Form 990-EZ

### **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)

OMB No 1545-1150 2018

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

Department of the Treasury Internal Revenue Service

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

<u> </u>	or the	2018 calenda	r year, or tax year beginning , 201	18, and ending		, 20
Во	Check if ap	pplicable	C Name of organization		D Employ	yer identification number
□ /	Address ch	hange	BEACON OF HOPE CHARITY INC		46-	2708113
۱	Name char	nge	Number and street (or PO box, if mail is not delivered to street address)	Room/suite	E Telepho	one number
<u> </u>	nitial retur	7) *				
□ F	inal return	n/teminated	443 WESSEX ROAD		(21	.9) 531-2910
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code	03	F Group i	Exemption
<u> </u>	Application	pending	Valparaiso, IN 46385		Numbe	r <b>&gt;</b>
G /	Account	ing Method		Н	Check ▶	If the organization is not
1 1	Nebsite	9: ▶	<u></u>		required to	attach Schedule B
JT	Гах-өхө	mpt status (c	heck only one) - 🗶 501(c)(3)	7(a)(1) or 527	(Form 990,	990-EZ, or 990-PF)
		organization	☐ Corporation ☐ Trust ☐ Association ☐ C	Other		
		_	7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if total a	assets	
						· <b>&gt;</b> \$ 85,605
	irt 🎉		e, Expenses, and Changes in Net Assets or Fund E			
<u> </u>	- 6 246)		he organization used Schedule O to respond to any question			
	1		, gifts, grants, and similar amounts received · · · · · · · · · · · · · · · · · · ·			1 85,605
	2		vice revenue including government fees and contracts · · · · · ·			2
	3		dues and assessments · · · · · · · · · · · · · · · · · · ·			3
	4		ncome			4
	5a		nt from sale of assets other than inventory	5a		A SERV
			other basis and sales expenses · · · · · · · · · · · · · · · · · ·	5b		
	,		) from sale of assets other than inventory (Subtract line 5b from line 5			5c
i	ء ا		fundraising events	(a) · · · · · · · ·		
	٠,	<del>-</del>	~		'	
<b>a</b>	a		e from gaming (attach Schedule G if greater than	10-1		
Ž.	[			6a		
Revenue	"		e from fundraising events (not including \$	of contribution	18	
œ	ŀ		ing events reported on line 1) (attach Schedule G if the	امدا		
			gross income and contributions exceeds \$15,000) · · · · · · ·	6b		
I			expenses from gaming and fundraising events			
•	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and			
	_	•		1 1	• • • • •	6d
			of inventory, less returns and allowances	7a		
	ı		goods sold · · · · · · · · · · · · · · · · · · ·	7b		
•	C		or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · ·		• • • • •	7c
	8	Other revenu	e (describe in Schedule O)	TOCIVED.	<b></b>	8
	9	Total revenu	ee. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · · · · ·	CUEINED.	▶	9 85,605
	10	Grants and s	imilar amounts paid (list in Schedule O)		$\omega_1 \cdots $	10 108,190
	11	Benefits paid	to or for members · · · · · · · · · · · · · · · · · · ·	0V ·1· 2 ·2019· ·	O	11
, o	12	Salaries, other	er compensation, and employee benefits $\cdots \cdots \cdots $	- · · · · · · · · · · · · · · · · · · ·	[ <b>조</b> ] · · ·	12
Sec	13	Professional	fees and other payments to independent contractors · · ·	ODEN TIT	·   · · ·	13
SCANNED	14	Occupancy, r	ent, utilities, and maintenance	GUEN, Y.I.	لســ	14
<u>Ş</u> ŭ∣	15	Printing, publ	ications, postage, and snipping			15
m	16	Other expens	es (describe in Schedule O) · · · · · · · · · · · · · · · · · ·		• • • • [	16 280
ַם_	17		ses. Add lines 10 through 16			17 108,470
ر_	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			18 (22,865)
₽ŝ	19		fund balances at beginning of year (from line 27, column (A)) (must a			
<b>188</b>		end-of-year fi	gure reported on prior year's return)			19 26,639
Net Assets	20		es in net assets or fund balances (explain in Schedule O) · · · · ·			20
٠ <del>.</del> خ	24		fund balances at end of year Combine lines 18 through 20 · · · ·			21 3,774
CFor EA						

