

990-EZ

Short Form **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-1150

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service			► Go to www.irs.gov/Form990EZ for instructions and the latest information.		lns	spectio	n
AI	or the	2018 calenda	ar year, or tax year beginning January 1 , 2018, and ending	Decemb	er 31	, 20	18
B	Check if a	pplicable	C Name of organization D	mployer i	identifica	tion number	,
	Address	change	The School for Radiant Living, Inc.		83-2403	009	
	Name ch	ange		relephone [number		
=	Initial reti		404 Conlon Road	6	07-280-	2010	
=	Final retu Amended	rn/terminated		Group Ex	emption		
=		on pending	Lansing, New York 14882	Number	•		
G /	Accour	ting Method	☐ Cash	ck ▶ 🗌	If the or	rganization	ıs not
1.4	Vebsit	e: www.	yogafarm.us req	ured to a	ttach Sc	hedule B	
jΤ	ax-exe	mpt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (For	m 990, 9	90-EZ, o	r 990-PF).	
			☑ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass				
(Pa	rt II, co		500,000 or more, file Form 990 instead of Form 990-EZ		\$		5,746
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins				
_		Check if	the organization used Schedule O to respond to any question in this Part 1 .	• • •	 .	<u></u>	<u> </u>
	1		ons, glfts, grants, and similar amounts received	. 1		10	9,613
	2		ervice revenue including government fees and contracts	. 2			6,132
	3	Membersh	ip dues and assessments	. 3			
	4	Investment		. 4	<u> </u>		1
	5a	Gross amo	ount from sale of assets other than inventory 5a	0			
	b		or other basis and sales expenses		_		
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>	<u> </u>		0
	6	_	d fundraising events:		1		
e	а		ome from gaming (attach Schedule G if greater than	٥			
ē	ь	Gross inco	me from fundraising events (not including \$ of contributions				
Revenue		from fundr	aising events reported on line 1) (attach Schedule G if the the gross income and contributions exceeds \$15,000) 6b	o			
	C	Less: direc	t expenses from gaming and fundraising events 6c	0			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct			
		line 6c) .		· 6d	1		0
	7a	Gross sale	s of inventory, less returns and allowances	0			
	b	Less: cost	of goods sold	0	_		
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c			0
	8	Other reve	nue (describe in Schedule O)	. 8			0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u> </u>	11	5,746
	10	Grants and	similar amounts paid (list in Schedule O)	. 10			0
	11	Benefits pa	aid to or for members	. 11			0
S	12	Salaries, of	ther compensation, and employee benefits	. 12	<u> </u>		0
Expenses	13		al fees and other payments to independent contractors	. 13			
g	14	Occupancy	y, rent, utilities, and maintenance	. 14	<u> </u>		
ŵ	15		ublications, postage, and shipping	. 15			
	16		nses (describe in Schedule O)				1,043
	17	Total expe	nses. Add lines 10 through 16	17	ļ		1,043
S	18		deficit) for the year (Subtract line 17 from line 9)		.	11	4,703
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wi		.		
As		-	r figure reported on prior year's return)	ļ	<u> </u>		0
et	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	. 20			0
<u>z</u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	<u></u>		4,703
For	Paper	work Reduct	ion Act Notice, see the separate instructions.	\cdot D	Form	990-EZ	(2018)
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Pa	art II Balance Sheets (see the instruction					
	Check if the organization used Sched	ule O to respond to a	ny question in this		<u></u>	🗸
	ı			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	68,580
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	56,319
25	Total assets				25	124,899
26	Total liabilities (describe in Schedule O) .				26	10,196
27	Net assets or fund balances (line 27 of colu				27	114,703
Par	t III Statement of Program Service Acc	omplishments (see t	ne instructions for F	art III)		
	Check if the organization used Sched	ule O to respond to a	ny question in this	Part III 🗹	_	Expenses
