**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

(Rev. January 2020)
Depairment of the Treasury

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

2019 Open to Public

nter	rnal Revenu	e Service	► Go to www.irs.gov/Form990 for instructions and the	he late	st information.		Inspection		
١	For the 2	019 calen	dar year, or tax year beginning , 2019, ar	nd end	ing		, 20		
3	Check if ap	plicable	C Name of organization BELLER FAMILY FOUNDATION			D Employer identification number			
٦	Address ch	•	Doing business as			-	575529		
$\exists$	Name char	•	Number and street (or P O, box if mail is not delivered to street address)		Room/suite	_	none number		
$\exists$	Initial return	-	1533 SW 12TH AVENUE		55.,7 66,16	•	288-6794		
╡						(405)	200 0794		
룩		/terminated	City or town, state or province, country, and ZIP or foreign postal code GOLDSBY, OK 73093-9167			• • • • • •			
╣	Amended i						receipts \$ 157,655.		
┙	Application	n pending	F Name and address of principal officer	_/	, ,		or subordinates? Tyes X No		
			DONNIE BELLER, 1533 SW 12TH AVENUE, GOLDSBY,	ØK 70	<del></del>		es included? 🗌 Yes 🔲 No		
	Tax-exemp		X 501(c)(3)	527	/ If "No," a	ttach a lis	st (see instructions)		
	Website:			<u> </u>	H(c) Group ex	emption	number >		
(	Form of org	anization 🗵	Corporation ☐ Trust ☐ Association ☐ Other ► L Yea	ar of for	mation 2012	M State	of legal domicile: OK		
P	art I	Summa	y						
	1 B	riefly des	cribe the organization's mission or most significant activities:	The	Beller Family	Found	dation was formed		
ķ			d a multi-purpose facility for the Washin						
ä			he project is completed the Foundation pl				~		
Ē			box ▶ ☐ if the organization discontinued its operations or di						
Governance	l .		voting members of the governing body (Part VI, line 1a)	.00000		3			
	1		independent voting members of the governing body (Part VI,	line 1	h)	4	3		
ŝ	4		per of individuals employed in calendar year 2019 (Part V, line		0)	5			
Ĕ	l			: 2a)		<del> </del>	<del></del>		
Activities &			per of volunteers (estimate if necessary)	<i> </i>		6	5		
⋖			ated business revenue from Part VIII, column (1) ine 12	<i>l</i> · ·		7a			
	<b>b</b> N	let unrelat	ed business taxable income from Form 990 Filme 39	<del> !</del>	<del> </del>	7b	0.		
Revenue			2 2020	<u> </u>	Prior Year		Current Year		
			ons and grants (Part VIII, line 1h) FEB. 2.5 2020.	云·	435,	000.	157,655.		
			ervice revenue (Part VIII, line 2g)	-·\ .	<u> </u>				
Š	10 Ir	nvestment	income (Part VIII, column (A), lines 3, 4, and 70 N. U.I.	. لـــ					
Œ	11 C	ther reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1dc, and TTe) .						
			ue-add lines 8 through 11 (must equal Part VIII, column (A), Iir	ne 12)	435,	000.	157,655.		
			similar amounts paid (Part IX, column (A), lines 1-3)			765.	165,700.		
			aid to or for members (Part IX, column (A), line 4)			7001	1007.00.		
<b>,</b>		•	her compensation, employee benefits (Part IX, column (A), lines				<del></del>		
Şĕ			al fundraising fees (Part IX, column (A), line 11e)	,		<del></del>			
Expenses			alsing expenses (Part IX, column (D), line 25)	0.		أقعتما			
ă					1	250	1 277		
_	1	-	enses (Part IX, column (A), lines 11a-11d, 11f-24e)			250.	1,277.		
			nses. Add lines 13-17 (must equal Part IX, column (A), line 25			015.	166,977.		
- (6		levenue le	ss expenses. Subtract line 18 from line 12	<u>···</u>	170,		-9,322.		
Fund Balances					Beginning of Curre		End of Year		
喜	<b>20</b> T		s (Part X, line 16)		1,692,	356.	1,683,034.		
ğ	21 T	otal liabili	ties (Part X, line 26)						
		let assets	or fund balances. Subtract line 21 from line 20	·	1,692,	356.	1,683,034.		
Pa	art II	Signatu	re Block						
Un	der penaltie	es of perjury,	I declare that I have examined this return, including accompanying schedules	and st	atements, and to the	best of m	ny knowledge and belief, it is		
tru	e, correct, a	and complete	Declaration of preparer (other than officer) is based on all information of which	ch prepa	arer has any knowled	ge			
	_ [	V	mela Billi			, ·			
Się	gn	Signati	ire of officer		Date	_			
Нe	ere	DONA	ALD R BELLER, DIRECTOR			2-18	<i>ن ح</i>		
			r print name and title	$\overline{\beta}$					
_		<del>,</del>	preparer's name Preparer's signature , //	/	Date /	Check 5	Y if PTIN		
	id	1	D VIDVON MOTOR A DATE		7/14/2020	self-emp	<u>∆</u> "		
	eparer			l	<del></del>		120000.20.		
Js	e Only	Firm's nan			<del></del>		73-1070929		
_			ress ► 2465 BOARDWALK, NORMAN, OK/73069-6333	۷	Phone	no (4)	05) 364-9138		
			his return with the preparer shown above? (see instructions)	<u> </u>	· · · · ·	· · <u>·</u>	. X Yes No		
	D	all Davidson	ion Act Notice see the congrete instructions. RAA		REV 02/11/20 PRO		Form <b>990</b> (2019)		

