB Circular A-133?		3a	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

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.

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

OMB No 1545-0047
2019
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Life-Work Planning Center Board, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331,3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No RECEIVとい (A) S (B) 6 IIIN (C) (D) (E)

Schedu	ale A (Form 990 or 990-EZ) 2019						Page 2
Part		ations Desci	ribed in Sect	tions 170(b)(I)(A)(iv) and	170(b)(1)(A)(v	a
	(Complete only if you checked to	the box on lin	e 5, 7, or 8 of	f Part I or if th	e organizatio	n failed to gu	alify under
0	Part III. If the organization fails t	to qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	1 () =====	T 22	1	T		
_	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not		i		1	i	
	include any "unusual grants.")]	ļ .	
2	Tax revenues levied for the	188,675	199,965	259,907	261,305	280,011	1,189,863
_	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	1					
	organization without charge	"	۱ ،		٠		٥
4	Total. Add lines 1 through 3	188,675	199,965	259,907	261,305	280,011	1,189,863
5	The portion of total contributions by	1,32,54.391	事情点 社工	1 1 3 Ballet	The Print	PRESIDE	7,100,000
•	each person (other than a		F. 13	TANK!	用作者		
	governmental unit or publicly		The Later	[[4] [4] [8]	16. 医全线法		
	supported organization) included on	開始民歌		13.54.39.5	11 11 11	"证明"	
	line 1 that exceeds 2% of the amount	出出版			副中央代理		
_	shown on line 11, column (f)	13 tr. 111 - 3%	Carrie .		11 (10)	J. Landing	0
6	Public support. Subtract line 5 from line 4	性多二亞 聯	10 to Se . 4. 2 16 4 2 4	LA Property	M. 1 14 "hr.	人。(2) 「有個報」	1,189,863
	on B. Total Support	(-) 004E	#1 004C	4-3-004-7	(4) 0040	(1) 2010	(0 T · ·
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
8	Gross income from interest, dividends,	188,675	199,965	259,907	261,305	280,011	1,189,863
0	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	10	27	30	31	19	117
9	Net income from unrelated business				<u> </u>		
	activities, whether or not the business			ļ			
	is regularly carried on	0	0	G	o	0	0
10	Other income. Do not include gain or						_
	loss from the sale of capital assets						
	(Explain in Part VI.)	120		0	0	0	120
11	Total support. Add lines 7 through 10	a Lielle Ha		Pate 2727 "	副月本共和國	州设持,市民政府	1,190,100
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for t					12	925
13	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo				<u> </u>		<u> </u>
14	Public support percentage for 2019 (line			1, column (f))		14	100.0 %
15	Public support percentage from 2018 Sc		•			15	99.9 %
16a	331/3% support test-2019. If the organ	nization did not	check the box	x on line 13, ai	nd line 14 is 30		check this
	box and stop here. The organization qua	alıfies as a publ	licly supported	organization			🕨 🗹
b	331/3% support test—2018. If the organ						
	this box and stop here. The organization	n qualifies as a	publicly suppo	orted organizat	ion		> 🗆
17a	10%-facts-and-circumstances test -2						
	10% or more, and if the organization m						
	Part VI how the organization meets the		umstances" te	_	zation qualifies	s as a publicly	
	organization						▶ ⊔
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organiz Explain in Part VI how the organization						
	supported organization				_	on quantes as	
18	Private foundation. If the organization of					k this box and	
-	instructions						

