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

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public., ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Open to Public Inspection

A	For the	2019 calenda	r year, or tax year beginning January 1 , 201	9, and ending	Dec	ember 31	, 20	19	
В	Check if ap	oplicable.	C Name of organization		D Emplo	yer identi	fication numb	er	
	Address c	hange	The School for Radiant Living, Inc.			83-2403009			
님	Name cha	_	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	e E Telephone number				
=	Initial retur	m n/terminated	L	(607) 2	80-2010				
Ħ	Amended		City or town, state or province, country, and ZIP or foreign postal code	$\sim$	F Grou	p Exempt	ion		
亘	Applicatio		Lansing, NY 14882		Num	ber ▶			
G.	Account	ing Method:	☐ Cash ☑ Accrual Other (specify) ►	Н	Check >	lf the	e organization	n is <b>not</b>	
	Vebsite		ogafarm.us		•		Schedule B		
<u>J 7</u>	ax-exen	npt status (che	ck only one) —   501(c)(3)	or527	(Form 99	0, 990-EZ	Z, or 990-PF).		
		-	✓ Corporation ☐ Trust ☐ Association ☐ Other		··				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o		assets				
_			500,000 or more, file Form 990 instead of Form 990-EZ			\$		94,876	
P	art I		e, Expenses, and Changes in Net Assets or Fund Balar						
			the organization used Schedule O to respond to any question	n in this Part I	· · ·			<u>.                                    </u>	
	1		ns, gifts, grants, and similar amounts received		[	1		31,437	
	2	_	rvice revenue including government fees and contracts		[	2	1	58,887	
	3		p dues a <del>nd assessments</del>			3		0	
	4	Investment		.,		4		42	
	5a		unt from sale of assets other than inversiony 5a	<del></del>		7 -		•	
	b		or other dass and sales, expenses.						
	C	Gain or (los	s) from sale of assets office than inventory (subtract line 5b from	line 5a)		5c		0	
	6		d fundraising events:		(				
a	а	Cross Inco	ome from gaming a fact Schedule G if greater than	. 1		44 4			
5	١	\$15,000) .							
Revenue	b		· · · · · · · · · · · · · · · · · · ·	of contribution	s j	' . ·		-	
œ	1		ising events reported on line 1) (attach Schedule G if the gross income and contributions exceeds \$15,000)   6)	. 1				-	
	_				4,510	3			
	d		expenses from gaming and fundraising events 66 or (loss) from gaming and fundraising events (add lines 6a a		1,162	`			
	"	line 6c)				6d		2 240	
	7a	•	of inventory, less returns and allowances	a l	· .	-	<del></del>	3,348	
	b		of goods sold	<del></del>				-	
	_		t or (loss) from sales of inventory (subtract line 7b from line 7a)			7c		0	
	8	•	ue (describe in Schedule O)		: : <b>:</b>	8			
	9		iue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		: • t	9	1	93,714	
	10		similar amounts pald (list in Schedule O)			10		0	
	11		d to or for members		h	11			
Ś	12	•	ner compensation, and employee benefits			12	1	54,892	
Se	13		I fees and other payments to independent contractors		🗅	13		9,629	
Expenses	14		, rent, utilities, and maintenance			14		8,521	
Щ	15		blications, postage, and shipping		[	15	· · · · · · · · · · · · · · · · · · ·	0	
	16		nses (describe in Schedule O)			16		28,366	
	17		nses. Add lines 10 through 16		_	17		01,408	
y,	18		deficit) for the year (subtract line 17 from line 9)			18		-7,694	
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A	A)) (must agree	with	<u>ş.</u>	·		
As		end-of-year	figure reported on prior year's return)		[	19	1	14,703	
Net Assets	20	Other chan	ges In net assets or fund balances (explain in Schedule O)		[	20		0	
Z	21			· · · · · ·		21	10	07,009	
For	Paperv	vork Reducti	on Act Notice, see the separate instructions.	at. No. 10642I		Fo	m <b>990-EZ</b>	(2019)	