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		·						
4d	Other program services	s (Describe on Schedu	ule () )					
74		•	•	\	•			
		including grants		) (Revenue \$				
4e	Total program service	expenses >	166,977.	<u></u>				
			REV 02/11/2	/11/20 PRO Form				

## Part IV Checklist of Required Schedules

	•		Yes	No
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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
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		×
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		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		×

Form 99	00 (2019)  TV Chooking of Required Schoolules (continued)			Page
Part	Checklist of Required Schedules (continued)		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	103	×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>  ``</del>
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	×
ь	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		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×
30	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>×</u>
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<u> </u>
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Constitution of the contract o	<u>·</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

1c

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	•		Yes	No
2ạ	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	}		l
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			<b> </b> -
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	<del> </del>
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b> </b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		×
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		<del>                                     </del>	ļ
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			]
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
С	Enter the amount of reserves on hand		L	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes " complete Form 4720. Schedule O			

Part <sup>3</sup>	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
4.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		; -·	· .
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 3	<u>,                                    </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	×	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?	5 6		×
6 7a	Did the organization have members or stockholders?	7a	_	×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	×_	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	_ <u>×</u>	<del></del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	1- \	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		<del></del>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<del></del>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>×</u>	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		×
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	×	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	-	. 1 E
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OK			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re CINDY ANDREWS, 1533 SW 12TH AVE, GOLDSBY, OK 73093 (405) 288-6794	cords		

	(2019)	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and title	(B) Average hours	box, office	unles er and	Pos neck ss pe	rson	e than o is both or/trust	n an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) DONALD R. BELLER DIRECTOR	5.00	×						0.	0.	0.	
(2) RONALD J. BELLER DIRECTOR	5.00	×						0.	0.	0.	
(3) DARRIN C. BELLER DIRECTOR	5.00	×						0.	0.	0.	
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

Part	VII Section A. Officers, Directors,	Γrustees,	Key I	Emį	plo	yee	s, an	d F	lighest Compe	nsated Employees (continued)			
-	(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	rson	e than o	an ee)	(D)  Reportable compensation from the	(E) Reports compens from rels	ation	(F) Estimated amount of other compensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	tions	from the organization and related organizations	
(15)					_								
(16)													
(17)													
(18)									-				
(19)													
(20)													
(21)			<u> </u>									<u> </u>	
(22)						-							
(23)						-						i	
(24)													
(25)				_									
1b c d	Subtotal	VII, Sectio	n A				•	<b>▶ ▶ ▶</b>	0.		0.	0.	
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	L	e than \$10		<u> </u>	
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	officer, dire						mpl	oyee, or highes	t compe	nsated	Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg greater that	portal an \$1	ole (  50,	com 000	npei )? <i>I</i> : 	nsatio f "Ye:	n a s,"	nd other competed complete Sched	nsation fro dule J for	om the r such 	4 ×	
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co ? If "Yes," o	ompei compl	nsat ete	tion <i>Sch</i>	froi nedu	n any ule J f	un or s	related organizat	ion or ind	ividual 	5 ×	
Secti	on B. Independent Contractors											····	
1	Complete this table for your five high compensation from the organization. Rep	est compe ort compen	ensate sation	ed 1 for	inde the	eper	ndent lenda	co ye	ntractors that r ar ending with or	eceived r within the	nore to organ	than \$100,000 of ization's tax year.	
	(A) Name and business add	ress							(B) Description of serv	rices		(C) Compensation	
								_					
				<del>-</del>	_	_							
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abov	e) who			