Part		ations Desci	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	ınization failed	d to qualify u	nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	II.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees			ĺ			
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1			/	'
	furnished in any activity that is related to the		!				j
_	organization's tax-exempt purpose				ļ		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to		İ				
	or expended on its behalf						
5	The value of services or facilities	1	ļ	ļ		į	
	furnished by a governmental unit to the organization without charge]			1
_	_				/		
6 7a	Total. Add lines 1 through 5	_			1		
r a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified				1		
	persons that exceed the greater of \$5,000		/	/			
	or 1% of the amount on line 13 for the year			ļ			ļ
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		1		1	7	
	line 6.)		L	<u> </u>	,1		<u> </u>
	on B. Total Support		/	1 () 554=	1 () 2242	4) 2040	1 40 - 1
	dar year (or fiscal year beginning in)	(a) 2015 /	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6						
iva	payments received on securities loans, rents,		ļ				
	royalties, and income from similar sources.		-	•			ĺ
b	Unrelated business taxable income (less	1		——————————————————————————————————————			
_	section 511 taxes) from businesses	/					
	acquired after June 30, 1975 /		[
C	Add lines 10a and 10b /.						
11	Net income from unrelated business						
	activities not included in line 10b, whether			İ			
	or not the business is regularly carried on						
12	Other income. Do not include gain or		[{	ļ		
	loss from the sale of capital assets						
40	(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	L	n's first secon	d third fourth	n or fifth tax v	ear as a secti	on 501(c)(3)
17	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppo				<u></u>		
15	Public support percentage for 2019 (line			13, column (f))		15	%
16	Public support percentage from 2018 Sc					16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2019		* *	-			%
18	Investment income percentage from 2018						%
19a	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box		-				_
b	331/3% support tests—2018. If the organization 18 is not more than 321m%, check this						
~~	line 18 is not more than 331/3%, check this	-	•	=		· · ·	_
_20	Private foundation. If the organization d	и погспеска	DOX OR LINE 14	, 13a, UI 19D,	CHECK THE DOX	and See Instr	uctions

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in 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.
- c 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- C Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	Supporting Organizations (continued)			
44	Man the committee account of a set of a		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?	Par A	本語	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	7.56	- 44 T	191/4
b	A family member of a person described in (a) above?	11a		
	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		
Section	on B. Type I Supporting Organizations	1.10		<u></u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	F 34, 1	15 61	130
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	から		
	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,	1794	3	3 7
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	34	(4)
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	- P(i	TATE
2	Did the organization operate for the benefit of any supported organization other than the supported	1900	15.00	भावाद
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		(.17	注刊
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	110	F 4 1	
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
		ENTAGE	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	S. 1	141	
	or management of the supporting organization was vested in the same persons that controlled or managed	132	W .	1 17
	the supported organization(s).	1	162 (14)	المغالبكات
Section	on D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	4.3	34	1991
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	2		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	31.1	2013	1155
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	4(t) (2)	Cathria.	इ. इ. इ. इ.
	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	/Challes	المكاكنتكيط
	By reason of the relationship described in (2), did the organization's supported organizations have a	Mary of	e de	1444
	significant voice in the organization's investment policies and in directing the use of the organization's		16	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	Skelli	-1 H	7
	on E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	<u></u>
a	The organization satisfied the Activities Test. Complete line 2 below.			-).
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struct	ions).
2	Activities Test. Answer (a) and (b) below.	الما الما	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	3.7	1 30	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	图为	14 (m) a	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	الالتائث	المقسد
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Section,	1	75:51
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	(a # year)	101	11/14
	reasons for the organization's position that its supported organization(s) would have engaged in these	\$ a.	£ . 14	
_	activities but for the organization's involvement.	2b	- 	10 18 19 2
3	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .	47.4 47.5	K.W.	图例
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? <i>Provide details in Part VI.</i>	32	TKI	The state of
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	Telks	785171
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	35.242	التتعنون

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional I Non-Function III Non-Function			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru nizai	ist on Nov. 20, 1970 (explaitions must complete Section	n in Part VI). See ns A through E.
Section A—Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			{
maintenance of property held for production of income (see instructions)	6	_	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1,713	图 温度外高温度性透过	160 17 · 10 · 10 · 10 · 10 · 10 · 10 · 10
instructions for short tax year or assets held for part of year):	P GL		"福马"
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	21	L. M. Charles and M. Land	14. 25. 16. 17. 18.14
factors (explain in detail in Part VI):	13	医分配性动物性下颌的	BELL DIRECT
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	F. 以相称。於《相形》如為斯里。	
2 Enter 85% of line 1.	2	L. Blin of the it with the	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1	
4 Enter greater of line 2 or line 3.	4	1 - 1 a 1 a 1 a 1 2 2 2 2 2 2 1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
5 Income tax imposed in prior year	5	THE BUILDING	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		A Thirty Ste	
emergency temporary reduction (see instructions).	6	一大 一	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	organization (see

