Form **990**

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 1545-0047

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

Open to Public

		st. •	 							
A F	or the 2018 calend	dar year, or	ax year beginning		, 2018, and ending					
C	Check if applicable	С				D En	ployer identif	fication numb	er	
- 1	··	LiveLi k	Lou Foundatio	n		l 8	2-35248	372		
			Campus Avenue				ephone numb			
	H-1 1		OH 45056				513) 52			
	Initial return		:= -9			} <u>'</u>	2121 27	.5-0343	 	
	Final return/terminated					_			70 00	
	Amended return		· · · · · · · · · · · · · · · · · · ·				oss receipts \$		79,98	
	Application pending	F Name and	address of principal officer	Suzanne Alexa	naer i	(a) Is this a group			. ⊢	No
		Same As	C Above		. 1	i(b) Are all subordu If "No," attach	nates included a list (see inst	ructions)	Yes [No
	Tax-exempt status:	X 501(c)(3)		✓ (insert no.) 494	7(a)(1) or 527 4	,	3 1132 (300 1110)			
	<u></u>	veLikeLo				(c) Group exempte	on number 🕨			
	Form of organization.	X Corporation		ion Other►	L Year of formation		M State of le	nal domicile	OH	
			Trust Associate	John Culler	L rear or formador	. 2017	THE STATE OF TO	gar dominano	011	
ar	tl Summar	y			······································					
	1 Briefly describ	be the organ	ization's mission or m	nost significant activit	les ine organi	zation s	purpose	2 18 60) 	
إيو	<u>promote</u>	and supr	ort charitable	<u>e, scientilic</u>	, literary a	na eaucat.	ronai o	rganiz	acton	<u>s</u> _
Ĕĺ			elated to Amy		ral Scierosis	s_(ALS)_a:	s_merr_	<u>as</u>		
Ę	<u>individu</u>	als and	families affe	cted_by_ALS	,	-,	-	- -	-	
Activities & Governance			ne organization discor		or disposed of mor	e than 25% of		sets.		_
2			s of the governing bo				3	– -		5
2		-	oting members of the	•			4			4
1			s employed in calend		, line 2a)	••	5			0
2			s (estimate if necessa		• •	• •	6			0
₹			evenue from Part VIII		•••	•••	7a			<u>0.</u>
ᆚ	b Net unrelated	l business ta	xable income from Fo	rm 990-T, line 38.			7b			0.
						Prior Ye	ear	Currer	nt Year	
	A A									
,	8 Contributions	and grants	(Part VIII, line 1h)		•	19	9,829.	5	79,50	<u> 15.</u>
2		_	(Part VIII, line 1h) (Part VIII, line 2g)			19	9,829.	5		
AGIICA	9 Program serv	nce revenue		3, 4, and 7d)		19	9,829.	5		50.
מפנותם	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g)		le)	19	9,829.	5		
on }	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		1e) <u>.</u>	19	9,829.	5		50.
מחפאפרות פ	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.	5		50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le) <u>-</u>	19	9,829.	5		50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le) . <u>.</u>	19	9,829.	5		50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		1e) . <u>.</u>	19	9,829.	5		50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le) . <u>.</u>	19	9,829.			50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le) . <u>.</u>	19	9,829.	5		50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.	5		50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.	5		50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.	5		50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.			50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.			50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.			50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		ie)	19	9,829.			50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines			19	9,829.			50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines			19	9,829.			50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		ie)	19	9,829.			50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines			19	9,829.	5		50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines			19	9,829.	5		50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		ie)	19	9,829.	5		50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.	5		50.
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	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.			50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.	5		50.
	9 Program serv 10 Investment in 11 Other revenue	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.			50.
	9 Program serv10 Investment in	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)	19	9,829.			50.
	9 Program serv 10 Investment in 11 Other revenue	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)		9,829.	5		50.
	9 Program serv 10 Investment in 11 Other revenue	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)		9,829.	5		50.
	9 Program serv 10 Investment in 11 Other revenue	rice revenue ncome (Part	(Part VIII, line 2g) VIII, column (A), lines		le)		9,829.	5		50.