What	at is the organization's primary exempt purpose?	See Schedule O				quired for section (c)(3) and 501(c)(4)
as m	cribe the organization's program service accommeasured by expenses. In a clear and concise sons benefited, and other relevant information for	e manner, describe th				inizations, optional for
28	Training Certification Programs (fee/tuition service	es): Our certification p	ograms teach adults	how to teach		1
	our cirriculum. We train in various methods of yo	ga, meditation, mindful	ness, coaching, trans	formational		}
	workshops and public school mindfulness progra	ams, (continued on Scho	dule O)			1
	(Grants \$ 0) If this amo	unt includes foreign gr	ants, check here .	▶ 🗆	28 a	0
29	School Programs (contracts): We deliver several	kinds of programming t	school districts in th	ne area;		
	educational in-service workshops for educators a					
	students, and mindfulness lessons for elementar			•••		
		unt includes foreign gr			29a	ه ا
30	·					<u> </u>
•	mind, and soul. These include physical classes s					
	coaching for purpose and meaning, and meditation					
		unt includes foreign gr			30a	، ا
94	<u> </u>				008	·
31	Other program services (describe in Schedule	-			24-	
	(Grants \$ 0) If this amo	unt includes foreign gra	ants, cneck nere .	🟲 🗀	31a	1 0
14.7		On Abratich Oda			-	_
	Total program service expenses (add lines 2			🕨	32	
	Total program service expenses (add lines 2 List of Officers, Directors, Trustees, and	Key Employees (list eac	h one even if not comp	▶ pensated—see the in		
	Total program service expenses (add lines 2	Key Employees (list eac		oensated-see the in		
	Total program service expenses (add lines 2 List of Officers, Directors, Trustees, and	Key Employees (list eac	h one even if not comp	pensated—see the in Part IV	istru	ctions for Part IV)
Par	Total program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Sched	Key Employees (list eac ule O to respond to a (b) Average hours per week	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	istru	ctions for Part IV)
Pari	Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	istru	ctions for Part IV)
Pari Danie Presi	Total program service expenses (add lines 2 I IV List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title lela Hess ident	Key Employees (list eac ule O to respond to a (b) Average hours per week	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated—see the in Part IV	istru	ctions for Part IV)
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Danie Presi Chris	Total program service expenses (add lines 2 I IV List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title lela Hess ident stopher Grant etary and Executive Director	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Densated—see the in Part IV	istru	ctions for Part IV)
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	.\U
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25-		
_	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	\vdash	✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			لـــــا
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	-		ائر ا
L		38a		√
30 D	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:	1		
39 a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	•		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	<u>^</u>
41	List the states with which a copy of this return is filed ► New York			
42a	1110 01901100110 0 0 0 0 1 1 1 0 0 0 0 1	507-28)
	Located at ► 404 Confon Road, Lansing, New York ZIP + 4 ►	148		NI-
р	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO ✓
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		_ ✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	,)	▶ □
44-	Did the appropriation maintain any depay advised friends deplay the coard of 10/45 3 Farm 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c	igsqcut	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			ـــــا
	explanation in Schedule O	44d	 	,
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