Pa	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule		ny question in this	Part II		
	Ongok ii tilo organization boob boriobak	3 0 10 10 00 po 10 u	1	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			· · · · · · · · · · · · · · · · · · ·	22	93,521
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[		24	51,876
25	Total assets		[		25	145,39
26	Total liabilities (describe in Schedule O)		[		26	38,388
27	Net assets or fund balances (line 27 of column	n (B) must agree with	h line 21)		27	107,009
Par						_
	Check if the organization used Schedule		ny question in this	Part III 🔽	<b>-</b>	Expenses ured for section
Wha	is the organization's primary exempt purpose?	See Schedule O				c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplieasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the ach program title.	e services provided	, the number of	orgar	nizations, optional for s.)
28	Training Certification Programs (fee/tuition services our cirriculum. We train in various methods of yoga					
	workshops, and public school mindfulness program					
	<del></del>	t Includes foreign gra			28a	56,954
29	School Programs (contracts): We deliver several kin					
	educational in-service workshops for educators and					
	students, and mindfulness lessons for elementary a				00-	
	<u> </u>	includes foreign gra			29a	18,029
30	Adult classes and courses (fee for service): At our lo		••			
	mind, and soul. These include physical classes suc					
	coaching for purpose and meaning, and meditations	t includes foreign gra			30a	10.000
21	(Grants \$ 0) If this amount Other program services (describe in Schedule O)			· · ·	Jua	16,820
31	, •	includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
Par						tions for Part IV
	Check if the organization used Schedule					🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe		Estimated amount of their compensation
Chris	topher Grant					
	Itive Director	2,000	69,231		)	
Danie	la Hess					
Presi	dent	20	0		)	O
Lynn	Benedetto					
Vice	President	2	0			0
Penn	ee Barresi					
Secre	tary	21	0	(	4	0
Gayle	Flinn					
Treas	urer	4	0		<u> </u>	0
Mar F	erez					
Direc		15	0		<del> </del>	0
	ne O'Neill					_
Direc	or of Operations	2,000	69,231	(	1	
		<del>                                     </del>			+-	
		<u> </u>	-		T	
		•				
					T	
		1				
				,	1	
		•			1	



Part	Unstructions for Part V.) Check if the organization used Schedule O to respond to any question in this			Π	
			Yes	No	•
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		/	_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<b>&gt;</b>	. [2
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	-
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c			-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	$\vdash$	egy ven	o Thaby	
38a L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a	-3-41	~	E
ь 39 а	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9		,	•	
b 40a	Gross receipts, included on line 9, for public use of club facilities				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	haman tim.		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		, '		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	tiel*h + *	····	
41	List the states with which a copy of this return is filed ▶ New York		···-		
42a	1110 0.900 11201011 0.0010 0.10	507-28		)	
	Located at ► 404 Conlon Road ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	148		NI.	
b	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b	Yes	₩0	
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	^			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	<b>-</b> 🗆	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	
C	Did the organization receive any payments for indoor tanning services during the year?	44c		~	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
	explanation in Schedule O	44d			
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		· ·	
	Form 990-F7 See instructions	45h	1 "		