	Chack if Schodula O contains a response or note to any line in this Part III			X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 _	579,9	<u>989.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	363,	952.			
3	Revenue less expenses Subtract line 2 from line 1	3	216,0	037.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,_	776.			
5	Net unrealized gains (losses) on investments	5		<u> 113.</u>			
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	-12,	<u>500.</u>			
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	222,2	200.			
Ŗа	tiXIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			X			
			Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			(E) A			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ed on a					
	b Were the organization's financial statements audited by an independent accountant?		2b X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	ate					
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2c X				
3:	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O See Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single						
٠.	Audit Act and OMB Circular A-133?		3 a	X			
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	lit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	<u></u>			
BAA	TEEA0112L 08/03/18		Form 990	(2018)			

Form 990 (2018) LiveLikeLou Foundation

Partive Checklist of Required Schedules

ABOL	D
32-3524872	Page 3

Lai	Oneckinst of Required Schedules			
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	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
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	11 b		Х
c	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	11 c		х
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	11 d		х
е	Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		Х
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	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		х
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		х
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		х
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		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'			
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	19 20a	-	X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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 Form	X	(2018)
BAA	TEEA0103L 08/03/18	LOH	330	(2010)

			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		х
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? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	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	_	х
t	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
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)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	: An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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 L	33		х
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		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf '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		х
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		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t 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		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			.
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
BAA	(gambling) winnings to prize winners? TEEA0104L 08/03/18	1 c Form	990	<u> </u> (2018)

Form 990 (2018) LiveLikeLou Foundation

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a .	0		
t	olf at least one is reported on line 2a, did the organization file all required federal employmen	nt tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)		202	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar ⁷	3 a		X
Ł	o If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a		х
t	o If 'Yes,' enter the name of the foreign country			然終	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)	2.22		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year ⁹	5 a		Х
Ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	er transaction?	5 b		X
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		18 4		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	eartly for goods and			
•	services provided to the payor?	artly for goods and	7 a		X
Ŀ	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282?	was required to file	7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	1.76	200	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		_ X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	efit contract?	7 f		X
ç	${\bf j}$ if the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	-	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	by the sponsoring	8		ecii
9	Sponsoring organizations maintaining donor advised funds.		200		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b		
0	Section 501(c)(7) organizations. Enter		333		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		***	
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10ъ			
1	Section 501(c)(12) organizations. Enter		86 X A	200	
a	Gross income from members or shareholders	11 a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	10218171	Complex Sev. 17
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1435		
a	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 Schedu	le O		100	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13Ь			
	Enter the amount of reserves on hand	13c	100	122	لنبيد
	Did the organization receive any payments for indoor tanning services during the tax year?		14 a		X
t	of Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b	$oxed{oxed}$	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 i excess parachute payment(s) during the year?	n remuneration or	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N		22.2		
16	Is the organization an educational institution subject to the section 4968 excise tax on net in	vestment income?	16	3744257	X
ΔΔ	If 'Yes,' complete Form 4720, Schedule O		Ext.	1 990 ((2019)

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1a 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 in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 7 a 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? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members. Х 7 b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a a The governing body? X 8 b **b** Each committee with authority to act on behalf of the governing body? 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No X 10 a 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O X Schedule O how this was done 12 c 13 X 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official See Schedule 0 15 a **b** Other officers or key employees of the organization See Schedule O 15_b Х తుక‰ి • If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a taxable entity during the year? 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 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records

Thomas A. Shumate 2 South Campus Avenue Oxford OH 45056 (513) 523-6345

BAA

Check if Schedule O contains a response or note to any line in this Part VII

X

Form 990 (2018)