Part	VIII	Statement of Rec Check if Schedule		-	spon	se or note to an	y line in this Pa	art VIII		🗆
-							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b			"	,	*
S, Ĕ	С	Fundraising events			1c					
ar /	d	Related organization			1d					
s, G mië	е	Government grants			<u>1e</u>					
Si	f	All other contribution				J		}		
he of		and similar amounts no			1f	157,655.				
Ē	g	Noncash contribution			4	<b> </b>				
Sor		lines 1a-1f			1g		157,655.	-		
	n	Total. Add lines 1a-	<del>-11</del> .	· · ·	• • •	Business Code	137,633.			
بو	2a					Busiless Code	<del></del>	<del></del>		
ي کِ	b									
gram Ser Revenue	C							<del></del>	<del> </del>	
E 3	d						······································		<b></b>	
Program Service Revenue	e	***************************************								
2ro	f	All other program se	ervice	revenue						
_	g	Total. Add lines 2a-				•				
	3	Investment income								
	·	other similar amoun								
	4	Income from investr	ment d	of tax-exen	npt bo	nd proceeds ►				
	5	Royalties				. <u> </u>				
				(i) Rea	I	(ii) Personal				
	6a	Gross rents	6a				`, ·			
	b	Less: rental expenses								
	С	Rental income or (loss)		<u> </u>						
	d	Net rental income o	r (los			▶				
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
enne	b	Less. cost or other basis								
	_	and sales expenses .	7b			ļ — — — — — — — — — — — — — — — — — — —				
Re	C	Gain or (loss)		<u> </u>						
Other Rev	d	Net gain or (loss)			· —					
ot ot	Ва	Gross income fro events (not including	Φ.	-						
•		of contributions re		d on line						
	•	1c). See Part IV, line			8a					
	ь	Less: direct expens			8b					
	c	Net income or (loss				nts ▶				
	9a	Gross income			Ĭ					
	"-	activities. See Part			9a					
	b	Less: direct expens	es .		9b					
	С	Net income or (loss	) from	gaming a	ctivitie	es <b>&gt;</b>				
	10a	Gross sales of it	nvent	ory, less						
		returns and allowan	ces		10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss	) from	sales of ir	vento		· <del></del>	ļ <del> </del>		
Sn						Business Code				-
Miscellaneous Revenue	11a									
scellaneo Revenue	b		<b>-</b>			<del>-</del>				
နှင့်	C	All other revenue				<del> </del>			<del> </del>	
.¥ _	q	All other revenue  Total. Add lines 11a		 I				<del> </del>		
	<u>е</u> 12	Total revenue. See					157,655.		<del></del>	
	14	_ rotal reveilue. 300	, ii lotti	40110110		· · · · ·	101,000.	l	L	<u> </u>

Form 98	90 (2019)				Page 10
Pari	IX Statement of Functional Expenses	····			
Sectio	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colun	nn (A).
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, o, 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	165,700.	165,700.		
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			σ,	0
4 5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				·
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	500.	0.	500.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				····
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	·			
16	Occupancy				<del></del>
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	750.	0.	750.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BANK SERVICE CHARGES	27.	0.	27.	0.
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	166,977.	165,700.	1,277.	0.
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

