For		990		Organization Exem , or 4947(a)(1) of the Internal Re				OMB No 1545-0047 2019
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Interi	nal Reve	of the Treasury enue Service		v irs.gov/Form990 for instruction			101	Unspection_
<u> </u>	For th		year, or tax year beginning	a, and endin	9			
В	Check if a		of organization				D Employe	r identification number
	Address		CONSIDER	R THE LILY INC.				
	Name ch	2000	ousiness as		<u></u> -			<u>497857 </u>
\equiv	Initial reti	Number	r and street (or PO box if mail is not de 3 S. HIGLEY RD STI			Room/suite	ARO-	212-3611
	Final retu		town, state or province, country, and ZII		1		100	212 3011
	terminate	ed i	BERT	AZ 85295			o C	eipts\$ 978,857
	Amended	J 4	and address of principal officer	<u> </u>			G Gross rec	eipiss
	Application	.	BERLY HOMMEL			H(a) is this a gro	oup return for	subordinates Yes X No
		" 1111	3 S HIGHLEY RD	`		H(b) Are all sub	ordinates inc	luded? Yes No
		II	BERT	AZ 85295	_	1 ' '		(see instructions)
_	 _					-		(333 1131 331 311 31
			501(c)(3) 501(c) () ONSIDERTHELILY	√ (insert no) 4947(a)(1) or		┥		
	Website				1 1	H(c) Group exe		
	art I		Proporation Trust Association	n Other	1	Year of formation 2	016	M State of legal domicile AZ
		Summar			.			
ø.	יי		ne organization's mission or m	nost significant activities				
nc		SEE SCHED	OLE O					
rna								
Governance								
ၓ	ı		-	tinued its operations or dispos	sed of more thar	n 25% of its net	1 1	•
Activities &	ı		members of the governing bo				3	9
ij	4 1	Number of indepe	endent voting members of the	governing body (Part VI, line	1b)		4	8
tivi	5	Total number of in	ndividuals employed in calend	dar year 2019 (Part V, line 2a)			5	2
Ac	6	Total number of v	olunteers (estimate if necessa	ary)			6	10
			usiness revenue from Part VII				7a	0
	b	Net unrelated bus	siness taxable income from Fo	orm 990 R m SEIVED			7b	0
	١			(0)	70	Prior Yea		Current Year
ne			grants (Part VIII, line 1h)	MAR 0 8 2021		003	,117	977,954
le /		-	revenue (Part VIII, line 2g)		X			0
Revenue			ie (Part VIII, column (A), lines				205	44
			art VIII, column (A), lines 5, 60			<i>CC</i> =	295	859
	_		dd lines 8 through 11 (must e		=_121)		,412	978,857
			r amounts paid (Part IX, colur	• • •	F		,245	424,640
		•	r for members (Part IX, colum	• •	<u> </u>		001	31 040
ses	ľ			its (Part IX, column (A), lines	510)	44	,001	31,840
Expense	l .		raising fees (Part IX, column (•	F			0
꿃		_	expenses (Part IX, column (D		0			20 260
			Part IX, column (A), lines 11a-	· ·	-		,640	28,360
	1		Add lines 13–17 (must equal P		F		,886	484,840
5 8	19_1	Revenue less exp	penses Subtract line 18 from l	line 12		41		494,017
its o	20 -	T-4-14- /Dow	V (ma 40)		F	Beginning of Cur	,063	End of Year
t Assets nd Balanc	,	Total assets (Part			<u></u>			648,603
at t	ľ	Total liabilities (Pa	•	t 00	ŀ		,607	1,130
<u> </u>			d balances Subtract line 21 fr	rom line 20			,436	647,473
	<u>art li</u>	Signature						
				s return, including accompanying an officer) is based on all informat				my knowledge and belief, it is
		L Complete	1 - 1 / 17 .	<u> </u>	or windir prep	a.o. nas any kilo		<u> </u>
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For I	raperv	vork Reduction Ac	ct Notice, see the separate instr	ructions.				Form 990 (2019)