. Mara	ya Type III Non-runctionally integrated 509(a)(3	s) Supporting Organ	izations (continued)						
Sect	on D—Distributions	,		Current Year					
1_	Amounts paid to supported organizations to accomplish	exempt purposes	1						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	Inizations						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)	1	,						
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.		1						
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive						
9	Distributable amount for 2019 from Section C, line 6		• •						
10	Line 8 amount divided by line 9 amount	,							
,	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6	CHECATE AND AND	北部的國際的						
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2019	建设设金额通过	公生 加速域的 的	CENTRAL DESIGNATION					
а	From 2014	引擎的影響的學		TO SUMMER TO SUMER	b	From 2015	可能可能。 [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	还在10%的自由10%	
С	From 2016	撒巴姆和間間便對認		选择的时间 的复数形式					
d	From 2017	计位数 1500 的现在分词	造型的基础的	新文化的原理文件如何外级					
. е	From 2018	建立主义的现在分词	沙地區 经基础的	把他们都有多种的					
f	Total of lines 3a through e	7	以《新典》						
g	Applied to underdistributions of prior years	新於記憶所謂問題為職							
<u>h</u>	Applied to 2019 distributable amount	A BARLYONE IN	经过程则对现代的						
i_	Carryover from 2014 not applied (see instructions)		一位,一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	医型间隔垂环炎血胀性的					
j	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			品。					
4	Distributions for 2019 from Section D, line 7:								
а	Applied to underdistributions of prior years	ALEXANDER METAL SERVICE SERVIC		建筑的高速形态影响					
<u>b</u>	Applied to 2019 distributable amount		CHOUSE PROPERTY OF THE PROPERT						
С	Remainder. Subtract lines 4a and 4b from 4.			TO THE STREET HE WAS					
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.								
6 ·	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j and 4c.								
8	Breakdown of line 7:	公司的是公司的	·采用EGLEMETER	ACTION OF STREET, STATES AND					
<u>a</u>	Excess from 2015	HELT TE THE PERSON	想到松准的情報	冷柳柳 紫紫黑色的形式的					
b	Excess from 2016		THE PROPERTY OF THE PARTY OF TH	企业则能不然为的操作					
· c	Excess from 2017	观兴华中国	AND THE PROPERTY OF THE PROPER	建加州共和国的					
d	Excess from 2018		THE STATE OF THE S						
е	Excess from 2019	THE REAL PROPERTY.		医型温水温温蒸料银料					

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

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (s	see separate instructions), t	hen		•	•
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization		<u> </u>	Employer ide	ntification number
Life-W	ork Planning Center Board,	Inc.			41-1357220
Part	I-A Complete if the	e organization is exempt u	nder section 501(c) or is a section 527	organization.
1	definition of "political car		·		t IV. (see instructions for
2		y expenditures (see instruction			Б
3		cal campaign activities (see ins			
Part		e organization is exempt u	3		<u> </u>
1		excise tax incurred by the orga)
2	-	excise tax incurred by organiza	_		»
3	-	ed a section 4955 tax, did it file	-	ear?	Yes No
4a	Was a correction made? If "Yes," describe in Part				Yes No
b Part		e organization is exempt u	nder section 501/e	a) execut section E01	1/01/21
1		ly expended by the filing orga			1(0)(3).
,		· · · · · · · · · · · · ·			1
2		filing organization's funds con			,
2		vities			
3		expenditures. Add lines 1 and			
				•	}
4		file Form 1120-POL for this ye			Yes No
5		ses and employer identification			
	organization made payme the amount of political co	ents. For each organization liste ontributions received that were fund or a political action comm	ed, enter the amount promptly and directly	paid from the filing organ delivered to a separate;	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)				RI	CEIVED
(2)					2 8 2021
(3)) ji	E I
(4)					LIVE U
(5)					
(6)					