P	art X			_	
	•	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		· · · · ·
_	1	Cash-non-interest-bearing	275,496.	1	266,174.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	<del></del>	3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net	<del></del>	4	<del>-</del>
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	<del></del>	5	
	6	Loans and other receivables from other disqualified persons (as defined			<del></del>
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	<del></del>	6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,416,860.	9	1,416,860.
-	10a	Land, buildings, and equipment: cost or other	1,410,000.		1,410,000.
	Iva	basis. Complete Part VI of Schedule D   10a			
	ь	Less: accumulated depreciation 10b		10c	······································
	11	Investments—publicly traded securities	<del></del>	11	
	12	Investments—other securities. See Part IV, line 11	<del></del>	12	<del></del>
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	<del></del>	14	<del></del>
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,692,356.	16	1,683,034.
	17	Accounts payable and accrued expenses	1,092,330.	17	1,000,004.
	18	Grants payable	<del></del>	18	<del></del>
	19	Deferred revenue		19	
	20			20	
		Tax-exempt bond liabilities		21	
	21		<del></del>	21	
<u>ië</u>	22	Loans and other payables to any current or former officer, director,			
鼍		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	<del></del>
Liabilities	00	· · · · · · · · · · · · · · · · · · ·		23	
_	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	24	
	1	, , , , , , , , , , , , , , , , , , ,		24	<u></u>
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
	20	Organizations that follow FASB ASC 958, check here ▶ □	- <del></del> -	20	
ĕ		and complete lines 27, 28, 32, and 33.			
a	27		<del></del>	27	<del></del>
Bal	27 28	Net assets without donor restrictions		28	<del></del>
ᅙ	20			20	
Ţ		Organizations that do not follow FASB ASC 958, check here ► 🗵			
<u>o</u>	20	and complete lines 29 through 33.		29	
ts (	29	Capital stock or trust principal, or current funds	1,692,356.	30	1,683,034.
Net Assets or Fund Balances	30	Retained earnings, endowment, accumulated income, or other funds	1,052,330.	31	1,003,034.
ĕ	31	Total net assets or fund balances	1,692,356.		1,683,034.
Net	32 33	Total liabilities and net assets/fund balances	1,692,356.		1,683,034.
_		Total habilities and het assets/fulla balances	1,002,000.		

Page	12	
raye	14	,

Ottil 9:	50 (2015)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> .			
1.	Total revenue (must equal Part VIII, column (A), line 12)	1	1	57,6	55.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	66,9	77.
3	Revenue less expenses. Subtract line 2 from line 1	3		-9,3	22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,6	92,3	56.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,6	83,0	34.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>×</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or			
	reviewed on a separate basis, consolidated basis, or both:			1.	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b			2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on a			
	separate basis, consolidated basis, or both:				
•	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on			
	Schedule O.			الكك	
3a	, , , , , , , , , , , , , , , , , , , ,	orth in the	20		×
-	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a surface surface such a surface surface such as surface surface such as surface surface such as surface	pergo the	3ь		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .		000	(004.0)
	REV 02/11/20 PRO		Forn	n <b>990</b>	(2019)

## **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

1441110	01 411	e organization					Employer Identification	Hamber
BEL:	LER	FAMILY FOUNDATION					45-4575529	
Pai	rt I	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The o	orgar	nization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	-1
1	= ' ', ' ' ' ', ' ', ' ' ' ' ' ' ' ' ' '							
2		A school described in <b>section</b>		•			* *	
3		A hospital or a cooperative hos						$\langle \alpha \rangle$
4		A medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_	_ '	nospital's name, city, and state	); :		<del></del>			· · ·
5		An organization operated for the		college or university	owned o	r operate	ed by a government	al unit described in
_		section 170(b)(1)(A)(iv). (Comp	· ·					
6		A federal, state, or local govern						
7		An organization that normally			port from	a gover	nmental unit or from	n the general public
_		described in section 170(b)(1)		•				
8		A community trust described in						
9		An agricultural research organi						
		or university or a non-land-grai	nt college of agri	culture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
40		university: An organization that normally r	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- 14-20 201-02 - 61 1- 61	innort fro	m contri	hutians mambarehi	n food and aroso
10	(A)	receipts from activities related	to its exempt fui	nctions—subject to c	ertain exc	eptions.	and (2) no more that	n 331/3% of its
	5	support from gross investment	income and uni	elated business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
		acquired by the organization a				-		
11		An organization organized and						
12		An organization organized and of one or more publicly suppo						
		Check the box in lines 12a thro						
_	_	Type I. A supporting organ	-		-	-		_
а		the supported organization						
		supporting organization. Ye					rie directors or trust	ees of the
b	. г	☐ <b>Type II.</b> A supporting organ	•				unnorted organizati	on(s) by having
	_	control or management of						
		organization(s). You must				μοισσιίο		age and supported
c	Г	☐ Type III functionally integ				onnectio	n with, and functions	ally integrated with.
·	_	its supported organization(						, , ,
d		Type III non-functionally i	ntegrated. A su	pporting organization	operated	in conn	ection with its suppo	orted organization(s
	_	that is not functionally integ						
		requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е		Check this box if the organ	zation received	a written determinatio	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
		functionally integrated, or T	• •	tionally integrated sur	porting o	organizat	ion.	
f		nter the number of supported o						
g		ovide the following information						
	(i) N	ame of supported organization	(u) EIN	(iii) Type of organization (described on lines 1-10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					V	Na.		
					Yes	No		
(A)					}			
				·· · · · · · · · · · · · · · · · · · ·				<del></del>
(B)								
					<del></del>			
(C)								
					<b>-</b>			
(D)					1		[	
/E\		<del></del>						<u> </u>
(E)								
Tota	ı							