Form 990-EZ (2018)

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#### BEACON OF HOPE CHARITY INC

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-2708113	Page

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the	<u> </u>		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			<u>. 🗆</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	Í	ľ	
	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	<u> </u>	X
35 a				
	activities (such as those reported on lines 2, 6a, and 7a, among others)? · · · · · · · · · · · · · · · · · · ·	35a	<u> </u>	X
b		35b	<u> </u>	↓
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	ł		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1		
	during the year? If "Yes," complete applicable parts of Schedule N	36	22	X
37 a			11/20	* T. NO.
b		37b	L DE JENNESSE I	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	8-1.31	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved · · · · · · · · · · · · · · · · · · ·			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	4	觀察	
b	Gross receipts, included on line 9, for public use of club facilities 39b			2420
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1935 T	200	
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		E 15.	1,124
	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	40b	» Aleximatio	X 1. 10th 7.40x
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,			極大
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·		و الله الله	
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		شنند	1
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed IN			
42 a	The organization's books are in care of ► THOMAS SLEWEON Telephone no ► 219-5		910	
_	Located at ▶ 443 WESSEX ROAD, Valparaiso, IN ZIP+4 ▶ 46385		<b>V</b> -	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	r <del></del>	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<u>,, 1 (,, 8</u>	X
	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		100000 po	595
	Financial Accounts (FBAR)			
	At any time during the calendar year, did the organization maintain an office outside the United States? • • • • • • • • • • • • • • • • • • •	42c		X
C	·	420	l	
43	If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
75	and enter the amount of tax-exempt interest received or accrued during the tax year	1	–	ட
	and effect the amount of tax-exempt interest received of accided during the tax year.		Yes	No
44 0	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Selection of	105	No
44 a	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a	181-74 <u>8</u> 04	X
<b>h</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		". <b>6.</b> " \Z-15	
O	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·		-,9,4	
_	Did the organization receive any payments for indoor tanning services during the year?	44b	<del> </del>	X
		44c	\$ <sub>1</sub> f@use	X
a	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·			
4E ~		44d	<del> </del>	<del></del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	re	X
Ü	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," Form 990 and Schedule R may need to be completed instead of	AEL	المنافض المنا	v

Form 990-EZ (2018)

46-2708113 BEACON OF HOPE CHARITY INC Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I PartiVI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Yes No Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 48 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ..... 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . 49a b If "Yes," was the related organization a section 527 organization? 49h Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (d) Health benefits. (c) Reportable (b) Average (e) Estimated amount of contributions to employee compensation (a) Name and title of each employee hours per week benefit plans, and deferred other compensation devoted to position (Forms W-2/1099-MISC) compensation NONE Total number of other employees paid over \$100,000 · · · · · · ▶ Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 · · · · · · ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge THOMAS K SLEWEON Sign Signature of officer Here THOMAS K SLEWEON, PRESIDENT Type or print name and title Print/Type preparer's name Check ∐ ıf Paid self-employed James Schaefer P01242530 Preparer Firm's EIN JSR & Associate **Use Only** Suite Firm's address 9116 Columbia Munster IN 46321 May the IRS discuss this return with the preparer shown above? See instructions Yes