Page 7

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

- 1 a 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box it heither the organization flor any relat	eu organiz	auon	CON	npei	12916	eu any	y cu	irrent onicer, direct	or, or trustee.	
			(C)							
(A) Name and Title	(B) Average hours	than	n one s both dir	box, an c	unles officer trust/		on	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
See Schedule O	per week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations
(1) Suzanne Alexander Director	$-\frac{20}{0}$	X		Х				75,000.	0.	0.
(2) Chris W. Brussalis	2	1			<u> </u>	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Trustee	0	x						0.	0.	0.
	2	X		Х				0.	0.	0.
(4) W.L. Gray, Jr. Chairman	2	x		Х				0.	0.	0.
(5) Gaylon D. Morris	2									
Trustee	0	X	<u> </u>	Х	ļ			0.	0.	0.
_(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Con	pensated Emp	loyees (continued)
	(B)	(C) Position								
, (A) Name and title	Average hours per week	offic	, unle cer ar	check ess po	more erson direct	than is bot or/trus	h an itee)	(D) Reportable compensation from	(E) Reportable compensation from	Estimated amount of other
	(list any hours	Individual trustee or director	ntsul	Officer	Key	Highest compensated employee	Font	the organization (W-2/1099 MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	for related organiza	idual rector	nstitutional trustee	Œ	Key employee	oyee	₫			and related organizations
	tions below dotted	truste	l bus		yee	прела				
	line)	e	8			ated	1			
(15)										-
(16)		-								
(17)										
(18)										-
(19)										
(20)					-					
(21)		-								
(22)								-		
(23)		-								
(24)										
(25)								-		
1 b Sub-total	l .			L	·	·	>	75,000.	0.	0.
c Total from continuation sheets to Part VII, Section	on A						>	0.	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	to those I	ısted	abo	ve)	who	rece	ived	75,000. more than \$100,00		0. pensation
from the organization • 0										
3 Did the organization list any former officer, direc	tor or tru	ctoo	kov	u on	nnlo	VAA	or t	niaheet camaensa	ted employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ial	,	y Cii	iipio	yee,	01 1	iigiiest compensa	ted employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,0	mpe 00?	ensa If "	atıor Yes,	and con	l oth nple	ner compensation ete Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accruing for services rendered to the organization? If 'Yes	e comper	satio	on fr	rom dule	any <i>J f</i> c	unre or su	elate ch p	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors									4100 000 of	
Complete this table for your five highest compen compensation from the organization. Report compen	sated indisation for	epen the c	alen	t co idar	ntra yeai	ctors end	ing v	with or within the or	rganization's tax yea	r
(A) Name and business addi	ress							Description	of services	(C) Compensation
Total number of independent contractors (including but not limited to those listed above) who received more than										
\$100,000 of compensation from the organization										Form 990 (2018

[di	Check if Schedule O contains a response or note to any line in this Part VIII								
				Project of the control of the contro	(A) Total revenue	(B) Related or exempt function revenue	(C) I Inrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
fts, Grants r Amounts	b	Federated campaigns Membership dues Fundraising events Related organizations	1 1	b					
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contribution All other contributions, gifts, csimilar amounts not included	ons) 1 grants, and above 1	e 579,505.					
ontr nd C	_	Noncash contributions included Total. Add lines 1a-1f	I in lines 1a-1f	\$	579,505.				
		Total. Add lines 18-11	•	Business Code	379,303.				
Program Service Revenue	2 a b c d d e f	All other program service	ce revenue	•	,				
	3	Investment income (inc	luding divide	nds, interest and				1202 6750 6000 90 1250 6250	
	4	other similar amounts) Income from investmen Royalties	t of tax-exen	npt bond proceeds	50.			50. 434.	
	6 a	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(II) Personal					
		Net rental income or (Id	(i) Securities	(II) Other					
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)							
Other Revenue	8 a	Gross income from fund (not including \$	d on line 1c)	a					
U	9 a	Gross income from gan See Part IV, line 19 Less direct expenses : Net income or (loss) fro	ning activities	a b					
	l t	Gross sales of inventor and allowances Less cost of goods sole Net income or (loss) fro	d om sales of ir	a b					
	11 a	-		Business Code					
	6	All other revenue				<u> </u>			
	l l	Total. Add lines 11a-11		•		KING TAKE	CHENE VALUE	16.55	
BAA	ــــــــــــــــــــــــــــــــــــــ	Total revenue. See inst	ructions	TEE	579,989. A0109L 08/03/18	0.	0.	Form 990 (2018)	

Form 990 (2018) LiveLikeLou Foundation 82Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