Part	I Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	(i) a
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					/	ď
	include any "unusual grants.")				<u></u>		<u> </u>
2	Tax revenues levied for the						
	organization's benefit and either paid			1	1		1
_	to or expended on its behalf				ļ		<del></del>
3	The value of services or facilities						
	furnished by a governmental unit to the			1	ر ا	ľ	ł
	organization without charge		<del>-</del>				
4	Total. Add lines 1 through 3			<del> </del>	/		<del> </del>
5	The portion of total contributions by						
	each person (other than a	•					
	governmental unit or publicly			J	jar		j
	supported organization) included on line 1 that exceeds 2% of the amount			/	ľ		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			/			<del></del>
	on B. Total Support				<u> </u>	<u></u>	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(ć)</b> 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(-7			, , ,		
8	Gross income from interest, dividends,						
_	payments received on securities loans,			J	]	j	
	rents, royalties, and income from						
	similar sources					<u> </u>	
9	Net income from unrelated business			}		}	1
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets	garden			[		
	(Explain in Part VI.)		<del></del>	<del></del>	ļ		<del> </del>
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	/soe instruction		L	<u></u>	12	L
13	First five years. If the Form 990 is for the	<i>a</i> '		d third fourth	· · · · · · · · · · · · · · · · · · ·		on 501(c)(3)
10	organization, check this box and stop he						<b>▶</b> □
Secti	on C. Computation of Public Suppor		<u> </u>				
14	Public support percentage for 2019 (line			1. column (f))		14	%
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test-2019. If the organi			x on line 13, ar	nd line 14 is 33	31/3% or more,	
	box and stop here. The organization qua						🕨 🗖
b	331/3% support test - 20,18. If the organi	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	nore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		🟲 🗀
17a							
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	supported
	organization /						<b>&gt;</b> 🗖
b	10%-facts/and-circumstances test-26						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r	neets the "fact	ts-and-circum	stances" test.	i ne organizati	on qualifies as	a publicly
40	supported organization			160 165 17		ا المام	🟲 📙
18	Private foundation. If the organization di	u not check a	DOX ON IINE 13	, 10a, 10D, 1/a	a, or 175, cnec	DNS XOO eiiii A	>ee
<del></del>	instructions	<u> </u>	· · · · ·	<del></del>			
/					Sch	iegule A (Form 99	0 or 990-EZ) 2019

## 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	19,456.					19,456.
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	19,456.					19,456.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b		9		<u>-</u>		10.456
Secti	on B. Total Support			<u> </u>	<u> </u>	<u> </u>	19,456.
	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	19,456.	(3) 2010	(5) 25 11	10, 20, 10	(0) 20.0	19,456.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	13/130.					15,150.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		-				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	19,456.					19,456.
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization			, or fifth tax ye		on 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2019 (line 8		_	-			100 %
16	Public support percentage from 2018 Sch					16	100 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (						0 %
18	Investment income percentage from 2018						<u>%</u>
19a	331/3% support tests - 2019. If the organi						
b	17 is not more than 33½%, check this box 33½% support tests—2018. If the organiz line 18 is not more than 33½%, check this b	ation did not cl	neck a box on	line 14 or line	19a, and line 16	s is more than	33 <sup>1</sup> /3%, and
20	Private foundation. If the organization die	d not check a h	ooy on line 14	19a or 19h o	heck this hox	and see instru	ictions ► 🗀