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Fa	rt II-A	Complete if the organiza section 501(h)).	tion is exempt ι	under section 5	01(c)(3) and file	d Form 5768 (el	
A	Check ▶	if the filing organization be address, EIN, expenses, a	longs to an affiliate	ed group (and list s lobbying expend	in Part IV each affi itures).	liated group memi	ber's name,
В	Check ▶	If the filing organization ch	ecked box A and "	'limited control" pi	ovisions apply.		
		Limits on Lo	bbying Expendit	ures		(a) Filing	(b) Affiliated
		(The term "expenditures"	means amounts	paid or incurred.)	organization's totals	group totals
1	a Total le	obbying expenditures to influer	nce public opinion	(grassroots lobbyi	ng)	0	
	b Total le	obbying expenditures to influer	nce a legislative bo	dy (direct lobbying	g)	3,000	
	c Total le	obbying expenditures (add line	s 1a and 1b) .			3,000	
	d Other	exempt purpose expenditures				266,161	
	e Total e	xempt purpose expenditures (add lines 1c and 1	d)		269,161	
	f Lobbyi columi	ing nontaxable amount. Ente	er the amount fr	om the following	table in both	53.832	
	If the ar	nount on line 1e, column (a) or (b	is: The lobbying	nontaxable amount	t is:	已期了一组(4.2)	·#: 走"。"由无证值
		r \$500,000		nount on line 1e.			
		00,000 but not over \$1,000,000		15% of the excess	over \$500,000	上加入了14.7月	用毛工作用
		,000,000 but not over \$1,500,000		10% of the excess		1. 地口湖 40	服事的學表演
		,500,000 but not over \$17,000,000		5% of the excess or			
		7,000,000	\$1,000,000			"温"," ","	
		oots nontaxable amount (enter	25% of line 1f)			13.458	
	h Subtra	ct line 1g from line 1a. If zero c	or less, enter -0-		<i>.</i> .	0	
		ct line 1f from line 1c. If zero or				0	
	j If there	e is an amount other than ze	ero on either line	1h or line 1i, did	the organization	file Form 4720	
	reporti	ng section 4911 tax for this ye	ar?				Yes No
	(Som	e organizations that made a See t	the separate instr	ection do not have ructions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
		Lobby	ing Expenditures	During 4-Year Av	eraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2	a Lobby	ng nontaxable amount	38,289	51,338	51,455	53,832	194,914
	•	ng ceiling amount of line 2a, column (e))	LILLY T	aber Maria de la	是碰到性		<u>292,371</u>
	c Total le	obbying expenditures	1,500	3,000	3,000	3,000	10,500
	d Grassi	oots nontaxable amount	9,572	12,835	12,864	13,458	48,729
		oots ceiling amount of line 2d, column (e))	門身身場	W. Pivill		THE THE	73,094
	f Grassi	oots lobbying expenditures]			

0 0 Schedule C (Form 990 or 990-EZ) 2019

Schedu	ule C (Form 990 or 990-EZ) 2019			Page 3
Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
	ription of the lobbying activity.	Yes	No	Amount
1 a b	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
d e f g h	Mailings to members, legislators, or the public?			
i j 2a b c	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part		(5), (or se	ction
	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."	 pnor :	year? or se	ction
1 2 a b	Dues, assessments and similar amounts from members		1 2a 2b	
3 4	Total	/ing	2c 3	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
			i); Par	rt II-A, lines 1 and

	m 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
		••••••
	,	
	·	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No 1545-0047