#### 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.

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

OMB No 1545-0047

2018

Open to Public 4

Inspection

Name of the organization

Employer identification number

		OF HOPE CHARITY INC					46-27081		
Ŗа	rt]lj	Reason for Public Charity	y Status (All or	ganizations must co	mplete t	his part.	See instruction:	<u>s</u>	
The	orgai	nization is not a private foundation beca	ause it is (For lines	1 through 12, check only	one box )				
1		A church, convention of churches, or a	association of churc	ches described in <b>section</b>	170(b)(1)(	(A)(i).		~ C	
2		A school described in section 170(b)	(1)(A)(ii). (Attach Se	chedule E (Form 990 or 9	90-EZ))			$()^{\circ}$	
3		A hospital or a cooperative hospital se	ervice organization of	described in section 170(	b)(1)(A)(iii	).			
4	П	A medical research organization oper-	ated in conjunction	with a hospital described	n section	170(b)(1)(	A)(iii). Enter the		
		hospital's name, city, and state	•						
5	П	An organization operated for the bene	efit of a college or un	niversity owned or operate	ed by a go	vernmenta	l unit described in		
		section 170(b)(1)(A)(iv). (Complete F		•	• •				
6	П	A federal, state, or local government of		t described in section 17	0(b)(1)(A)(	v).			
7	Ħ	An organization that normally receives	_				the general public		
•		described in section 170(b)(1)(A)(vi).							
8	П	A community trust described in section							
9	Ħ	An agricultural research organization of			ed in coniu	nction with	a land-grant college		
·	ш	or university or a non-land-grant colle							
		university	go or agriculturo (ot			,,			
10	X	An organization that normally receives	s (1) more than 33	1/3% of its support from	contributio	ns. membe	ership fees, and gross		-
	КЛ	receipts from activities related to its e							
		support from gross investment incom-		·					
		acquired by the organization after Jun				011 (02) 11	5 Daoi::100000		
11	$\Box$	An organization organized and operate				(a)(A)			
12	H	An organization organized and operation					carry out the numose	19	
12	Ш	of one or more publicly supported orga							
		Check the box in lines 12a through 12							
	_	Type I. A supporting organization						-29	
	а	the supported organization(s) the							
		•			y or title uni	ectors or tr	ustees of the		
	L	supporting organization You must Type II. A supporting organization	•		te cupport	od organiz	ation(e) by baying		
	b								
		control or management of the sup			SUIIS IIIAI C		lallage the supported		
		organization(s) You must compl	=		ation with	and function	anally intograted with		
	С	Type III functionally integrated.							
		its supported organization(s) (see	•	•				-1	
	d	Type III non-functionally integra							
		that is not functionally integrated	-				t and an attentivenes	>	
	_	requirement (see instructions) Yo					Tuno II Tuno III		
	е	Check this box if the organization				a Type I, I	ype ii, Type iii		
		functionally integrated, or Type III						1	
	f	Enter the number of supported organi						1	
	g	Provide the following information about	T	i	() In the case		(v) Amount of manatage	(w) Amou	ni of
	(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the or listed in you	rganization ir governing	(v) Amount of monetary support (see	(vi) Amou other supp	
				above (see instructions))	docum	-	instructions)	instructi	ons)
					Yes	No			
					163	110			
(A)									
_							<del>-</del>		
(B)									
(C)									
				_					
(D)									
(E)									
Tota				Carlina Company	i i salah				

Schedule A (Form 990 or 990-EZ) 2018 BEACON OF HOPE CHARITY INC 46-2708113

Rantill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

<del></del>	(Complete only if you check Part III. If the organization						under
Sec	tion A. Public Support						/
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<del></del>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · · ·	and the second s	ALGEBRARE SERVICES SERVICES CHEMINE CONTROL	Managaran V. V. 2002 octobronomen	**************************************	Create an anomalous and the statute	
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f) · · · · · ·						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	ີ ( <b>ຽ</b> ) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·			/		<u> </u>	· <u>·</u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				_		
11	Total support. Add lines 7 through 10 .	選びが出る時代		ALC MARK	<b>建建筑</b> 腹侧含 500	C- 1-13200000000000000000000000000000000000	
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	· /					▶□
Sec	tion C. Computation of Public Su	ipport Percent	tage				
14	Public support percentage for 2018 (line 6, o	column (f) djylded b	y line 11, column (1	))		14	%
15	Public support percentage from 2017 Sched	lule A, Pant II, line 1	4			15	%
16a	33 1/3% support test - 2018. If the organization	,			3% or more, check	this	_
	box and stop here. The organization qualifie	, , ,	-		/		▶ ∐
b	33 1/3% support test - 2017. If the organiza	,			33 1/3% or more, c	heck	
	this box and stop here. The organization qui	,					▶ ⊔
17a	10%-facts-and-circumstances test - 2018.	, -				<b>;</b>	
	10% or more, and if the organization meets t	,			-	V	
	Part VI how the organization meets the "fact	s-and-circumstance	es" test The organ	ization qualifies as	a publicly supporte	· •	, _
h	organization	If the expenses				/	· · · • 📙
b	10%-facts-and-circumstances test - 2017.	=				1	
	15 is 10% or more, and if the organization me				=		
	Explain in Part VI how the organization meet supported organization					·	▶ □
8	Private foundation. If the organization did n	ot check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check th	nis box and see		. –
	Instructions	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>···· ▶                                </u>