360	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 7b, 8b, 9b, 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	191,612.	191,612.							
2	Grants and other assistance to domestic individuals See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	75,000.	22,500.	15,000.	37,500.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits			v						
10	Payroll taxes									
11	Fees for services (non-employees)									
ā	a Management	39,611.	11,884.	7,922.	19,805.					
ŀ	b Legal	· 8,476.	2,543.	1,695.	4,238.					
(c Accounting									
	d Lobbying		market a species of the species of t	Laboration of Marketine and Laboratory and Laborato						
	e Professional fundraising services See Part IV, line 17			经验证证证证						
g	f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)			6.506	,					
	Advertising and promotion	32,681.	9,804.	6,536.	16,341.					
13	Office expenses	2 222		500	1 500					
14	Information technology	3,000.	900.	600.	1,500.					
15	Royalties		0.057	1 271	2 425					
16	Occupancy	6,853.	2,057.	1,371.	3,425.					
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	3,284.	985.	657.	1,642.					
19 20	Conferences, conventions, and meetings				,					
21	Payments to affiliates									
22			····		· · · · -					
23	Insurance	577.	173.	115.	289.					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)									
:	Bank and Credit Card Fees	1,493.	449.	299.	745.					
	Printing and Publications	855.	257.	171.	427.					
	Supplies	303.	91.	61.	151.					
	d Postage and Shipping	168.	50.	34.	84.					
	e All other expenses	39.	12.	8.	19.					
25	Total functional expenses Add lines 1 through 24e	363,952.	243,317.	34,469.	86,166.					
26	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 [In the following sol 98-2 (ASC 958-720)]									
BAA		TEFACINO OF			Form 990 (2018)					

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Net

31

32

33

34

Capital stock or trust principal, or current funds *

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

TEEA0111L 08/03/18

321,710. Form 990 (2018)

222,200.

30

31

32

33

34

18,776.

19,829

Form 990 (2018) LiveLikeLou Foundation 82-3524872 Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	Page 12
Check if Schedule O contains a response or note to any line in this Part XI	
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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

Open to Public Inspection

Name of the organization Employer identification number 82-3524872 LiveLikeLou Foundation Part I 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 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 $170(b\chi 1)(A\chi iv)$. (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 Х 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) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) q An agricultural research organization described in section 170(bX1)(AXix) 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 33-1/3% 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 33-1/3% 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 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, 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) 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 I, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (i) Name of supported organization (ii) EIN (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2018 LiveLikeLou Foundation

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
begi	ndar year (or fiscal year nning 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')				19,829.	579,50	15.	599,334.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.		
	The value of services or facilities furnished by a governmental unit to the organization without charge			•				0.		
4	Total. Add lines 1 through 3	0.	0.	0.	19,829.	579,50	5.	599,334.		
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).							ւ 316,652.		
6	Public support. Subtract line 5 from line 4							282,682.		
Sec	tion B. Total Support		·	· · ·				· · · · · · · · · · · · · · · · · · ·		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018		(f) Total		
7	Amounts from line 4	0.	0.	0.	19,829.	579,50	5.	599,334.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					48	34.	484.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							0.		
11	Total support. Add lines 7 through 10							599,818.		
12	Gross receipts from related activ	vities, etc. (see in:	structions)			L	12	0.		
	First five years. If the Form 990 is organization, check this box and	stop here		iird, fourth, or fifth	tax year as a section	on 501(c)(3)		► X		
	tion C. Computation of Pu									
	Public support percentage for 20			ne 11, column (f))	1) —	14	%		
	Public support percentage from					<u></u>	15			
16a	33-1/3% support test—2018. If the and stop here. The organization	the organization d ا qualifies as a pul	id not check the b blicly supported o	oox on line 13, an irganization	d line 14 is 33-1/3	3% or more, o	heck	this box		
b	33-1/3% support test—2017. If the and stop here. The organization	ne organization di n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or mo	re, c	heck this box		
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in	Part	VI how		
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and the organization meets the	meets the 'facts-and-circumstances'	and-circumstance test The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	r e. Explain in ed organizati	Part on	VI how the		
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a						
RΔΔ					Scl	hedule A (For	m qc	30 or 990-EZ) 2018		

Page 3

82-3524872

Schedule A (Form 990 or 990-EZ) 2018

Partill Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (c) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (e) 2018 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants ') 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sımılar 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 1 13 Total support. (Add lines 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 꽇 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 19a 33-1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. TEEA0403L 06/07/18 Schedule A (Form 990 or 990-EZ) 2018 BAA

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.
- 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 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)? 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)