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990 (2019) (CONSIDER THE LIL	Y INC. 81-	3497857	Page 2
rt III St	tatement of Program Ser	vice Accomplishments		
		ns a response or note to any line in t	his Part III	X
	ribe the organization's mission			
E SCH	EDULE O			
Old the organ	nızatıon undertake any sıgnıficar	nt program services during the year which we	re not listed on the	
•	90 or 990-EZ?			Yes X No
	cribe these new services on Sch	edule O		
Old the orga	nization cease conducting, or ma	ake significant changes in how it conducts, ar	y program	
ervices?				Yes X No
	cribe these changes on Schedul			
	•	accomplishments for each of its three largest		
-		rganizations are required to report the amour	t of grants and allocations to others,	
ne total exp	enses, and revenue, if any, for e	ach program service reported.		
Code) (Expenses \$ 4°	78,047 including grants of\$	24,640) (Revenue \$	
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'A) (Revenue \$)
A Other progra	am services (Describe on Sched	 ule O.))
Other progra	am services (Describe on Sched	 ule O.)) (Revenue \$ Revenue \$)

Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2
- 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
- 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
- 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
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable
 - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - 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
 - 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
 - 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
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 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)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II

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Form 990 (2019) CONSIDER THE LILY INC.

Part IV Checklist of Required Schedules (continued)

	Terr Officerist of Required Contambody		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ł	X
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		ł	
	employees? If "Yes," complete Schedule J	23		X
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	<u> </u>	X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	├	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١	1	
_	to defease any tax-exempt bonds?	24c	 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	\vdash	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a	1	x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a	╁	
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	100		
	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		x
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			l
	persons? If "Yes," complete Schedule L, Part III	27	ļ	X
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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	├	X_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		х
20	"Yes," complete Schedule L, Part IV	28c 29	 	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23	 	 ^
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		x
27	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			•
•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2	╛		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>

Га	Statements Regarding Other INST lings and Tax Compliance [continued]		Vaa	No.
0-	False the number of environment and an Form W. 2. Transmitted of West and Toy	\vdash	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
		2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
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		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			—
7 a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b		<u> </u>		
	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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		i	
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
b		1 1		
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	1 1		
U	against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on 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	Ш		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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		<u> </u>
	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	\longrightarrow	<u> </u>
	If "Yes," complete Form 4720, Schedule O	Ш	000	
		Forn	1 990	(2019)

Form 990 (2019) CONSIDER THE LILY INC. 81-3497857 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 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 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 2473 S HIGHLEY RD KIMBERLY HOMMEL

AZ 85295

GILBERT

Form 990 (2019)	CONSIDER	THE	LILY	INC.

81-3497857

Page 7

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

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

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 org	(B)	Ť			<u>3</u>			(D)	(E)	(F)
Name and title	Average	1		Pos	ition			Reportable	Reportable	Estimated amount
	hours per week					than or		compensation from the	compensation from related	of other compensation
	(list any					r/truste		organization	organizations	from the
	hours for	일필	2	Q	<u>چ</u>	육골	77	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related organizations	die divid	it it	Officer	y er	18 E	Former			related organizations
	below	등 등	iona		Key employee	e c	_			
	dotted line)	Individual trustee or director	nstitutional trustee		ě	뤟				
		*	stee		l	Highest compensated employee				
(1)VINCE BURKE										
	0.50				l					
BOARD MEMBER	0.00	X			L			0	0	0
(2) PETER FORRAS										
	0.50									
BOARD MEMBER	0.00	X						0	0	0
(3) BRIAN HOMMEL						1				
	0.50								,	
BOARD MEMBER	0.00	X				Ш		0	0	0
(4) KIMBERLY HOMMEL		1			ļ					
	5.00	1							_	_
CFO	0.00	X		X				1,707	0	0
(5) NICK HUNDLEY		l				l				
	0.50	l				ll				
BOARD MEMBER	0.00	X			L	\sqcup		0	0	0
(6) IAN KENNEDY		l								
ļ	0.50	l				li				
BOARD MEMBER	0.00	X		<u> </u>	<u> </u>	⊢		0	0	0
(7) STEVEN SOUZA										
	0.50									^
BOARD MEMBER	0.00	X		<u> </u>	_	₩		0	0	0
(8) REBECCA WOODS	0 50	1								
	0.50								o	0
BOARD MEMBER	0.00	X		<u> </u>	<u> </u>	\vdash		0		
(9) JOSIE LONG	40.00		•							
20122 15155	40.00	1		₹.		li		28,000	0	0
BOARD MEMBER	0.00	├	H	X	\vdash			_28,000		
(10)										
						Ш				
(11)										

