Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	or the	Decc.	ber	, 2018							
B (Check it ap			D Emp	loyer identif	cation number 2					
	Address c			145	-748	1139					
	Name cha	nge Number and street (or P O box, if mail is not delivered to street address)	Room/suite		phone number						
\rightarrow	Initial retui	1 1616 V(109 SAC(1143 V(d)) 3 W	2	Cui	M/340	i-3026					
$\overline{}$		City or town, state or province, country, and ZH or foreign postal code		1 ~ tv	up Exempti	L					
=	Amended Application	reum Attack CA 7023(03		nber 🕨 🎚	_					
		ing,Method: Cash ☐ Accrual Other (specify) ►									
	Vebsite				organization is not						
		•		Schedule B 🔞 🚮							
			(a)(1) or 527	(Form 9	90, 990-62	, or 990-PF).					
	K Form of organization Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets										
		s ob, oc, and 76 to line 9 to determine gross receipts in gross receipts are \$200,0 umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	OU or more, or it tota	u assets	_	•					
-					<u>\$</u>						
Ľ	art !	Revenue, Expenses, and Changes in Net Assets or Fund Ba			ctions for	Part I) 🜃					
		Check if the organization used Schedule O to respond to any que	stion in this Part I	<u> </u>		<u> </u>					
?1	1	Contributions, gifts, grants, FRINALAREVENTUE SERVICE			1	2000-00					
3.	2	Program service revenue including to the parties and contracts			2	-0					
?1	3	Membership dues and assessments			3	-0					
?1	4	Investment income . MAK 0 4 2010	, ,		4	-0					
	5a	Gross amount from sale of assets other-than-inventory	5a								
	b	Less: cost or other basis and sea Topping Country Subtract line 5b	5b			A					
	С	Gain or (loss) from sale of asses that the live it is ubtract line 5b Gaming and fundraising events	from line 5a)		5c	H .					
	6	Gaming and fundraising events:			-,						
	а	Gross income from gaming (attach Schedule G if greater than									
ne		\$15,000)	6a		<u>i</u>	Ť					
Revenue	b	Gross income from fundraising events (not including \$	of contribution	ns	1	:					
بَغ		from fundraising events reported on line 1) (attach Schedule G if the				77					
	က	sum of such gross income and contributions exceeds \$15,000)	6b		-						
	200	Less direct expenses from gaming and fundraising events	6c			•					
		Net income or (loss) from gaming and fundraising events (add lines 6	Sa and 6b and su	btract	·	^					
	%	line 6c)			6d	+					
	⊋7a	Gross sales of inventory, less returns and allowances	7a		11						
	E b	Less cost of goods sold	7b								
	Z c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7			7c	A					
1	∷ 8	Other revenue (describe in Schedule O)	, α,		8						
!	₩.	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	2000 00					
	2 0	Grants and similar amounts paid (list in Schedule O)	 -		10	200000					
\$	\$.	Benefits paid to or for members	•		11						
ıR.	X .	Salaries, other compensation, and employee benefits			12						
Se	10	Professional fees and other payments to independent contractors	•		13						
Expense	13	Occupancy, rent, utilities, and maintenance			14						
Ϋ́	14	Printing, publications, postage, and shipping .	•		15						
ш	15				16	2/100					
	16	Other expenses (describe in Schedule O)		_		2000.					
_	17	Total expenses. Add lines 10 through 16			17	AUU . 00					
Ş	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	an (A)) (mailet aniin	 	18						
sse	19	Net assets or fund balances at beginning of year (from line 27, colunt	iiii (A)) (must agre	e with	1 2	A					
A		end-of-year figure reported on prior year's return)			19						
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		_	20						
	21	Net assets or fund balances at end of year. Combine lines 18 through 2		<u> </u>	21	<u> </u>					
For	Papen	work Reduction Act Notice, see the separate instructions.	Cat No. 10642I		Fo	rm 990-EZ (2018)					

Form **990-EZ** (2018)

Check if the organization used Schedule O to respond to any question in this Part III		الرااة	Check if the organization used Schodule		ta anu augatian in this	. D II		
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total sassets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) 28 Check if the organization used Schedule O to respond to any question in this Part III 28 Check if the organization's primary exempt purpose? 29 Trailly Royales of Schedule O to respond to any question in this Part III 28 Check if the organization information for each program title 29 Thanks given the relevant information for each program title 28 Thanks given the relevant information for each program title 29 Thanks given the relevant information for each program title 30 Check if the organization is program service accomplishments for each of its three largest program services of the relevant information for each program title 30 Check if the organization is program service accomplishments for each of its three largest program services of the number of others is strength of the services provided, the number of others is strength of the services provided, the number of others is strength of the services provided, the number of others is strength of the services provided, the number of others is strength of the services provided, the number of others is strength of the services provided, the number of others is strength of the services provided in services provided, the number of others is strength of the services provided in services (List of the services provided in services (List of the services provided in services (List of the services (List of the organization used Schedule O to respond to any question in this Part IV Grants \$ 000	• —		· ·	O to respond t	to any question in this			(B) End of year
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Erick-Lacefield, President hr. A A Sandra-Lacefield, Secretary A A			(a) Name and title					
Sandra Lacefield, Secretary A A				devoted to positi				ther compensation
Sandra Lacefield, Secretary A A	_		Eric P Jacobalt President	1.1	8	1	_	t.
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Par			ne	
•	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes " provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? .	35a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
c b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If 'No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a b 38a	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b	,	V
b 39	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
a b 40a	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955			<u>-</u>
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		.,	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed \ Georgia			
42a	Located at > 12/2 Woy Son ME Rd. SW Most-Z Athor, GA331 ZIP +4 >	1)34 303:	19-3 31	026
b	At any, time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account securities account, or other financial account)?	42b	Yes	No V
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		Yes	No I
44a	completed instead of Form 990-EZ	44a	res	NO
b	Did the organization operate one or more hospital facilities during the year? If 'Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		ンソ
45a b	5 10/EV/10/2	45a	,	✓ ✓