46-2708113

990 or 990-EZ) 2018

BEACON OF HOPE CHARITY INC

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

Se	ction A. Public Support	·					
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	( <b>d</b> ) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	18,800	26,732	20,802	34,714	85,605	186,653
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20/300	= 0,7.55				200,000
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 or expended on its behalf					,	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	18,800	26,732	20,802	34,714	85,605	186,653
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·				36		
8	Public support. (Subtract line 7c from line 6)						186,653
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	<del></del>				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	18,800	26,732	20,802	34,714	<u>85</u> , 605	186,653
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources • •						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·	18,800	26,732	20,802	34,714	85,605	186,653
	First five years. If the Form 990 is for the orgoganization, check this box and stop here	<del> </del>	<u></u> .				▶ □
	ction C. Computation of Public Su	<del></del>		<del></del>		<del></del>	
15	Public support percentage for 2018 (line 8, co						100.00 %
16	Public support percentage from 2017 Schedu			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·	16	100.00 %
	ction D. Computation of Investme		<u>-</u>	(0)		47	
17 10	Investment income percentage for 2018 (line				1	17	0.00 %
18	Investment income percentage from 2017 Sci					18	0.00 %
	33 1/3% support tests - 2018. If the organization is not more than 33 1/3%, check this box at	and stop here. The	organization qualifie	es as a publicly sup	ported organization	1	▶ 🏻
	33 1/3% support tests - 2017. If the organizatine 18 is not more than 33 1/3%, check this b	ox and stop here.	The organization qu	ialifies as a publicly	supported organiz	ation · · · · ·	=
20_	Private foundation. If the organization did no	ot check a box on lir	ne 14, 19a, or 19b,	check this box and	see instructions		▶ 📋

46-2708113

## 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 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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	MINISTON SOCIETATION OF HOPE CONTINUED (CONTINUED)			
<u>Ľ.a</u>	Supporting Organizations (continued)		Var	NI-
44	the the exemplestion accorded a sife or exemple the following manager 0	(5 <sup>-</sup> 1-2 <sup>-</sup> 2-2 <sup>-</sup> 2-2-2 <sup>-</sup> 2-2-2-2-	Yes	No 雅志竹
	Has the organization accepted a gift or contribution from any of the following persons?			14 × 14
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	<u> </u>	├
	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		<u></u>
Sec	tion B. Type I Supporting Organizations		Vaa	No
	Did the discrete to the control of an arrange and arrange to the control of	88853X5	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	秦·蒙·蒙·	50%年, 1948後期	
	controlled the organization's activities If the organization had more than one supported organization,	30 M 7	<b>非性动物</b> 化配合物	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			Mi
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	7 7	n ceci sec.	.H. 60. 120
•				
2	Did the organization operate for the benefit of any supported organization other than the supported	100 E		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1000		10 To
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	PART.		0.00
	or management of the supporting organization was vested in the same persons that controlled or managed	200		
_	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		SALA MALE SALA M	14
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	學學		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	STATE OF		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
	the organization maintained a close and continuous working relationship with the supported organization(s)	30 643	ai. % š.	tačnski
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	ions)	
а	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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ın	struc	tions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	18.01		444
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		4.5.260 (1.593)	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	2000.000.20	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	[4]		
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		6	
	activities but for the organization's involvement	2b	(Presenting)	200-00 K
3	Parent of Supported Organizations. Answer (a) and (b) below.		e de de	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	TI	ice de la constant d
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja .	372 35°	<b>把股</b> 组
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	n en	
	or its supported organizations, it is tes, describe in Fait VI the fole played by the organization in this regard.	100	1	