## 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.)

6-4	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	an v	.)		
Secti	on A. All Supporting Organizations			Lau	
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No	
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by	İ	l	1	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1			
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).	2_	ļ		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		<u> </u>		
	(b) and (c) below.	3a	ļ	<u> </u>	
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 <b>Part VI</b> when and how the				
	organization made the determination.	3b	<del> </del>		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	35	<del>                                     </del>	$\vdash$	
_	purposes? If "Yes," explain in <b>Part VI</b> 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		İ		
	"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				
	upported 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	<u> </u>	ļ	
С	Did the organization support any foreign supported organization that does not have an IRS determination	l			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		İ		
	purposes.	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	170	<del> </del>	$\vdash$	
-	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		1		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	1 44			
	(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).	5a	ļ	<u> </u>	
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?	5b 5c	_		
С 6	<b>Substitutions only.</b> 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	30	-		
U	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1			
	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.	6			
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	<u> </u>			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	ļ	<u> </u>	
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).	<del></del> -	<b> </b>		
00	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		Η-	
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	1			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	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	<u> </u>	<u> </u>	
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.	10-		لـــا	
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		<del>                                     </del>	
IJ	Did and digametation have any excess business heranigs in the tax years (000 concesso o, 10mm 4720, to	1		1 <b>!</b>	

10b

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			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>	ļ
	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			T
	Differential to the first of th		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 <b>Part VI</b> 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	1		
	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	<u> </u>		
_	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,	ļ '		] ]
	supervised, or controlled the supporting organization.	2		
Secti	on 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			1
	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		
<u>Secti</u>	on D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	'		
	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	<u> </u>		
•	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	on 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 it	nstru	ctions	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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			i
	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>.</b>	·	28		
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	'	ļ.,	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	'		
u	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			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expl	ain ın Part VI). See		
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A—Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2	<del></del>			
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			ا		
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		
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		<u></u>		
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	tegrated Type III supporti	ng organization (see		

Schedule A (Form 990 or 990-EZ) 2019

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)		
Secti	Section D—Distributions				
1	Amounts paid to supported organizations to accomplish	exempt purposes			
2	Amounts paid to perform activity that directly furthers exe	rted			
_	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons		
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.				
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive		
9	Distributable amount for 2019 from Section C, line 6	<u> </u>			
10	Line 8 amount divided by line 9 amount				
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6		<u></u>		
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
_3_	Excess distributions carryover, if any, to 2019				
a	From 2014		<u> </u>		
_ <u>b</u>	From 2015				
c	<del></del>				
<u>d</u>	From 2017				
е	From 2018				
<u>f</u>	Total of lines 3a through e				
g	Applied to underdistributions of prior years		_ <del></del>		
	Applied to 2019 distributable amount				
_ <u>.</u>	Carryover from 2014 not applied (see instructions)	<del>-</del>			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from				
	Section D, line 7: \$		<del></del>		
<u>a</u>	Applied to underdistributions of prior years	<u> </u>		<u> </u>	
	Applied to 2019 distributable amount  Remainder, Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI.</b> See instructions.				
	Remaining underdistributions for 2019. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015 .				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
e	Excess from 2019	)			

Schedule A (Form 990 or 990-EZ) 2019

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

2019

Open to Public

OMB No. 1545-0047

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

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

Open to Public Inspection
Employer identification number

BELLER FAMILY FOUNDATION	45-4575529					
Pt VI, Line 2: DONALD R. BELLER AND RONALD J. BELLER ARE BROTHERS						
Pt VI, Line 11b: FINANCIAL STATEMENTS REVIEWED WITH PREPARER						
Pt VI, Line 15b: NO COMPENSATION IS PAID TO ANY DIRECTORS						
	·					
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