	4					Tve	age
	್ಕ್ d the organization engage, directly or i	ndirectly, in political o	campaign activities on	behalf of or in opposi	ition 🗐	Yes	No
	candidates for public office? If "Yes,"			·	ition 46	1	V
art VI	Section 501(c)(3) Organization						
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and complete th	ne tables f	or lin	es
	50 and 51.						ì
	Check if the organization used Sc	nedule O to respond	to any question in the	nis Part VI	· · · ·	· ·	
Z Die	d the organization engage in lobbying	activities or have a	section 501(h) election	n in effect during the	tax	Yes	No
ye.	ar? If "Yes," complete Schedule C, Pa	rt II .		·	47		V
ls t	the organization a school as described i	n section 170(b)(1)(A)(וו)? If "Yes," complete s	Schedule E	48		~
	d the organization make any transfers t			ation?.	. 49a		V
	"Yes," was the related organization a s				49b		<u>:</u>
Co	omplete this table for the organization's aployees) who each received more that	s tive highest compen n \$100 000 of compo	isated employees (other	er than officers, direct	ors, truste	es, an	d ke
			1	(d) Health benefits.	ie, enter in	vone	<u> </u>
	t. (a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee	1 ''		
		aevoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other con	npensat	ion
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	ital number of other employees paid ov						٦.
Co	omplete this table for the organization	's five highest comp		contractors who each	h received	more	Ìha
\$1 <u>.</u>	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest companization If there is no	one enter "None."				tha
Co \$1	omplete this table for the organization	's five highest companization If there is no			h received		tha
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\$1 <u>.</u>	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest companization If there is no dent contractor	one enter "None."				tha
\$1 <u>.</u>	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest companization If there is no dent contractor	one enter "None."				tha
Co \$10	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest companization If there is no dent contractor	(b) Type of servi				tha
Co \$11	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest companization If there is no dent contractor	(b) Type of servi	ce (c	c) Compensati		tha
d To	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest companization If there is no dent contractor	(b) Type of servi	ce (c	c) Compensati	on	tha
d To	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest companization If there is no dent contractor actors each receiving ule A? Note: All se	over \$100,000 ection 501(c)(3) organ	nizations must attac	h a	on	· · · · · · · · · · · · · · · · · · ·
d To	omplete this table for the organization 00,000 of compensation from the organization complete Schedimpleted Schedule A	's five highest companization If there is no dent contractor actors each receiving ule A? Note: All se	over \$100,000 ection 501(c)(3) organ	nizations must attac	h a	on	·
d To	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest companization If there is no dent contractor actors each receiving ule A? Note: All se	over \$100,000 ection 501(c)(3) organ	nizations must attac	h a	on	· · · · · · · · · · · · · · · · · · ·

Preparer's signature

Print/Type preparer's name

May the IRS discuss this return with the preparer shown above? See instructions

.Firm's name 🕨

Paid Preparer

Use Only

Date

PTIN

► Yes No Form 990-EZ (2018)