Form	1 990 (2019) CONSIDER	THE LII	Ϋ́	IN	C.				81-349	7857		Ρ	age 8
						Em	ploy	ees	s, and Highest Compens	ated Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related	off	Position do not check more than one iox, unless person is both an officer and a director/trustee) The polyection of the polyect of the polye					from the organization	compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	/ employee	Highest compensated employee	mer					
											-		
		•											

												<u>. </u>	
C	Subtotal Total from continuation sh		, Se	ctio	n A	<u> </u>	ш	>					
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (reportable compensation from	including but no			to th	ose	liste	d at	bove) who received more	than \$100,000 of		Yes	No
3 4	Did the organization list any employee on line 1a? If "Yes For any individual listed on li	s," complete Sch ne 1a, is the sui	edu. m of	le Ji repo	for s	uch le c	<i>indiv</i> ompe	idua ensa	<i>al</i> ation and other compensa	tion from the	3		x
5	organization and related organization and related organization and related organization line organization and related org	1a receive or a	ccru	е со	mpe	nsa	tion f	rom	n any unrelated organization		5	ļ	x
Sect	for services rendered to the ion B. Independent Contract		103	s, co	лирі	ele	SCITE	GUI	e 3 for such person				
1		nization Report	pen com	sate pen	d ind satio	depe	nder r the	nt co	lendar year ending with or	within the organization's tax year		(C)	
	Name and	(A) d business address			.	_			Descrip	(B) tion of services	C	(C) compens	ation
	Total number of independen	t contractors (in	clud	na h	ut n	ot lir	nited	to 1	those listed above) who				
DAA	received more than \$100,00	0 of compensati	on fr	om	the c	orga	nızat	on	<u> </u>	0	For	m 99 () (2019)

Pa	ırt V	III Stateme Check i		o f Revenue redule O cor	itains	a respo	onse or no	ote to any line in	this Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated cam	paigns		1a						
S S	b	Membership du	_	-	1b						
ts, An	С	Fundraising eve			1c						
필	d	Related organiz		5	1d						
έĒ	е	Government grants (c			1e						
ti S	f	All other contributions									
ğğ		and similar amounts in	ot inclu	led above	1f		977,954				
100	g	Noncash contributions	s include	d in lines 1a-1f	1g	\$					
<u> </u>	h	Total. Add lines	s 1a–1	f				977,954			
							Business Code				
8	2a										<u> </u>
e G	b					1					
E S	С										
Reg	d					,					
Program Service Revenue	е										
_	f	All other progra					L		_	<u></u>	<u> </u>
		Total. Add lines								 	1
	3	Investment inco		_	nds, in	terest, an	d	امم ا			44
		other similar an						44			33
	4	Income from inv	vestm	ent of tax-exem	ipt bor	a proceed	os P			·	
	5	Royalties		() Deal		(.) [ersonal			**	
		Canan samta		(ı) Real		(11) P	ersonai				Ì
		Gross rents	6a 6b								
		Less rental expenses	6c					<u> </u>			
	d	Rental inc or (loss) Net rental incor		(loss)		L					
		Gross amount from		(i) Securities		(u)	Other				
		sales of assets other than inventory	7a	(7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ļ <u>,,</u>					
ē	b	Less cost or other	<u></u> -		-			i			
ē	_	basis and sales exps	7b								
Še	С	Gain or (loss)	7c			1		1			
Other Revenue		Net gain or (los	s)				<u> </u>				
돌		Gross income from		aising events							
·		(not including \$		-	Ī						
		of contributions re	ported	on line 1c)	ļ						
		See Part IV, line 1	8		8a						
	b	Less direct exp	ense	S	8b						
	С	Net income or (loss)	from fundraising	even	ts	<u> </u>				
	9a	Gross income from		ng activities.						•	
		See Part IV, line 1			9a						
		Less. direct exp			9b						
		Net income or (tivities						
	10a	Gross sales of		-	ł						
		returns and allo			10a						
		Less cost of go			10b						
		Net income or (loss)	from sales of in	<u>ventor</u>	у	Duanasa Cada	-			
Miscellaneous Revenue							Business Code				859
nec	11a	MISCELLANE	OUS					859			659
ella	b							-		 	
Sc	C	All other rovers								 	
Σ		All other revenu		-11d				859		-	
		Total revenue.					<u> </u>	978,857	0	0	903