		Yes	No
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	10b	1	l
	Ь		

Päi	元[[V] Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	SEX.	Yes	No
	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?	11a		
	b A family member of a person described in (a) above?	11b		
	c 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		_
	ction B. Type I Supporting Organizations			
			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 controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
		P\$5.5566	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
		From the	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction 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 instructions).			
	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			
	Desired to the Court of Bally to the court of a consequent and the court of the cou	ınstruc	tions)	
	c The organization supported a governmental entity Describe in Part VI now you supported a government entity (see			
2	Activities Test Answer (a) and (b) below.	o cesti	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
ĺ	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below	13.8		
i	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	4500 5	220
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

	edule A (Form 990 or 990-EZ) 2018 LiveLikeLou Foundation		82-35	24872	Page
P åi	代》(Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov 20, 1970 (explain in ust complete Sections A	Part VI) See through E	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Y (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			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current \ (optional	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)				
	Average monthly value of securities	1a			
- 1	Average monthly cash balances	1b			
,	Fair market value of other non-exempt-use assets	1c			
-	d Total (add-lines 1a, 1b, and 1c)	1d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	•		`
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			,
6	Multiply line 5 by 035	6		_	
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C – Distributable Amount			Current Ye	ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	**************************************		
4	Enter greater of line 2 or line 3	4		*	
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		. \$	

Schedule A (Form 990 or 990-EZ) 2018

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

Pai	two Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	ırposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	,	
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		
4	Amounts paid to acquire exempt-use assets			
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	. <u> </u>	<u> </u>	
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ion is responsive (provide	details	
_ 9	Distributable amount for 2018 from Section C, line 6			<u></u>
10	Line 8 amount divided by line 9 amount			
Sec	tion 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		A-4-2-37-38-37-49.	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
t	From 2014			
	From 2015			
	From 2016			
e	From 2017			
1	f Total of lines 3a through e			7.7. (C. 10.1)
Ç	Applied to underdistributions of prior years	474252774456		
r	Applied to 2018 distributable amount			
	i Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7 \$			
а	Applied to underdistributions of prior years	(1)		
t	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			ME DROM ANALOYAN IA. A SANTAN
_ 7	Excess distributions carryover to 2019. Add lines 3 _j and 4c			
8	Breakdown of line 7			
a	Excess from 2014		The Same Same	
	Excess from 2015			
	Excess from 2016		EL WEST AND SOLET	
	Excess from 2017		MANAGEMENT TO CO	Karata Karata

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e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 LiveLikeLou Foundation 82-3524872 Page 8

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Rublic Inspection

Name	to the organization		Employer lacitation flatibus
	LiveLikeLou Foundation		82-3524872
Pai	Complete if the organization answers	r Advised Funds or Other Similar Fundered 'Yes' on Form 990, Part IV, line	nds or Accounts. 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
	•		
5	Did the organization inform all donors and dor are the organization's property, subject to the	organization's exclusive legal control?	∐ Yes ☐ No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fun of the donor or donor advisor, or for any other	ds can be used only r purpose conferring Yes No
Pai	Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 990, Part IV, line	÷ 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e g , r	ecreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the for	m of a conservation easement on the
	,		Held at the End of the Tax Year
i	a Total number of conservation easements		2 a
١	b Total acreage restricted by conservation ease	ments	2 b
,	c Number of conservation easements on a certi-	fied historic structure included in (a)	2 c
(d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and not on a histo	oric 2 d
3	Number of conservation easements modified, trar tax year ►	isferred, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, ha	ndling of violations,
6		inspecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, insper ►\$	ecting, handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9	conservation easements	to the organization's financial statements that o	describes the organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, on wered 'Yes' on Form 990, Part IV, line	r Other Similar Assets. e 8.
1 :	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education, or research in f	enue statement and balance sheet works of furtherance of public service, provide,
1	b If the organization elected, as permitted unde historical treasures, or other similar assets held following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	statement and balance sheet works of art, erance of public service, provide the
	(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, it amounts required to be reported under SFAS	nistorical treasures, or other similar assets for final 116 (ASC 958) relating to these items	ncial gain, provide the following
	a Revenue included on Form 990, Part VIII, line		► \$