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explain	n in Part VI) See
	instructions. All other Type III non-functionally integrated supporting organization	zatio	ns must complete Section	s A through E
Soc	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	uon A - Aujusteu Net income		(A) I floi feat	(optional)
_1	Net short-term capital gain	1		<u> </u>
_2	Recoveries of prior-year distributions	2	<del></del>	
	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5	<u> </u>	
6	Portion of operating expenses paid or incurred for production or			
CC	illection of gross income or for management, conservation, or	1		
_m	aintenance 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			
_ <u> </u>	structions for short tax year or assets held for part of year)			ACCOUNTS OF THE PERSON OF THE
_ 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		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		_
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
_se	e 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		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	THE STATE OF THE S	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	DEFECT THE	<u> </u>
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	inte	grated Type III supporting	organization (see
	instructions)		_	

46-2708113

<u>įĸa</u>	Tive III Non-Functionally integrated 509(a)(	s) Supporting Organi	zations (continuea)	
Se	Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	<del></del>	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3				
4				_
5	Qualified set-aside amounts (prior IRS approval required)		***************************************	
6	Other distributions (describe in Part VI) See instructions			, , , , , , , , , , , , , , , , , , , ,
7	Total annual distributions. Add lines 1 through 6		<del></del>	
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2018 from Section C, line 6		<del></del>	
10			_ <del>-</del> _	
•	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	10 PER 10 PE		
2	<del></del>			
	(reasonable cause required - explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014	THE RESERVE		
c	From 2015	Commence of the commence of th		
d	From 2016	The second design of the second secon	then that and a state of the st	
	From 2017			
	Total of lines 3a through e	5.14.0704 @vi caperact Histories (1995) page (1997) (1997)		
	Applied to underdistributions of prior years	767 MARI SANGENIA (1881)	Ben ( ) Communication ( ) Marchael ( )	
	Applied to 2018 distributable amount			A A CALLESTON IN THE STATE OF THE PARTY OF T
i	Carryover from 2013 not applied (see instructions)	William Street and trees and the second street and second		
ī	Remainder. Subtract lines 3g, 3h, and 3i from 3f	<del>                                     </del>		
4	Distributions for 2018 from			
	Section D, line 7 \$	minute in reference and		
	Applied to underdistributions of prior years		80 0000 10 0 000 000 000 000 10 10 10 10	
	Applied to 2018 distributable amount			7.708 minute - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	Remainder Subtract lines 4a and 4b from 4	MICHAEL PROPERTY AND		
5	Remaining underdistributions for years prior to 2018, if	HENN STREET STREET	THE PROPERTY OF STREET, STREET	THE PARTY OF THE P
-	any. Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h			ALLEN BROKEN TO STANDED AND DO AND STREET
-	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c			
8	Breakdown of line 7;	Miles Salder Ave.		
	Excess from 2014 · · · ·		and the state of t	
_	Excess from 2015	STEEL LINES TO THE STATE OF THE	HE HE COLL AND DESCRIPTION OF THE PERSON OF	
	Excess from 2016			
	Excess from 2017	***************************************	# 1 To 1 T	
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Chedule A (For	990 or 990-EZ) 2018	Page
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 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 B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section B, lines 1e, Part V, Secti	art 1 , 2b,
	lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)	
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# 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.

90-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2018

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Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number BEACON OF HOPE CHARITY INC 46-2708113 01. General explanation attachment FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE BEACON OF HOPE CHARITY WILL PROVIDE FREE OR LOW COST MEDICAL CARE TO THE INDIGENT, PROVIDE MEDICAL EQUIPMENT AND SUPPLIES TO QUALIFIED ORGANIZATIONS, WORK TO EMPOWER GROUPS TO TAKE CONTROL OF THEIR OWN LIVES AND DESTINY, AND PROVIDE SCHOLARSHIPS AND BOOKS TO DESERVING STUDENTS. FORM 990-EZ, PART III - PROGRAM SERVICE ACCOMPLISHMENTS EBOLA RELIEF, MEDICATIONS, SUPPLIES, CONSTRUCTION OF ORPHANAGE. 02. List of grants and similar amounts paid (Part I, line 10) CONSTRUCTION OF ORPHANAGE <u>Activity</u> Grantee HOPE VILLAGE City, Province, Country, Postal MONROVIA Liberia 108,190 Amount\_ 03. Description of other expenses (Part I, line 16) Amount Description BANK CHARGES 280