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (C) Management and Do not include amounts reported on lines 6b, Program service general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 424,640 424,640 individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 29,707 26,737 2,970 trustees, and key employees 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) Other employee benefits 1,920 213 2,133 10 Payroll taxes Fees for services (nonemployees) 11 a Management **b** Legal 1,696 254 1,442 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column <u>14,683</u> 14,683 (A) amount, list line 11g expenses on Schedule O) 1,425 1,047 378 12 Advertising and promotion 1,645 3,663 2,018 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 3,416 3,416 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) 3,332 JOB MATERIALS 3,332 145 145 **MEALS** b С d e All other expenses 484,840 478,047 6,793 0 25 Total functional expenses Add lines 1 through 24e 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)

Pari	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			(B)
		(A) Beginning of year		End of year
1	Cash—non-interest-bearing	155,063	1	648,603
2			2	
3			3	
4			4	
5				""
- [trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
Ι 6	Loans and other receivables from other disqualified persons (as defined			
- 1	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
71265 7			7	
ໃ ຄ			8	<u> </u>
g			9	
- 1	Da Land, buildings, and equipment cost or other	7		
	basis Complete Part VI of Schedule D 10a		-	
	b Less: accumulated depreciation 10b		10c	
11			11	
12	· · · · · · · · · · · · · · · · · · ·	-	12	
13			13	-
14		-	14	
15			15	
16		155,063	16	648,603
17		1,607	17	1,130
18	• •		18	
19			19	-
20			20	
21	·		21	
	·			
	trustee, key employee, creator or founder, substantial contributor, or 35%		- 1	
₫	controlled entity or family member of any of these persons		22	
ر ا ڏ	Secured mortgages and notes payable to unrelated third parties		23	
24			24	
25				
-`	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D		25	
26		1,607	26	1,130
	Organizations that follow FASB ASC 958, check here X	-,		=,1.=
<u> </u>	and complete lines 27, 28, 32, and 33.			
27		153,456	27	647,473
25	Net assets with donor restrictions		28	
{ ¯`	Organizations that do not follow FASB ASC 958, check here			
2	and complete lines 29 through 33.			
29	· · · · · · · · · · · · · · · · · · ·		29	
3 30			30	
31			31	
Net Assets of Turid Balances		153,456	32	647,473
33		9x 155,063	33	\$ 648,603

Forn	n 990 (2019) CONSIDER THE LILY INC. 81-3497	857		Pag	<u>e 12</u>
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		78,E	
2	Total expenses (must equal Part IX, column (A), line 25)	2		34,8	
3	Revenue less expenses Subtract line 2 from line 1	3		94,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	53,4	<u> 156</u>
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	64	17,4	<u>173</u>
Pa	art XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	·			
				Yes	<u>No</u>
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," explain	חו ר	1		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant	l?	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			
	reviewed on a separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight of	1		
	the audit, review, or compilation of its financial statements and selection of an independent account		2c	\Box	
	If the organization changed either its oversight process or selection process during the tax year, e	explain on			
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in the			
	Single 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 under	ergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo suc	ch audits	3b		
			For	n 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