b Assets included in Form 990, Part X

RartiIII Organizations Maintaini	ng Collection	ns of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (c	<u>ontınu</u>	ıed)
3 Using the organization's acquisition, acritems (check all that apply)	ccession, and ot	her records, check a	any of the following that a	re a significant use of its	collectio	n	
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other					
c Preservation for future generation	ons						
4 Provide a description of the organization	on's collections	and explain how the	y further the organization	's exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather than	ı to be maıntaır	ned as part of the o	organization's collection	7	Yes		No
RartilV₄ Escrow and Custodial A	rrangement nount on For	s. Complete if m 990, Part X,	the organization an line 21	iswered 'Yes' on Fo	rm 990	ົ້ງ, Par	t IV,
1 a Is the organization an agent, trustee on Form 990, Part X?	e, custodian or	other intermediary	for contributions or oth	er assets not included	∏Yes	۲	No
b If 'Yes,' explain the arrangement in	Part XIII and c	omplete the follow	ing table		□ .••	L	
,					Amoun	t	
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1 f			
2 a Did the organization include an amo	ount on Form 9	90, Part X, line 21,	for escrow or custodia	l account liability?	Yes	[No
b If 'Yes,' explain the arrangement in	Part XIII Chec	k here if the expla	nation has been provide	ed on Part XIII			
Badiva Company Company		aveautation or	asward 'Vas' on E	orm 000 Bort IV lu	20 10		
Part V Endowment Funds. Con						Eour voor	re back
1 - Basinaina of was balance	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	+ (e)	Four year	S Dack
1 a Beginning of year balance					+		
b Contributions			— —				
c Net investment earnings, gains, and losses					igspace		
d Grants or scholarships							
Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of	f the current ye	ear end balance (lii	ne 1g, column (a)) held	as			
a Board designated or quasi-endowment		%					
b Permanent endowment ►	%						
c Temporarily restricted endowment	>	%					
The percentages on lines 2a, 2b, and	2c should equal	100%					
3 a Are there endowment funds not in the organization by	possession of th	e organization that	are held and administere	d for the	٦	Yes	No
(i) unrelated organizations.					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' on line 3a(ii), are the related	d organizations	listed as required	on Schedule R?		3b		1
4 Describe in Part XIII the intended u	ses of the orga	nization's endowm	ent funds				- 1
PartiVII Land, Buildings, and Ed	uipment.			-			
Complete if the organiza		ed 'Yes' on For	m 990, Part IV, line	e 11a. See Form 99	0, Par	t X, lı	ne 10.
Description of property	(a) (Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) l	Book va	alue
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other		8,400.				8	,400.
Total. Add lines 1a through 1e (Column	(d) must equal		column (B), line 10c)	•	-		,400.
BAA	· · · · ·			Sched	Jule D (F		