2019

Open to Public Inspection
Employer identification number

	ork Planning Center Board, Inc.		41-1357220
Pa	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answered "	T	5.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .	- · · · · · · · · · · · · · · · · · · ·	
3	Aggregate value of grants from (dunng year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit conferring impermissible private benefit?		
Dor			· · · · · · · · · · · · · · · · · · ·
Par		Vac" as Farm 000 Dart IV line 7	•
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	☐ Preservation of land for public use (for example, recre ☐ Protection of natural habitat	·	of a historically important land area
		☐ Preservation	of a certified historic structure
2	Preservation of open space	المراشقين والمناصور والماشان الماشان الماشان الماشان	tan in the factor of a second
2	Complete lines 2a through 2d if the organization heleasement on the last day of the tax year.	id a qualified conservation contributi	Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		The state of the s
c	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (
_	historic structure listed in the National Register .	· · · · · · · · · · · · · · · · · · ·	· · 2d
3	Number of conservation easements modified, trans		
3	tax year ►	sierred, released, extinguished, or te	erminated by trie organization during the
4	Number of states where property subject to consen	vation easement is located >	
5	Does the organization have a written policy reg		spection handling of
•	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec		
	>		mg contain addition adming the year
7	Amount of expenses incurred in monitoring, inspecting	g. handling of violations, and enforcing	g conservation easements during the year
	▶ \$	g,g o,,	g combon values cabonics to daining the you
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements o	of section 170(h)(4)(R)(i)
•			
9	In Part XIII, describe how the organization reports c		
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easement		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8) <u>.</u>
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its rever	nue statement and balance sheet work
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	to its financial statements that descr	ibes these items.
b	If the organization elected, as permitted under FAS	BB ASC 958, to report in its revenue	e statement and balance sheet works of
	art, historical treasures, or other similar assets held		esearch in furtherance of public service
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,	historical treasures, or other similar	ar assets for financial gain, provide th
	following amounts required to be reported under FA	ASB ASC 958 relating to these items	:
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
Ь	Assets included in Form 990, Part X		> ¢

	Schedule	D	(Form	990	201	9
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Par	Organizations Maintaining	Collec	tions of	Art, His	torical '	Treasures	s, or O	ther Similar	Assets	s (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply)	accessio	on, and o	ther reco	ords, chec	ck any of th	ne follo	wing that make	signif	icant us	se of its
а	☐ Public exhibition			d	☐ Loan	or exchang	ge prog	ram			
b	Scholarly research			е	☐ Other	r					
C	☐ Preservation for future generations	S						*******			
4	Provide a description of the organiza XIII.	ition's co	llections	and expl	ain how t	they further	the org	ganization's ex	empt p	ourpose	ın Part
5	During the year, did the organization	solicit o	r receive	donation	ns of art,	historical t	reasure	s, or other sim	nilar		
	assets to be sold to raise funds rathe			ained as	part of th	e organizat	ion's co	ollection? .	<u>. </u>] Yes	☐ No
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.			on Fo	rm 990, I	Part IV, lın	e 9, or	reported an a	amoun	it on Fo	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodi	an or oth	ner interr	nediary fo	or contribu	tions of	other assets	not .	Yes	□ No
b	If "Yes," explain the arrangement in P									_	_
									Amour	nt	
C	Beginning balance						10	;			
d	Additions during the year						10	1		_	
е	Distributions during the year						1e				
f	Ending balance							I			
2a	Did the organization include an amou										_
	If "Yes," explain the arrangement in P	art XIII. C	neck ner	e if the e	xplanatio	n has been	provide	ed on Part XIII	<u>· · · · · · · · · · · · · · · · · · · </u>	•	<u> </u>
Par	Endowment Funds. Complete if the organization		od "Voc	" on For	000 I	Dort IV lin	o 10				
	Complete if the organization	1	ent year		or year	(c) Two yea		(d) Three years ba		Four yea	m book
1a	Beginning of year balance	(a) Cuii	ent year	(0) (1)	Oi yeai	(c) I wo yea	15 Dack	(d) Three years ba	ick (e)	rour yea	IS DACK
b	Contributions								-		
c	Net investment earnings, gains, and losses										
d	Grants or scholarships			†							-
е	Other expenditures for facilities and										
	programs			1		1					
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of t		nt year er	nd baland	e (line 1g	, column (a	i)) held	as:			
а	Board designated or quasi-endowme	nt ▶		%							
b	Permanent endowment	%									
С	Term endowment ▶ %										
_	The percentages on lines 2a, 2b, and		•								
3a	Are there endowment funds not in the	e posses	sion of th	ne organi	zation the	at are held	and ad	ministered for	the	₩.	
	organization by:								<u> </u>	Ye	s No
	(i) Unrelated organizations(ii) Related organizations									a(i)	
b	If "Yes" on line 3a(ii), are the related of									a(ii) 3b	
4	Describe in Part XIII the intended uses	-		•					٠ ـ	30	
Part			. 9	51. 5 51.4	31111101111	<u> </u>					
	Complete if the organization		ed "Yes	on For	m 990, f	Part IV, lin	e 11a.	See Form 99	0. Part	X. line	10.
_	Description of property) Cost or of	ther basis	(b) Cost of	or other basis other)	(c)	Accumulated epreciation		Book va	
1a	Land	.			 		7 100				0
b	Buildings				1	0		0			
C	Leasehold improvements	. [0		0			0
d	Equipment					5,758		3,350			2,408
<u>e</u>	Other	<u>. </u>				0		0			0
Total.	Add lines 1a through 1e. (Column (d) r	nust equa	al Form 9	90, Part .	X, columr	n (B), line 10	Oc.) .	.			2.408