		CONSIDER TH	E LILY INC.			181-349	7857		
Part	I Reas	on for Public Charity	Status (All organization	ns mus	t compl	ete this part.) See instru	ıctions.		
The org	anization is no	t a private foundation beca	use it is (For lines 1 through 1	2, check	only one	box)			
1 📑	A church, co	nvention of churches, or as	ssociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).	\triangle		
2	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (F	orm 990	or 990-E	Z))			
3	-		vice organization described in	· • • • • • • • • • • • • • • • • • • •					
4	A medical re	search organization operat	ted in conjunction with a hospit	al descri	oed in se	ction 170(b)(1)(A)(iii). Enter	the hospital's name,		
L	city, and stat	-	,				·		
5			t of a college or university own	ed or ope	erated by	a governmental unit describe	d in		
• ∟	-	(b)(1)(A)(iv). (Complete Pa			,	3			
6	٦.		governmental unit described ii	n sectio	170(b)(1)(A)(v).			
7	An organizat	,	a substantial part of its support		, .,		public		
, _	_		170(b)(1)(A)(vi). (Complete F	Part II \					
8			escribed in section 170(b)(1)(orated in	conjunction with a land-grant	college		
3			e of agriculture (see instruction						
10	n -	tion that normally receives	(1) more than 33 1/3% of its s	upport fro	m contri	butions, membership fees, an	d aross		
			empt functions—subject to cert						
	support from	gross investment income	and unrelated business taxable	e income	(less sec	ction 511 tax) from businesses			
_		•	30, 1975 See section 509(a)		-	•			
11			d exclusively to test for public s						
12 X			d exclusively for the benefit of,						
				ion 509(a)(1) or section 509(a)(2). See section 509(a)(3). supporting organization and complete lines 12e, 12f, and 12g.					
а			perated, supervised, or control ower to regularly appoint or ele	•			/ giving		
			complete Part IV, Sections	•	of the	e directors or trustees or the			
b	''	• •	supervised or controlled in con		ath ite eu	prorted organization(s) by ha	wing		
			orting organization vested in th						
			te Part IV, Sections A and C.				P		
С	_ •	•	supporting organization opera		nnection	with, and functionally integrat	ed with,		
			nstructions) You must comple						
d	Type III	non-functionally integrate	ed. A supporting organization of	operated	ın conne	ction with its supported organi	ızatıon(s)		
			he organization generally must	•			iveness		
	_ `	•	must complete Part IV, Sect						
е			eceived a written determination				l		
		mber of supported organization	on-functionally integrated supp	orang or	yanızano	11,	<u> </u>	1	
f g			the supported organization(s).				L ,	_	
<u>_</u>					rganization	(v) Amount of monetary	(vi) Amount of		
	me of supported rganization	(iı) EIN	(III) Type of organization (described on lines 1–10		ır governing		other support (see		
	•		above (see instructions))		ment?	instructions)	instructions)		
				Yes	No		<u> </u>		
(A) C	ONSIDER	THE LILY PHI	LLIPINES						
		99-9999999	7	X		424,640		0	
(B)									
				1					
(C)									
(D)									
(E)									
		·	<u> </u>						
_	\					424 640		^	