RaitWIII Investments — Other Securities. Complete if the organization answered	l 'Yes' on Form 990). Part IV. line 11b. See Form 990. Part X. lii	NE 12.
(a) Description of security or category (including name of security)	(b) Book value	. , (c) Method of valuation Cost or end-of-year market value	4 1
(1) Financial derivatives			
(2) Closely-held equity interests	34		
(3) Other	· -		
(A)	,		•
(B)		1	
(C)	To-		
(D) ·	+		
(E)	•	, ,	1 .
(F)			<u>' 4' </u>
(G) ' ' - ·	<u>. </u>		
(H) ··· · · · · · · · · · · · · · · · · ·		, " ,	
(l) ;	, ,	THE RESIDENCE AND COLUMN COLUM	ana ana sa
Total (Column (b) must equal Form 990, Part X, column (B) line 12)	<u>'</u>		
Part VIII Investments — Program Related.	1 'Ves' on Form 99(N/A), Part IV; line 11c. See Form 990, Part X, lir	ne 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	value
	(b) Book Value	(c) Method of Valuation Cook of Chic of year method	, ,
(1)	•	i i ye	-
(3)	, , ,		-
(4)		7	
(5)	, -		
(6)		1	
(7)			nd.
(8)			
(9)	4	, ,	
(10)	+.		
Total (Column (b) must equal Form 990, Part X, column (B) line 13)	·	THE STATE OF THE S	
Part IX Other Assets.	N/A	•	
		Dart IV June 11d See Form 990 'Part Y Ju	no 15
		0, Part IV, <u>line 11d. See Form,990, Part X, lii</u>	
(a) De	scription	D, Part IV, line 11d. See Form.990, Part X, lii	
(a) De		0, Part IV, <u>line 11d. See Form,990, Part X, lii</u>	
(a) De		0, Part IV, <u>line 11d. See Form,990, Part X, lii</u>	
(a) De (1) (2) (3) (4) (4)		D, Part IV, line 11d. See Form,990, Part X, Iii	
(a) De (1) (2) (3) (4) (5) (5)		D, Part IV, line 11d. See Form,990, Part X, Iii	
(a) De (1) (2) (3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7		D, Part IV, line 11d. See Form,990, Part X, III (b) Book val	
(a) De (1) (2) (3) (4) (5) (6) (7)		D, Part IV, line 11d. See Form,990, Part X, Iii	
(a) De (1) (2) (3) (4) (5) (6) (7) (8)		D, Part IV, line 11d. See Form,990, Part X, III (b) Book val	
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription	D, Part IV, line 11d. See Form,990, Part X, Iii (b) Book val	
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	escription	D, Part IV, line 11d. See Form,990, Part X, III (b) Book val	
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X (column (b) Part X) (column (b) Part X (column (col	(B) line 15)	D, Part IV, line 11d. See Form,990, Part X, Iii (b) Book val	
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	(B) line 15) Form 990, Part IV, line 1	D, Part IV, line 11d. See Form, 990, Part X, line (b) Book value (b) Book value (c) Book value (
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X (column (b) Part X) (column (b) Part X (column (col	(B) line 15)	D, Part IV, line 11d. See Form, 990, Part X, line (b) Book value (b) Book value (c) Book value (
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Schedule D (Folili 990) 2018 LIVELIKELOU FOUIIGACIOII		3324072 Tage -
Part XI Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per Retu	ırn.
Complete if the organization answered 'Yes' on Form 990, Part	IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1 579,876.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	a -113.	
b Donated services and use of facilities	b	
c Recoveries of prior year grants	С	
d Other (Describe in Part XIII)	d	
e Add lines 2a through 2d		2e -113.
3 Subtract line 2e from line 1		3 579,989.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	a	
b Other (Describe in Part XIII)	b	1
c Add lines 4a and 4b		4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	!	5 579,989.
Part XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Re	eturn.
Complete if the organization answered 'Yes' on Form 990, Part		
Total expenses and losses per audited financial statements		1 363,952.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2	a	
b Prior year adjustments	b	
c Other losses	С	
d Other (Describe in Part XIII)	d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3 363,952.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	a	
b Other (Describe in Part XIII)	b	
c Add lines 4a and 4b.	<u> </u>	4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 363,952.
IDart VIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part X - FIN 48 Footnote

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the organization and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the organization and has concluded that as of December 31, 2018, there are no uncertain positions

taken or expected to be taken that would require recognition of a liability or

Page 5

Part XIII Supplemental Information (continued)

Part X - FIN 48 Footnote (continued)

disclosure in the financial statements.

Schedule D (Form 990) 2018

SCHEDULE I		ָּטָ <i>ָ</i>	ants and Oth	Grants and Other Assistance to Organizations,	o Organization	S, atec		OMB No 1545-0047
	_	Complex	te if the organization	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.	orm 990, Part IV, line 2	1 or 22.		2010
Department of the Treasury Internal Revenue Service			► Go to www irs	Attach to Form 990. Go to www irs gov/Form990 for the latest information). st information			Open to Public Inspection
	LiveLikeLou Foundation	ındation					Employer identification number 82-3524872	ation number
Part I General In	General Information on Grants and Assistance	nts and Assista	ınce					•
1 Does the organizat	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	substantiate the amo	ount of the grants or	assistance, the grantees'	eligibility for the grants	or assistance, and		X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	adures for monitoring	g the use of grant fur	nds in the United States.		See P	See Part IV	_
Part II Grants and Form 990,	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Ye Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	e to Domestic or any recipient	Organizations at that received n	and Domestic Govenore than \$5,000. F		Complete if the organization answered 'Yes' or duplicated if additional space is needed.	tion answered 'Y space is neede	es' on d.
1 (a) Name and addr	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Phi Delta Theta Fraternity	Fraternity							Educational
2 South Campus Avenue	Avenue			-				leadership
Oxford, OH 45056	56	31-0406470 501	501 (c) (7)	71,612.	0.			program
(2) Hope Loves Company - 65 S Main Street, Bi Pennington, NJ 08534	pany et, Bldg. C-101 08534	20-8418402 501 (c) (3)	501(c) (3)	20,000.	0			Camp for ALS affected youth
(3) U. of Pittsbrgh Med. & Health 3600 Forbes Ave., Suite 8084	h Med. & Health							ALS research
	PA 15213	11-3708851 501 (501 (c) (3)	100,000.	0.			symposium
(4)								_
<u>(5)</u>								
<u>(7)</u>								
(8)								
2 Enter total number 3 Foter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	and government o	rganizations listed	in the line 1 table			A A	2
BAA For Paperwork R	BAA For Paperwork Reduction Act Notice, see the Instructions for	see the Instruction	s for Form 990.		TEEA3901L	07/13/18	Schedu	Schedule I (Form 990) (2018)