Form 99	10-EZ (20	019)						F	age 4	
								Yes	No	
46		ne organization engage, directly or in						<u> </u>		
		ndidates for public office? If "Yes," o		, Part I			46	<u> </u>	~	
Part	VI 🗀	Section 501(c)(3) Organizations	s Only							
		All section 501(c)(3) organization	s must answer que	estions 47–49b and	52, and con	nplete the	tables f	or lin	es	
		50 and 51.								
		Check if the organization used Sch	nedule O to respond	d to any question in	this Part VI					
								Yes	No	
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) electi	on in effect d	uring the t	ax 🗀			
	year?	If "Yes," complete Schedule C, Part	tll				47		~	5
48	is the	organization a school as described in	section 170(b)(1)(A)(	ii)? If "Yes," complete	Schedule E		48		~	Ī
49a		ne organization make any transfers to		•			49a		~	-
b		s," was the related organization a se		_			49b	1		
50	Comi	plete this table for the organization's	five highest compen	sated employees (ot					d ke\	
00	emple	oyees) who each received more than	\$100,000 of compe	nsation from the orga	anization. If the	ere is none	, enter "N	lone."	,	
	CITIPI	by cocy with dadni rocci to a mail	111111111111111111111111111111111111111	T	(d) Health b					
	(2)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to	employee	(e) Estimate			
	(44)	reality and this or cause omproyee	devoted to position	(Forms W-2/1099-MISC	benefit plans, a compens	1	other con	npensat	lon	
				<del> </del>	Jonnports					
NONE					1	1				
					<del>                                     </del>					
					1					
						i				
51	\$100	plete this table for the organization' ,000 of compensation from the organ Name and business address of each independ	nization. If there is no	one, enter "None."	···········		Compensati			
	(0)			(-, -, -, -			·			
NONE				-						
					<del></del>					
				<u>-</u>	İ					
			<del></del>	<del> </del>		· · · · · · · · · · · · · · · · · · ·				
				-						
				<u></u>						
				-						
			4	<u> </u>						
				_						
			<del> </del>	<u> </u>						
d		number of other independent contra	_		. ▶		· · · · · · · · · · · · · · · · · · ·			
52		he organization complete Schedu	ile A? <b>Note:</b> All se			ist attach	a	<b></b>		
	comp	eleted Schedule A			· · · · ·	<u></u>	► ✓ Yes	<u>.      </u>	No_	
Under p	enalties	of perjury, I declare that I have examined this r	eturn, including accompar	nying schedules and staten	ents, and to the t	est of my kno	wiedge and	d belief,	ıt ıs	
true, co	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which preparer	nas any knowled	ge.				
		Quality flow								
Sign		Signature of officer	<b>~</b>		Date	211-1	(>			
Here		· Clayle R Flin	n Treas	crer	U	7/13/	202	0		
	?	Type or print name and title								
Do: 4		Print/Type preparer's name	Preparer's signature		ate	Check	rf PTIN			
Paid	<b>~~~</b>					self-employe				
Prep		Firm's name ▶	<u> </u>	<del></del>	Firm'	s EIN ▶				
Use (	Uniy	Firm's address ▶			Phon					
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions	, , , , ,	, <b>&gt;</b>	Yes	, n	Vo.	
· ·····y ti		C.CCCCC IIIIC COLO WILL IIIO proparor			· · · · · · · · · · · · · · · · · · ·					

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

Department of the Treasury

Name of the organization

Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

The School for Radiant Living, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions, The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (ii) EIN (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

Dage	2
raue	

Schedule A (Form 990 or 990-EZ) 2019

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support						
	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.")	*					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	, -					
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge : .			· .		4	
4	Total. Add lines 1 through 3	SERVICE AND A A SECURIOR AND	TORSE SOURCE FAIL HOLD COSTON THE	SALUMA NO COMPANIE PARENT	The contributed which States and the second		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						-
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		. /		1 (2222		
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016/	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	,					
<b>.9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						4
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	. /					•
11 . 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organization	n's first, secon				<b>.</b>
<del> </del>	organization, check this box and stop he		<u> </u>	<u></u>			🟲 📙
	on C. Computation of Public Suppor Public support percentage for 2019 (line 6			1 column (A)		14	%
14 15 16a	Public support percentage for 2019 (in et 331/3% support test—2019. If the organization qua	edule A, Part zation did not	II, line 14 check the box	 k on line 13, a	 nd line 14 is 33	15 31/3% or more,	% check this
<b>.</b>	331/s% support test—2018. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst umstances" te	ances" test, cl est. The organi	neck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets th	e "facts-and-o	circumstances	" test, check	this box and e	stop here.
. 18	Private foundation. If the organization di				a, or 17b, chec 		see ..▶ □