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Fo	rm 990. Part IV. li	ne 11h See Forn	2 990 Part Y line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation.
(1) Financia	I denvatives			
(2) Closely h	neld equity interests			······································
(3) Other				
(A)				
(B)		· · · · · · · · · · · · · · · · · · ·		
(C)				· · · · · · · · · · · · · · · · · · ·
(D)		ļ <u>.</u>		
(E) (F)				
(G)		·	· · · · · · · · · · · · · · · · · · ·	
(H)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			y 11 +
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" on For	m 990, Part IV, lii	ne 11c. See Form	990, Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				-
(9) T-4-1 (O-4	(C) 1 (C) 1		ļ	
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Definition Characteristics	<u> </u>	1-3	
Part IX	Complete if the organization answered "Yes" on For	m 000 Part IV Iu	no 11d Son Form	000 Port V line 15
	(a) Description	in 550, Partiv, iii	ie i iu. See i oiii	(b) Book value
(1)	(a) Description	-	 	(b) Book value
(2)				
(3)				<u></u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11e or 11f. Se	e Form 990, Part X,
1.	line 25. (a) Description of liability			(b) Book value
(1) Federal in	the contract of the contract o			(b) Book value
	gency Payable-Displaced Homemaker Consortium			22.024
	Day Funds from Southern Minnesota Recovery Connections Ell	V 45.3630765	· · · · · · · · · · · · · · · · · · ·	22,024 634
(4)	ay I and 3 from Southern Himnesota Recovery Confections En	¥ 43-3030703		034
(5)				
(6)				
(7)			······································	
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)			22,659
	r uncertain tax positions. In Part XIII, provide the text of the footn			ents that reports the
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	k here if the text of th	e footnote has been	provided in Part XIII .

Schedule D (Form 990) 2019

	ıle D (Form 990) 2019			Page 4
Par	Reconciliation of Revenue per Audited Financial Staten	nents With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		. ` 	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, Ru	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	• • • • • • • • • • • • • • • • • • • •			
	Complete if the organization answered "Yes" on Form 990,			
1	·			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	P n	
а	Donated services and use of facilities	2a		
þ	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	· · •	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		<u>'</u>	
С 5	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	1e 16.)	5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	od 4: Dort IV Japan :	th and the Bort V line 4: Bort V	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			(, line
_,	The second residual section in the second se	to provide any ad	anona momaton.	
Part X	Line 2			
Life	-Work Planning Center Board, Inc. operated as a "true" fiscal agent(i.e. respon	nsible bookkeeper,	NOT sponsoring or undertaking	in its
progra	ms or operations) for the Displaced Homemaker Consortium. Deposits to this	s agency are NOT re	venue for Life-Work Planning C	enter
Board,	Inc.			
Part X	Line 3			
Sou	thern Minnesota Recovery Connection (EIN 45-3630765) went out of business	after July 31, 2014.	They continued to look for fun	ding
<u>in ord</u>	er to reopen, but by the end of their fiscal year on June 30, 2015, they had not	found additional fu	nding sources and closed for go	od.
They I	ad received dedicated funding for a trip for their clients to go to the capital to	talk to legislators a	bout their concerns, but bills fo	r that
trip we	re never submitted to SMRC by the parties involved. SMRC asked LWPC to t	ake these funds and	l pay any bills if they were ever	
c:	thad If no hills were cultimisted within a true was size a size of 1900	unamad an increase: *	male in a nimitar to 1.4	lai.
submi	tted. If no bills were submitted within a two year time period, LWPC was enco	uraged to use the fi	ungs in a similar way/training. T	nis
ficaal :	year none of the remaining funds were spent because of COVID-19 by the Blue	a Earth Courty De	Tack Force 1 MDC ::!! !!	ina
112641	Aces trous of the remaining infine were about packable of COAID-13 by the Rift	e carni conni y Drug	LIASK FORCE. LWPC IS SUIL HOID	<u> </u>
the res	naining funds open for yet an additional year.			
	maning raines open to jot an accidence year.			