Page 2

82-3524872

Part III. 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. Schedule I (Form 990) (2018) LiveLikeLou Foundation

(f) Description of noncash assistance Part IV: Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Ŋ m 4 9

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The organization monitors the use of grant funds via grant agreements with other

organizations.

BAA

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV. line 23.

► Attach to Form 990.

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

Name of the organization LiveLikeLou Foundation

OMB No 1545-0047

Employer identification number

82-3524872

Open to Public

Questions Regarding Compensation Part I 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A. line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4 a b Participate in, or receive payment from, a supplemental nongualified retirement plan? 4 h X c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, liné 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 b b Any related organization? If 'Yes' on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6 a Х b Any related organization? 6 b X If 'Yes' on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III 7 Х Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III 8 Х

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

section 53 4958-6(c)?

Schedule J (Form 990) 2018

If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation		14	T (1)	
(A) Name and Title	I. <u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	(D)-(I)(B)(I)-(I)(D)-(I	in column (B) reported as deferred on prior Form 990
Suzanne Alexander	ε			0.		0.		
1 Director	(E)		0		0	 - -	0	
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2	(ii)				- 1	; !	- 1	
	Θ							
8	(ii)	'						
	Θ							
4	(ii)							
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16	<u>(i)</u>							
ВАА			TEEA4102L 10/29/18	/18			Schedule	Schedule J (Form 990) 2018

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Compensation from Unrelated Organizations

Director received compensation from Phi Delta Theta Fraterntiy, an unrelated

organization.

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.

OMB No 1545 0047 **2018**

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization
LiveLikeLou Foundation

82-3524872

Employer identification number

Form 990, Part III, Line 1 - Organization Mission

The organization's purpose is to promote and support charitable, scientific, literary and educational organizations and activities including: a) to create awareness of, and education of individuals on Amyotrophic Lateral Sclerosis (ALS) and to assist families affected by ALS; b) to participate in ALS research and financially assist in ongoing patient care; c) to cultivate and coach chapters, colonies, alumni clubs and individual alumni of Phi Delta Theta Fraternity in their philanthropic and service pursuits regarding ALS and other charitable activities; and d) to identify partners within the ALS community and to distribute funds for research and care services to support them.

Form 990, Part III, Line 2 - New Services

Organized and sponsored the LiveLikeLou Foundation Emerging ALS Investigators

Symposium at the University of Pittsburgh Brain Institute which allowed for

collaboration among ALS researchers. Provided grants to support summer camp for

youth whose families are affected by ALS. Provided grants to support educational

leadership programs for college students. Developed volunteer programs in support of

individuals affected by ALS.

Form 990, Part III, Line 4d - Other Program Services Description

Provided grants to support summer camp for youth whose families are affected by ALS.

Form 990, Part VI, Line 11b - Form 990 Review Process

Members of the board of trustees examine a copy of the form 990 prior to filing with the Internal Revenue Service.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization prohibits conflicts of interest with its board members and other

Employer identification number

82-3524872

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued) any conflicts are resolved immediately.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The organization shares employees with Phi Delta Theta Fraternity and Phi Delta

Theta Foundation. Compensation is determined at that level.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The organization shares employees with Phi Delta Theta Fraternity and Phi Delta

Theta Foundation. Compensation is determined at that level.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization makes its governing documents available to interested parties upon request.

Form 990, Part VII - Compensation Explanation

Suzanne Alexander

Compensation from unrelated organization.

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

The organization established an audit committee of board members for the selection of an independent accounting firm to audit the organization's financial statements, as well as to provide audit oversight.