Sched			E LILY II			<u> -3497857</u>	Page/2	
Pa	it II Support Schedule for C	Organizations	Described in	Sections 17	0(b)(1)(A)(iv) a	and 170(b)(1)(A)(vi) /	
	(Complete only if you che	ecked the box	on line 5, 7, c	or 8 of Part I o	r if the organiz	ation failed to	qualify uŋ�er	
	Part III. If the organization	n fails to quali	ify under the to	ests listed belo	ow, please con	nplete Part III.)) /	
Sec	tion A. Public Support	•	-	-				
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
				, ,	``			
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual grants")			1		/		
	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	· · · · · · · · · · · · · · · · · · ·			<u></u>	/		
4	Total. Add lines 1 through 3			ļ 	/			
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		l	L	<u>//</u>			
	tion B. Total Support			1 1 201 7		() 0040	<u> </u>	
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017/	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties, and income from		1					
	sımılar sources			/				
9	Net income from unrelated business		/	[
_	activities, whether or not the business	·						
	is regularly carried on							
10	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI)		/					
11	Total support. Add lines 7 through 10		<u>/</u>			ļ		
12	Gross receipts from related activities, etc.	•	•			12		
13	First five years. If the Form 990 is for the	ie organization's f	first, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3)		
	organization, check this box and stop he						•]	
Sec	tion C. Computation of Public S							
14	Public support percentage for 2019 (line	,	-	lumn (f))		14	%_	
15	Public support percentage from 2018 Sc	,				15	%_	
16a					4 is 33 1/3% or m	ore, check this		
	box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check							
	this box and stop here. The organization qualifies as a publicly supported organization							
17a	a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in							
	· / -							
	Part VI how the organization meets the "	tacts-and-circum:	stances" test. The	organization qua	ilines as a publicly	supported		
	organization							
b	10%-facts-and-circumstances test—2							
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization in	neets the "facts-a	nd-circumstances	s" test The organ	ization qualifies as	s a publicly	. —	
	supported organization						▶ ∐	
18	Private foundation. If the organization of	did not check a bo	ox on line 13, 16a	, 16b, 17a, or 17b	o, check this box a	nd see		
	instructions						▶ ∐	
	_				S	chedule A (Form 9	90 or 990-EZ) 2019	

0.4.		さいしゅう かに	E LILY I	NC	Ω1	-3497857	Page :
	dule A (Form 990 or 990-EZ) 2019 CON Complete only if you ch If the organization fails to	Organizations ecked the box	s Described in a on line 10 of	n Section 509 Part I or if the	(a)(2) organization f	ailed to qualify	- <u>-</u>
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-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	Total. Add lines 1 through 5		ļ	ļ			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				/		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						·
8	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016/	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	-	/	1			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		/				
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11						
	and 12)				<u> </u>	1	
14	First five years. If the Form 990 is for the organization, check this box and stop he	ere		d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) 	.
Sec	tion C. Computation of Public						
15	Public support percentage for 2019 (line		-	column (f))		15	
16	Public support percentage from 2018 Sc					16	<u>%</u>
	tion D. Computation of Investm			20 13 column (A)		17	%
17	Investment income percentage for 2019			ie 13, column (f))		18	<u>%</u>
18 10a	Investment income percentage from 201 33 1/3% support tests—2019. If the org			n line 14 and line	15 is more than 3		
	17 is not more than 33 1/3%, check this	box and stop he	re. The organizat	tion qualifies as a	publicly supported	lorganization	▶ [
b	33 1/3% support tests—2018. If the org line 18 is not more than 33 1/3%, check						nd •

rivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019 Schedule A (Form 990 or 990-EZ) 2019

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.)

Seci	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	NO
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation of historic and continuing relationship, explain	1	X	
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	X	ŀ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			-
-	(b) and (c) below	3a		х
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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
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	X	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			ļ
	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	X	
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	X	
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)	5a		Х
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		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		х
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		X
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		х
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		X
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		X
С	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		X
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		X
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		

Schedule A (Form 990 or 990-EZ) 2019 CONSIDER THE LILY INC.		81-349	7857 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			VI) See
instructions. All other Type III non-functionally integrated supporting organization	ns must c	omplete Sections A thro	ugh 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		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		<u></u>
5 Depreciation and depletion	5		<u> </u>
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	l i		
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)
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		<u> </u>
c Fair market value of other non-exempt-use assets	1c		<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d		<u> </u>
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	_		<u> </u>
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,	7 1		
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		
4 Enter greater of line 2 or line 3	4		
5_ Income tax imposed in prior year	5		