### 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			, , ,	<u>-</u>		· · · · · · · · · · · · · · · · · · ·
Caler	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.")				109,613	35,782	145,395
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			1		j	
	organization's tax-exempt purpose				6,132	159,052	165,184
3	Gross receipts from activities that are not an						<del></del>
	unrelated trade or business under section 513	l	<u> </u>		0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to		ļ				
	or expended on its behalf				0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the				1		
_	organization without charge		ļ		0	0	0
6	Total. Add lines 1 through 5.	ļ	ļ <u>.</u> .		115,745	194,834	310,579
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
_	•				107,068	12,580	119,648
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				ا	44.000	44.000
С	Add lines 7a and 7b	<del></del>			107.000	11,000	11,000°
8	Public support. (Subtract line 7c from	,	- 5 26 /	و شهاه و ا سنت	107,068	23,580	130,648
_	line 6.)		*	,	. *	, ,	179,931
Secti	on B. Total Support	·	· · · · · · · · · · · · · · · · · · ·	·	<u> </u>	<del></del>	110,001
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6				115,745	194;834	310,579
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				[		
	royalties, and income from similar sources.				1	42	43
þ	Unrelated business taxable income (less		1		)	1	
	section 511 taxes) from businesses acquired after June 30, 1975		1		l i		
_	•						
_ C	Add lines 10a and 10b	<del></del>		<del></del>	1	42	43
11	Net income from unrelated business activities not included in line 10b, whether				ļ		
	or not the business is regularly carried on				ا ا	ا	A:
12	Other income. Do not include gain or	+		<del>- · · · · · · · · · · · · · · · · · · ·</del>	0	0	<u>0</u> ,
	loss from the sale of capital assets		1			1	
	(Explain in Part VI.)				0	o	0
13	Total support. (Add lines 9, 10c, 11,				<del>                                     </del>	<del></del>	<u>_</u>
	and 12.)				115,746	194,876	310,662
14	First five years. If the Form 990 is for the	e organization	i's first, secon	d, third, fourth	, or fifth tax ye	ar as a section	
	organization, check this box and stop he	re					🕨 🗸
	on C. Computation of Public Suppor				····		
15	Public support percentage for 2019 (line 8	• • • •	•	. ,,,,		15	<u>%</u>
16	Public support percentage from 2018 Sch			<del></del>	<u> </u>	16	%
	on D. Computation of Investment Inc				(6)	1471	
17	Investment income percentage for 2019 (	-		•		17	<u>%</u>
18	Investment income percentage from 2018 33 <sup>1</sup> / <sub>2</sub> % support tests—2019. If the organi					18   are than 331a%	% and line
19a	17 is not more than 33½%, check this box						
b	331/s% support tests—2018. If the organiz	•	_	•		-	_
U	line 18 is not more than 33128%, check this t						
20	Private foundation. If the organization di		<u> </u>	•	· · · · ·	-	

#### **Supporting Organizations** Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations	Section	A. All	Supporting	<b>Organizations</b>
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ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	40	7.30
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	Sales Sales	ige us Hupeige
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	, and the State of the London	لنب
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	Y	- 37
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <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 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	-	V Baylir Village
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		withing the
С	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 <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) purposes.	4c	g par i i	a are
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answor (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5 <b>a</b>	All	e ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
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	, de V	ه دي
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the 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.	5c	do est	a isoto socia
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		3 4 804 - 147 * 1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<u> </u>	<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <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	<u> </u>	
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	. 5 ` ^	( ) Grace y
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	, , , , , , , , , , , , , , , , , , ,	·
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	(3.81.3		35.74

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
		1350000 at 2	Yes	No 34448.372
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	Aperson 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		<del> </del>
	A family member of a person described in (a) above?	11b		├─
	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		L
Sect	ion B. Type I Supporting Organizations		Voc	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		G G	2023
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1388865	2340,570,500
2	Did the organization operate for the benefit of any supported organization other than the supported	塞塞		70.7
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
•		med to che un	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
`		1	L	<u> </u>
Sect	ion D. All Type III Supporting Organizations		V	N <sub>0</sub>
	Did the appropriation provide to each of its supported expenientians, but the last day of the fifth month of the	李鹏等效的	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	V 100	
2 .	Were any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
• •	significant voice in the organization's investment policies and in directing the use of the organization's			
•	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	<b>S</b> ).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
, р	The organization is the parent of each of its supported organizations. Complete line 3 below.	laan in	adm rad	lana)
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(200 In		No
2 ·	Activities Test. Answer (a) and (b) below.		162	
<sub>:</sub> a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
`.	these 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	Maria de la	50.51E32E3
. b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1284	
· .	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
•	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		***************************************
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
` b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			<b>A.</b>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
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 BMinimum 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	STATES CONTRACTOR TO THE PROPERTY OF THE PROPE	23. Alle Carrier and Asset He with His Provide Manage and
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	1		
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	District Control of the Control of t	-Pill Myster, att. (Myster) The Contact of the State of
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,	Ī		
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	<b>经工程的基本的</b>	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<b>张文明</b> (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	<b>的一种,不是一种的一种,</b>	
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-functional	y in	tegrated Type III supporting	organization (see
instructions).			