Check I if self-employed

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public

Internal	Revenue Service		► Go to	www.irs.gov/F	ation.	Inspection				
Name	of the organization	<u> </u>	4	tanil			~c-	Employer identification 45-248 []	39	
Par	t I Reaso	n for Public	Charity	y Status (Al	l organizations must	comple	ete this p	art.) See instruction	ons.	
The c	organization is	not a private	foundatio	n because it	is (For lines 1 through	12, ched	ck only or	ne box.)		
1	A church,	convention of	churches	s, or associat	ion of churches descr	ıbed ın se	ection 17	0(b)(1)(A)(i).	(57 ·	
2	A school d	escribed in s e	ection 17	'0(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z))	$\mathcal{O}_{\mathcal{I}}$	
3	☐ A hospital	or a cooperat	live hospi	tal service or	ganization described i	n section	n 170(b)(1	I)(A)(iii).		
4	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									
5	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)									
6 7	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)									
8	A commun	ity trust desc	ribed in s	ection 170(b)(1)(A)(vi). (Complete	Part II.)				
9	or university	ty or a non-la	nd-grant	college of ag	d in section 170(b)(1) riculture (see instruction	ons) Ente	er the nan	ne, city, and state of	the college or	
10	receipts fro support fro acquired b	om activities r om gross inve y the organiza	related to stment in ation afte	its exempt fu scome and ur r June 30, 19	re than 331% of its si inctions—subject to c irelated business taxal 75 See section 509(a	ertain exc ble incon a)(2). (Coi	ceptions, ne (less si mplete Pa	and (2) no more tha ection 511 tax) from art III)	n 331/3% of its	
11	An organiz	ation organiz	ed and op	perated exclu	sively to test for public	c safety.	See sect	ion 509(a)(4).		
12	-	-			sively for the benefit o					
					ons described in sect i scribes the type of sup					
а	the sup	ported organ	ization(s)	the power to	d, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	ajority of t			
b	control	or managem	ent of the	supporting of	sed or controlled in co organization vested in IV, Sections A and C	the same				
С					rting organization oper ons) You must comp				ally integrated with,	
d	that is	not functional	lly integra	ited The orga	upporting organization anization generally mu complete Part IV, Sec	st satisfy	a distribi	ution requirement ar		
е					l a written determination attentionally integrated su				e II, Type III	
f 9		mber of supp following info			ported organization(s)				- 4	
	(i) Name of suppo			(iı) ElN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	1	-			(described on lines 1-10 above (see instructions))		ur governing iment?	support (see instructions)	other support (see instructions)	
				. <u> </u>		Yes	No		(
(A)	ı									
(B)									,	
(C)										
(D)	!	-								
(E)	1									

Total

Part II

Part		ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i) %
	Complete only if you checked t	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				······		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					Í	f
	membership fees received (Do not	10000	2201	2727	2111	andel	21 400
	include any "unusual grants")	12,000	2000	2000	2000	2000	<u> </u>
2	Tax revenues levied for the	' .	į				
	organization's benefit and either paid to or expended on its behalf		İ				ì
2	. ·	<u> </u>					5
3	The value of services or facilities furnished by a governmental unit to the						4
	organization without charge						4
4	Total: Add lines 1 through 3	12,000	2000	2000	7/0	2000	211/1/1-00
-		12,000	7 00 0	2000	7000	2000	X0000.
5	The portion of total contributions by				1872		
	each person (other than a governmental unit or publicly						٠
	supported organization) included on						1
	line 15 that exceeds 2% of the amount						1
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					WER COMPANY	
Secti	on BTotal Support			37-37, 113, 11	1 2 E 1 1 1	Company of the control of the	·
Calen	dar yeàr (or fiscal year beginning in) ▶	(a) 2014	(b) 2015,	(c) 2016	(d) 2017,	(e) 2018	(f) Total
7	Amounts from line 4 .	12,500	2000	2000	2/100	2000	20,000.
8	Gross income from interest, dividends,	120					*
	payments received on securities loans,						**
	rents royalties, and income from						
_	similar sources						·
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on					,	9
10	Other income. Do not include gain or			"			
10	loss from the sale of capital assets						
	(Explain in Part VI)						٠
11	Total support. Add lines 7 through 10		AND THE SECOND				5/1.///J
12	Gross receipts from related activities, etc	(see instruction	ons)	Comment of the State of the Control	Latter with her market	12	20,000
13	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax yo	ear as a section	n 501(c)(3)
	organization, check this box and stop he				•		. Þ 1827
Secti	on C. Computation of Public Suppo	rt Percentag	е				5
14	Public support percentage for 2018 (line	6, column (f) di	vided by line 1	1, column (f))	_	14	: %
15	Public support percentage from 2017 Sc					15	; %
16a	331/3% support test-2018. If the organ						check this
	box and stop here. The organization qua			-			· 🕨 🗆
þ	331/3% support test-2017. If the organ					ıs 331/3% or m	ore, check
	this box and stop here. The organization	•		_		•	▶ ∐
17a	10% facts-and-circumstances test-2	_					
	10% or more, and if the organization m						
	Part VI how the organization meets the	racts-and-circ	umstances te	scine organi	zation qualifie	s as a publicly	subhousa
_	organization .			and also all the	10	165 165 1	Zo and limit
þ	10% facts-and-circumstances test—2 15 is 10% or more, and if the organiz						
	15 is 10% or more, and if the organization in Part VI how the organization is						
	supported organization	meets the Tab	is-and-circum		The Organizat		
10	Private foundation. If the organization d	id not check a	hox on line 13	 16a 16b 17a	 a or 17h chec	k this box and	· · · ·
18	instructions				_, 5, 7, 5, 6,166		▶ □
		·			621	hedule A (Form 99	0 or 990-EZ) 2018
	, -				ŞCI	Tradic W (LOHII) 25	

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Li C Family Outreach, Inc. Employer identification number 45-2481139	
,, , ,	/	
·	Part I: Expenses	
	,	
¥	16. Other Expenses	
74 76 76 76 77	Nulation (male + case 1/2)	
ge - Jangaran	Nutrilion (meals + snacks) Programs + Activities	
, \$*,	•	
	Thanksjiring Meal? 600." Luncheow + Information: 400. " Chastmas farly: 1000."	
ij	Luncheon + Information: 400.00	
	Christmas Party: 1000	
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