							<u></u>		Yes	No
46		he organization engage, directly or in ndidates for public office? If "Yes," o						46		_/
Part		Section 501(c)(3) Organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· ·	40]		<u> </u>
		All section 501(c)(3) organization		stions 47-49b and	52, and co	mplete the	e table	es fo	or line	es
		50 and 51.			=					_
		Check if the organization used Sc	hedule O to respond	to any question in t	this Part VI	· · · · ·	· · · ·	· · ·	Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) electio	on in effect	during the	tax 「	-	res	INO
••		If "Yes," complete Schedule C, Par						47		1
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		. [48		✓
49a		ne organization make any transfers t		_				9a		✓
50		es," was the related organization a se plete this table for the organization's						9b	e an	d key
50	emple	oyees) who each received more than	s five highest compens	nsation from the orga	nization. If t	here is none	e, ente	r "N	one."	u ney
			(b) Average	(c) Reportable	(d) Health	benefits,				
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,		(e) Estir other		d amou pensat	
			devoted to position	(1 011112 11-22 1003-141100)	compe	nsation				
NONE										
					1					
					 					
				<u> </u>						
					 		 			
f		number of other employees paid ov	er \$100,000	. ▶						
51	Comp \$100	olete this table for the organization 000 of compensation from the organization	's five highest compenies in the second of t	ensated independent	contractors	s who each	receiv	/ed	more	than
51	\$100,	,000 of compensation from the orga	anization. If there is no	ensated independent one, enter "None."						than
51	\$100,	plete this table for the organization, 000 of compensation from the organization from th	anization. If there is no	ensated independent			Comper			than
	\$100,	,000 of compensation from the orga	anization. If there is no	ensated independent one, enter "None."						than
51 NONE	\$100,	,000 of compensation from the orga	anization. If there is no	ensated independent one, enter "None."						than
	\$100,	,000 of compensation from the orga	anization. If there is no	ensated independent one, enter "None."						than
	\$100,	,000 of compensation from the orga	anization. If there is no	ensated independent one, enter "None."						than
	\$100,	,000 of compensation from the orga	anization. If there is no	ensated independent one, enter "None."						than
	\$100,	,000 of compensation from the orga	anization. If there is no	ensated independent one, enter "None."						than
	\$100,	,000 of compensation from the orga	anization. If there is no	ensated independent one, enter "None."						than
	\$100,	,000 of compensation from the orga	anization. If there is no	ensated independent one, enter "None."						than
NONE	\$100, (a)	,000 of compensation from the orga	anization. If there is no	ensated independent one, enter "None." (b) Type of sen	vice					than
NONE	\$100, (a) Total Did t	Name and business address of each independent contraction or ganization complete. Scheduling 1000 of compensation from the organization complete.	anization. If there is not dent contractor	over \$100,000 ction 501(c)(3) orga	vice ▶ unizations m	(e)	Comper	nsatio	on .	
none d	(a) Total Did t comp	Name and business address of each independent and business address of each independent contraction of other independent contraction complete Scheduleted Schedule A	anization. If there is not dent contractor actors each receiving alle A? Note: All se	over \$100,000		nust attach	Comper	resation	non	No
d 52	Total Did t comp	Name and business address of each independent contraction or ganization complete. Scheduling 1000 of compensation from the organization complete.	anization. If there is not dent contractor actors each receiving the A? Note: All se	over \$100,000	inizations m	nust attach	Comper	resation	non	No
d 52 Jinder prive, con	Total Did t comp	Name and business address of each independent contraction organization complete Schedule A	anization. If there is not dent contractor actors each receiving the A? Note: All se	over \$100,000	inizations m	nust attach	Comper	resation	non	No
d 52 Under ptrue, con	Total Did t comp	Name and business address of each independent contraction organization complete Schedule A	anization. If there is not dent contractor actors each receiving alle A? Note: All se	over \$100,000	inizations m	nust attach	Comper	resation	non	No
d 52 Juder prue, con	Total Did t comp	Name and business address of each independent contraction of other independent contraction organization complete Scheduleted Schedule A	anization. If there is not dent contractor actors each receiving the A? Note: All se	over \$100,000	Inizations m	nust attach	Comper	resation	non	No
d 52 Under ptrue, cor	Total Did t comp	Name and business address of each independent and business address of each independent contraction of the organization complete Schedule A	anization. If there is not dent contractor actors each receiving alle A? Note: All se	over \$100,000	Inizations m	nust attach	Comper	/es	non	No
d 52 Under ptrue, con	Total Did t compensatives rect, and	Name and business address of each independent contraction of other independent contraction organization complete Scheduleted Schedule A	anization. If there is not dent contractor actors each receiving use A? Note: All sectors, including accompany officer) is based on all info	over \$100,000	inizations ments, and to the has any knowle	nust attach	Comper	/es	non	No
d 52 Juder prue, con	Total Did t compensatives rect, and	Name and business address of each independent and business address of each independent contraction of the organization complete Schedule A	anization. If there is not dent contractor actors each receiving use A? Note: All sectors, including accompany officer) is based on all info	over \$100,000	nizations ments, and to the has any knowled	nust attach	Comper	/es	non	No
d 52 Under ptrue, con Here Paid Prep Use	Total Did t compensatives rect, and	number of other independent contraction organization complete Schedule A	anization. If there is not dent contractor actors each receiving ale A? Note: All second and officer) is based on all info	over \$100,000	Inizations ments, and to the has any knowled Dat	Check □ self-employ	Comper	/es and	belief,	NO ut is

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name	of the organization					Employer identification	n number
The S	School for Radiant Living, Inc.						03009
Pai							ons.
The	organization is not a private found:		•		•	•	
1	A church, convention of church						09
2	A school described in section		-				\sim 1
3	A hospital or a cooperative ho						/:::\
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					tal unit described ir
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup				n the general public
8	☐ A community trust described		•	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	ization describer	d in section 170(b)(1)	(A)(ix) op			
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fut income and un	nctions—subject to c related business taxa	ertain exc ble incon	ceptions, re (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	☐ An organization organized and	operated exclusion	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	☐ An organization organized and						
	of one or more publicly support of the box in lines 12a through through the box in lines 12a through through through the box in lines 12a through through through the box in lines 12a through						
а	Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	organization vested in	the same			
C	Type III functionally integ its supported organization						ally integrated with,
d	Type III non-functionally that is not functionally into requirement (see instructional see instructions).	gratod. Tho orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported						[
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)	**************************************						
(D)							
(E)							
Total							

Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not Include any "unusual grants.")		_				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	· · · · · · · · · · · · · · · · · · ·					
4	Total. Add lines 1 through 3				//		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			<u></u>			·····
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on	/					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						}
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						.
-	organization, check this box and stop her		· · · · ·				•
	on C. Computation of Public Support			d ==l.v=== /6\			
14	Public support percentage for 2018 (line 6 Public support percentage from 2017 Sch					15	<u>%</u>
15 16a	33 ¹ /3% support test—2018. If the organization	ration did not	check the hox	on line 13 ar	 nd line 14 is 33		
. 00	box and stop here . The organization quali						
b	331/3% support test—2017. If the organiz			_			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	. Explain in
b	10%-facts-and-circumstances test-20	17. If the ora	anızatıon did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
-	15 is 10% or more, and if the organization in Part VI how the organization musupported organization	tion meets the eets the "fact	e "facts-and-c ts-and-circums 	circumstances stances" test.	' test, check the the organizati	this box and son qualifies as	stop here. s a publicly
18	Private foundation. If the organization did instructions						
						1.1. A 15 AA	A . 000 ET 0010

Part III 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					109,613	109,613
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					6,132	6,132
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to					1	
	or expended on its behalf		<u> </u>				
5	The value of services or facilities	1		1	1		
	furnished by a governmental unit to the			,		}	
	organization without charge	ļ					
6	Total. Add lines 1 through 5	ļ.		-		115,745	115,745
7a	Amounts included on lines 1, 2, and 3	1	ľ	1	ļ		
_	received from disqualified persons .		 	 	 	7,068	7,068
b	Amounts included on lines 2 and 3	1	1	1		[
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	1		1		[
_	· · · · · · · · · · · · · · · · · · ·		 		<u> </u>	<u> </u>	
С 8	Add lines 7a and 7b				 	 	
•	line 6.)			, ,			108,678
Secti	on B. Total Support	L	<u> </u>	J.,		<u> </u>	100,070
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			115,745	115,745
10a	Gross income from interest, dividends,				}		
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		}	ł	ł	1	1
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		}		ł	ł I	
	acquired after June 30, 1975						
C	Add lines 10a and 10b					1	1
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		ļ				
12	Other Income. Do not include gain or						
	loss from the sale of capital assets	ļ		1			
40	(Explain in Part VI.)	1			 		
13	Total support. (Add lines 9, 10c, 11, and 12)	,		1	ł	448-1-	446-6-
14	and 12.)	on organization	n'e firet coor	d third fourth	Or fifth tay u	115,746	115,746 501(c)(3)
14	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2018 (line			13. column (f))		15	%
16	Public support percentage from 2017 Sc						%
	on D. Computation of Investment In					······································	
17	Investment income percentage for 2018			by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 201	7 Schedule A,	Part III, line 17			18	%
19a	331/2% support tests-2018. If the organ	ization did not	t check the box	x on line 14, a	nd line 15 is m	nore than 331/3%	, and line
-	17 is not more than 3312%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizatio	n . 🟲 🗀
b	331/3% support tests-2017. If the organization						
	line 18 is not more than 331/3%, check this	box and stop ł	n ere. The organ	ization qualifles	s as a publicly s	upported organiz	cation 🕨 🗌
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instruct	tions 🕨 🔲

Supporting Organizations Part IV

(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.	Ali	Supporting	Organizations

ecu	on A. All Supporting Organizations			
			Yes	No
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.	, m, , , , , , , , , , , , , , , , , ,	3	54. 46.a . 1911
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).	,ı\r,	, n ",A]
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.	3b		
С	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.	3c		
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.	4a	******	
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.	4b	en u Mar	ا بر ۱۰ د ت
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.	4c	सर्भेट अभिन्य द	
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?			
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable 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.	5c	3	€ Ppr - S
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).	7	ty ty Se negritage	ψ s to wate
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).	8	<u>. </u>	
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 .	9a		
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 .	9b		
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 .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