Sect	Section D—Distributions					
1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	,				
	organizations, in excess of income from activity					
3	Administrative expenses pald to accomplish exempt purp	poses of supported orga	nizations			
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.					
	Total annual distributions. Add lines 1 through 6.			٠		
<b>8</b>	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	sponsive			
9	Distributable amount for 2019 from Section C, line 6		<del></del>			
10	Line 8 amount divided by line 9 amount	<del>,</del>				
Sect	ion 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	STATE OF THE PARTY.				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.		•			
3	Excess distributions carryover, if any, to 2019					
а	From 2014	<b>法国际和政党国际</b>	STATE OF THE STATE	PART TO THE PART OF THE PA		
b	From 2015			<b>化器力程程序操作器</b>		
C	From 2016		於學學的學學學	の動物を表現される。		
d	From 2017	<b>经验证的的证据</b>				
е	From 2018	源成部外的成果的哲				
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years		The box source and the box seems to be the box			
<u>h</u>	Applied to 2019 distributable amount			The engine transmission of the property and the control of the con		
<u>i</u>	Carryover from 2014 not applied (see instructions)					
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Sport and State of the Control of th				
4	Distributions for 2019 from					
	Section D, line 7:	THE STREET STREET, STR	<b>数据通过的关系的现在分词的现在分词</b>	STREET STREET STREET STREET		
	Applied to underdistributions of prior years  Applied to 2019 distributable amount			法国际联系的14年(66年)2月日 14年12日 1		
<u>b</u>	Remainder, Subtract lines 4a and 4b from 4.	SALER REPORT OF THE PROPERTY O				
5	Remaining underdistributions for years prior to 2019, if		以他们是不是我的人的人的人的人的 人名英格兰人姓氏	THE THE TWENTY THE		
5	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
7.	Excess distributions carryover to 2020. Add lines 3j and 4c.	The second secon				
8	Breakdown of line 7:		Table of the state			
а	Excess from 2015			A CONTRACTOR OF THE SECOND		
þ	Excess from 2016					
C	Excess from 2017					
d	Excess from 2018		<b>然們們就是那個</b>			
е	Excess from 2019		A Children of the Children of			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)			
Additional Information: 2018 was the initial year and was a short year.				

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

The School for Radiant Living, Inc.	83-2403009			
Part I. Line 16 Other Expenses: Professional development \$1,425; Office supplies & software \$2,518; Prog	ram supplies & software \$4,705;			
Other program expenses \$4,808, Development expenses \$270; Advertising, marketing and outreach \$5,99	0; Processing fees \$2,879;			
Organizational expenses \$700; Penalties \$400; Other miscellaneous expenses \$10; Depreciation expense	\$4,661.			
Part II. Line 24 Other Assets: Accounts receivable \$4,136; Undeposited funds \$430; Pledges receivable, cu	urrent \$5,025;			
Prepaid expenses \$6,965; Furniture, fixtures, and equipment \$5,545; Land improvements \$10,053; Constru	uction in progress \$19,722.			
Part 2. Line 26 Total Liabilities: Accounts payable \$411; Unearned/deferred revenue \$37,842; Payroll liabili	ites \$135.			
Part III Primary exempt purpose: The charitable purpose of The School for Radiant Living, Inc. (the "Corpo	pration") is to provide life changing			
education, in order to eliminate suffering and conflict in the individual, families, and society, through a vai	riety of meands, including building			
an inclusive residential center for transformational health, well-being, education, and lifestyle change; edu	cating with cirriculum that treats			
the silent and hidden afflictions of anxiety and depression in the individual, and reduces conflict in familie	s and society; cultivating vibrant			
physical health, emotional intelligence, and mental clarity by healing the root causes of suffering; transfor	ming the lives of individuals and			
families with increased well-bing and healthy relationships; expanding the overall scope and reach of the	Corporation's curriculum; and			
building a retreat center at Yoga Farm as the platform and means by which we can create a peaceful, susta	ainable, harmonious world.			
Part III, Line 28 (continued): Most of these programs span many months of time and are tuition based. Clients served: 125				
•				
·				
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