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

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2019

Schedu	ule A (Form 990 or 990-EZ) 2019 CONSIDER THE LIL	Y INC.	81-3497	2857 Page 7							
Par											
Sect	ion D - Distributions			Current Year							
1	Amounts paid to supported organizations to accomplish exempt pu	irposes									
2											
	organizations, in excess of income from activity										
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations									
4	Amounts paid to acquire exempt-use assets										
5	Qualified set-aside amounts (prior IRS approval required)										
6	Other distributions (describe in Part VI) See instructions										
7	Total annual distributions. Add lines 1 through 6										
8	Distributions to attentive supported organizations to which the orga	nization is responsive									
	(provide details in Part VI) See instructions	·									
9	Distributable amount for 2019 from Section C, line 6										
10	Line 8 amount divided by line 9 amount										
	Section 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										
2	Underdistributions, if any, for years prior to 2019										
	(reasonable cause required-explain in Part VI) See										
	instructions										
	Excess distributions carryover, if any, to 2019										
	From 2014			_							
	From 2015										
C	From 2016										
	From 2017		 _								
	From 2018	<u> </u>									
	Total of lines 3a through e	<u> </u>									
	Applied to underdistributions of prior years										
	Applied to 2019 distributable amount										
<u>_i</u>	Carryover from 2014 not applied (see instructions)	ļ									
i	Remainder Subtract lines 3g, 3h, and 3i from 3f										
4	Distributions for 2019 from										
	Section D, line 7 \$										
	Applied to underdistributions of prior years										
	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 Part VI See instructions		<u></u>								
6	Remaining underdistributions for 2019. Subtract lines 3h										
	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										
<u>8</u> _	Breakdown of line 7.										
	Excess from 2015	-									
b	Excess from 2016										

Schedule A (Form 990 or 990-EZ) 2019

c Excess from 2017d Excess from 2018e Excess from 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.)

PART IV, SECTION A, LINE 2 - DETERMINE 509(A)(1) OR (2)

THE SUPPORTED ORGANIZATION IS A NON-STOCK AND NON-PROFIT ASSOCIATION

ORGANIZED TO BENEFIT TROUBLED YOUTH IN THE PHILIPPINES. THIS ALIGNS WITH

THE GOALS OF THE ORGANIZATION.

PART IV, SECTION A, LINE 4B - FOREIGN SUPPORTED ORGANIZATIONS

THE BOARD OF DIRECTORS SUPERVISES THE ACTIVITIES OF THE SUPPORTED

ORGANIZATION AND DETERMINES HOW GRANTS WILL BE MADE AND HOW THE SUPPORTED

ACTIVITIES FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION.

PART IV, SECTION A, LINE 4C - COMPLIANCE TO 170(C)(2)(B)

THE MAKING OF GRANTS AND OTHERWSIE RENDERING FINANCIAL ASSISTANCE FOR THE

PURPOSES EXPRESSED IN THE ORGANZIATION'S ARTICLES OF INCORPORATION ARE

WITH THE EXCLUSIVE POWER OF THE BOARD OF DIRECTORS. THE BOARD, THROUGH ITS

OFFICERS, REVIEWS AND APPROVES ALL REQUESTS FOR FUNDS AND REQUIRES THAT

REQUESTS SPECIFY THE USE OF SUCH FUNDS. THE BOARD REQUIRES PERIODIC

ACCOUNTING SHOWING THE PURPOSES FOR WHICH THE FUNDS WERE EXPENDED. THE

BOARD RESERVES THE RIGHT TO WITHDRAW APPROVAL OF GRANTS AND TO USE SUCH

FUNDS FOR OTHER CHARITABLE PURPOSES.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CONSIDER THE LILY INC.