Part	Supporting Organizations (continued)		125	
		····	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		\vdash
	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		
	ion B. Type I Supporting Organizations	1		
			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		y r.	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļJ
2	Did the exemination exercts for the honefit of any gunnorted organization other than the cumported	┝┷		-
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		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	n 1		
	or management of the supporting organization was vested in the same persons that controlled of managed the supported organization(s).	1		لئــا
Saati	ion D. All Type III Supporting Organizations	<u> </u>		
Secu	ion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.55	1
•	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		L.,
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		اــــا
2	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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		
Secti	ion 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 i	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		_44	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	Yes	1
2	Activities Test. Answer (a) and (b) below.	<u> </u>	162	140
а	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	i ng A		
	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		
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. <i>Answer (a) and (b) below</i> .			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			-
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	j trus	st on Nov. 20, 1970 (expl	ain in Part VI). See
Section A—Adjusted Net Income	iizati	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C—Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	<u> </u>	
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		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	Current Year							
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets	occo or copported orga						
	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.	······································						
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	· · · · · · · · · · · · · · · · · · ·				
•	(provide details in Part VI). See instructions.	.	,					
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sect	ion 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							
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							
b	From 2014	च त्रक्षंत्रण रक्षिणी च्या व्यवस्थान व्यक्तिका स्थार न 18 हुव्यस्थान व्यक्तिका	ا ا واست هما الاست. من التي المساه الاست.	that produces the				
C	From 2015	y ga 1 - g Mayor Agelet - ye g	1 P 14 A	. 13 				
d	From 2016	te er tem en e dette a	, 244 + 18 4 + 15 + 15 1	The state of the s				
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2018 distributable amount							
<u> i </u>	Carryover from 2013 not applied (see instructions)							
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from	,	• v a					
	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2018 distributable amount							
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.							
5	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.							
7	Excess distributions carryover to 2019. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2014	0.48 0.00	H FRANK	د به مه الجو ال				
b	Excess from 2015	washings are stated to the majority	الإلايت الله الآل و موادية الله الله الله الله الله الله الله الل	مها به طها و کار میلاد است. ا				
С	Excess from 2016							
d	Excess from 2017	_,	·····	· · ·				
е	Excess from 2018			i				

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Part VI	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.)
Additional	Information: 2018 is the initial year and is a short year

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Employer identification number Name of the organization 83-2403009 The School for Radiant Living, Inc. Part I. Line 16 Other Expenses: Office Supplies & Software \$749; PayPal Fees \$262; Square Fees \$32. Part II. Line 24 Other Assets: Pledges Receivable, Current \$50,000, Inventory for Resale \$185, Furniture & Fixtures \$6,134 Part II. Line 26: Total Liabilities: Accounts Payable \$216; Unearned/Deferred Revenue \$8,980; Refundable Advances \$1,000 Part III, Primary exempt purpose: The charitable purpose of The School for Radiant Living, Inc. (the "Corporation") is to provide life changing education, in order to eliminate suffering and conflict in the individual, families, and society, through a variety of means, including building an inclusive residential center for transformational health, well-being, education, and lifestyle change, educating with cirriculum that treats the silent and hidden afflictions of anxiety and depression in the individual, and reduces conflict in families and society; cultivating vibrant physical health, emotional intelligence, and mental clarity by healing the root causes of suffering; transforming the lives of individuals and families with increased well-being and healthy relationships; expanding the overall scope and reach of the Corporation's curriculum, and building a retreat center at Yoga Farm as the platform and means by which we can create a peaceful, sustainable, harmonious world. Part III, Line 28 (continued): Most of these programs span many months of time and are tuition-based. Clients Served: 30 Part III, Line 28a. No expenses are attributable to this program in this short year beginning October 26, 2018, as the only expense, personal services, were provided by Officers and Directors, who were not compensated. Part III, Line 29a: No expenses are attributable to this program in this short year beginning October 26, 2018, as the only expense, personal services, were provided by Officers and Directors, who were not compensated. Part III, Line 30a: No expenses are attributable to this program in this short year beginning October 26, 2018, as the only expense, personal services, were provided by Officers and Directors, who were not compensated. Part III, Line 31: Other Program Services: Connection is Healing (donation-based services): Our donation-based classes fall in this category. We have several donation-based offerings in our facility every week, and we offer subsidized memberships to those navigating illnesses such as cancer, bereavement and grief integration, depression, or more. We also teach free or donation-based workshops at area agencies, like the Cancer Resource Center; in area schools; and other wellness providers. Clients Served: 200