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

0	en to Public
8	Open t

Inspection

OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Schedule I (Form 990) (2019) ° □ (h) Purpose of grant or assistance Employer identification number □ Yes 41-1357220 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance . Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . . (f) Method of valuation (book, FMV, appraisal, other) Cat, No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash RECEIVE AS OSC grant E2-611 JUN 2 B 2021 UGDE Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (p) EIN Life-Work Planning Center Board, Inc. (9) 1 (a) Name and address of organization or government Name of the organization Partl Part II € 2 <u>@</u> <u></u> 5 Ξ ව ε Ξ 2

Part 1

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	in a part of the second of the	opposit of goods				
	(a) Type of grant or assistance	(b) Number of reciplents	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Client	1 Client Transportation	67	1,261			
2 Snack	2 Snacks/Food During Meetings & Events	up to 8	161			
3 Book &	3 Book and Materials for Groups	up to 87	122			
4 Script	4 Script Cards for Clothes	84	4,980			
5 Client	5 Client Assistance	49	171,7			
6 Client Daycare	Daycare	on.	269			
7						
Pärt IV	Supplemental Information. Provide the inform	he information re	equired in Part I, line	2; Part III, column	ation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.

requirements of the various grantors. "Client Transportation" was bus tokens given to two clients (\$50), taxi fees for one client (\$159), cash mileage reimbursements given to four clients (\$102) and script cards given to 60 clients (\$950). "Snack" are refreshments provided to class participants during the longer "Spirited Journeys" trainings (\$161). "Books" were materials clients received help with tuition, books or driver license fees (\$553); and Eight clients received enhanced empowerment training (\$730). Please note that an additional (\$4) was spent in this The funds provided to Displaced Homemakers and Women in Transition fall into what LWPC considers "specific assistance". The allocation and monitoring of those funds comply with the used during group meetings (\$122). "Script cards for Clothes" were given to 48 clients to buy interview clothes or specific items needed for their job (\$5,080). "Client Assistance" has many components. Five clients recieved rental assistance or application fees for housing (\$1,102); Three clients received help with utility bills (\$231); Eight clients received help with car repairs (\$2,533); Two clients received help with car insurance (\$277); One client received help with a car payment (\$387); Eleven clients received used computers and/or internet (\$1,254); Eight category to replace two defective containers from another donor.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Life-Work Planning Center Board, Inc.	41-1357220
Part 1 Line 22	
Part 1 Line 22 has a rounding error of \$1 in subtracting line 21 from line 20. The correct amount is \$46,7	253.
Part III Line 3	
Because of the Covid-19 pandemic, classes and one-to-one meetings are now done via Zoom until such	time as it is safe for clients and
staff to resume face-to-face meetings. This has shifted some of our expenses, i.e. less "travel" and more "	telecommunications"
Part VI Line 11b	
The entire 990 was provided to the entire Board of Directors via email and in hard copy. It was reviewed	and approved at the 9/24/2020
Board of Directors meeting.	
Part VI Line 12c	
During Board of Directors meetings and Staff meetings, Board and Staff members are informed of the c	onflict of interest policy and are
asked to excuse themselves from votes and decisions that would create a conflict of interest. Additionally	, all Board and Staff sign an annual
letter that lists any known conflicts.	
Part VI Line 15a and 15b	
The LWPC Board of Directors used the bi-annual Minnesota Council of Nonprofits Salary Survey to eval	uate compensation for all
positions by comparing salary rates with similar sized agencies in the local area with similar skill/education	n credentials.
Part VI Line 19	
All of LWPC's governing documents, policies and financial statements are available to the public at our	main business address, or they
can be faxed or emailed to interested parties upon request.	••••••
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Scriedule O (Form 990 or 990-EZ) (2019) 					Page 2
Name of the organization					Employer identification nun	nber
					- 	
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