Employer identification number 81-3497857

Pa		General Information Form 990, Part IV, line		Outside the United State	s. Complete if the organization ar	swered "Yes" on
1	For grant	makers. Does the organ	ization maintain rec	ords to substantiate the amount or assistance, and the selection		X Yes No
2		makers. Describe in Pai e United States	rt V the organization	's procedures for monitoring the t	use of its grants and other assistance	
3	Activities p	per Region (The following	ng Part I, line 3 table	can be duplicated if additional sp	pace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
E#	ST ASI	A AND THE PACI	FIC			
(1)				PROGRAM SERVICES	FACILITIES/GEN'L SUP	424,640
(2)						
(3)						
(4)						
(5)						· -
(6)	· · · · · · · · · · · · · · · · · · ·		. –			
(7)						
(8)						
(9)						
(10)			_			
(11)						<u> </u>
<u>(12)</u>						
<u>(13)</u>				-		
<u>(14)</u>						
(15)						
<u>(16)</u>						
<u>(17)</u>						424,640
b To	ubtotal stal from continu eets to Part I	ation				424,040
C T	otals (add	261				424 . 640

0394112

	ind Other Assista	ance to Orga	nizations or Entities Outside ceived more than \$5,000 Part					Page s" on Form 9
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncesh essistence	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal other)
(1)			FACILITIES/GEN'L SUP	424,640	WIRE TRAN	SFER		
(2)		. <u></u>						
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
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(10)								
(11)		<u> </u>						
(12)								
(13)								
(14)							ļ	
(15)								
(16)								
	ch the grantee or cour	nsel has provided	at are recognized as chanties by the form a section 501(c)(3) equivalency letter		nized as tax-exen	npt	<u> </u>	··- <u>-</u>

0394112

Part III Grants and Other A	ssistance to Ind ated if additional	lividuals Outsid space is needed	le the United Sta ^I	tes. Complete if the o	rganization answe	ered "Yes" on Form 99	00, Part IV, line
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash essistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
2)					-		
3)							
4)							
5)							ļ
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Schedule F (Form 990) 2019

DAA

	art IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

81-3497857

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION

EXPENDITURES

INVESTMENTS

EAST ASIA AND THE PACIFIC

\$ 424,640 \$

0

. 0394112

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

81-3497857

CONSIDER THE LILY INC.

FORM 990 - ORGANIZATION'S MISSION

OUR WORK IS DEDICATED TO ENDING HUMAN TRAFFICKING ONE PERSON AT A TIME -THROUGH PREVENTION HOMES, RESCUING CHILDREN WHO ARE AT RISK OF BEING SOLD, OR IMPACTING THOSE RESPONSIBLE FOR THIS SLAVERY BY REACHING OUT AT BARS. CLUBS, BROTHELS AND HIDEAWAYS THROUGHOUT THE PHILIPPINES.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS BRIAN HOMMEL KIM HOMMEL

DIRECTOR

DIRECTOR

SPOUSE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 PRIOR TO FILING, THE CFO PROVIDES A COPY OF THE 990 TO ALL OFFICERS AND BOARD MENBERS FOR REVIEW. FORMAL REVIEW OF THE 990 IS CONDUCTED AT THE FIRST BOARD MEETING FOLLOWING THE FILING DATE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY DISCLOSURE OF INTERESTS THAT COULD GIVE RISE TO CONFLICTS BY OFFICERS, DIRECTOS AND KEY EMPLOYEES ARE REVIEWED BY THE BOARD ANNUALLY AND ANY ACTION, IF NECESSARY, IS TAKEN AT THE BOARD MEETING

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION OF MANAGEMENT AND KEY EMPLOYEES IS REVIEWED BY THE BOARD UTILIZING DATA FROM INDEPENDENT ORGANIZATIONS AND PUBLICTIONS.

Schedule O (Form 990 or 990-EZ) (2019)

Employer identification number

Page 2

Name of the organization

CONSIDER THE LILY INC.

81-3497857

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS REQUIRED BY LAW TO BE SUBJECT TO PUBLIC DISCLOSURE
ARE AVAILABLE AT THE ORGANIZATION'S PLACE OF BUSINESS DURING REGULAR
BUSINESS HOURS. COPIES OF SUCH DOCUMENTS ARE AVAILABLE UPON WRITTEN
REQUEST.