Form **990** 

# **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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Open to Public Inspection

OMB No. 1545-0047 2018

| A For the 2018 calendar year, or tax year beginning       , 2018, and ending         B       Check if applicable:       C         Address change       FRIENDS OF L'ARCHE ATLANTA       D Employer identification number         Name change       Initial return       FRIENDS OF L'ARCHE ATLANTA       20-3091620         Initial return       Final return/terminated       Amended return       G Gross receipts \$ 1,006,608.         Application pending       F       Name and address of principal officer:       Yes       X         Same As C Above       H(a) Is this a group return for subordinates?       Yes       X       No         I       Tax-exempt status:       X 501(c)(3)       501(c) ( ) ( ) (insert no.)       4947(a)(1) or       527         J       Website: ► friendsoflarcheatlanta.org       H(c) Group exemption number       H(c) Group exemption number   | Dep:<br>Inter | artment of th<br>mal Revenue | ne Treasury<br>e Service   | ► (                     | Do not enter<br>to to www.irs | r social secu<br>s.gov/Forms | irity numbers<br>190 for instri | on this form<br>uctions an | as it may be n<br>d the latest | nade public.<br>informatio | on.             |           | Inspection                    |                 |
|---|---------------|------------------------------|--|-------------------------|-------------------------------|------------------------------|---------------------------------|----------------------------|--------------------------------|----------------------------|-----------------|-----------|-------------------------------|-----------------|
| Image: Second Part Cargon       PLTENDS OF L'ARCHE ATLANTA<br>PO BOX 2259       20         Image: Second Part Cargon       PLTENDS OF L'ARCHE ATLANTA<br>PO BOX 2259       Image: Second Part Cargon  | Α             | For the 2                    | 2018 calend  |                         |                               | -                            |                                 |                            |                                |                            |                 |           | ,                             |                 |
| Part concert       PO BOX 2359         DECATUR, GA 30031       E Twenton name         Application protocol       F Name and address of proceed after:         Segment concentration       Segment concentration         Application protocol       F Name and address of proceed after:         Segment concentration       Mail is this in synaps: the first concentration         J       WebSite: F firlendSoflarcheatlanta.org       Web Owne exemption number         J       WebSite: F firlendSoflarcheatlanta.org       Web Owne exemption number         Part I       Summary         2       Check this box * [] fifthe organization's mission or most significant activities: See. Schedule 0         2       Check this box * [] fifthe organization's mission or most significant activities: See. Schedule 0         2       Check this box * [] fifthe organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voling members of the governing body (Part V, line 1a).         4       Number of voling members of the governing body (Part V, line 2a).         5       Total unrelated business revenue from Part VIII, column (O, line 12.         7       Total unrelated business revenue from Part VIII, column (A), lines 3, 4, and 70.         10       Investment revenue (Part VIII, ino 10, lines 5, 66, 8; 9; 06, column (A), lines 13.         11       Ch   | В             | Check if ap                  | plicable:  | C                       |                               | -                            |                                 |                            |                                | -                          | D Employ        | er iden   | tification number             |                 |
| Discription   |               | Addres                       | ss change  | FRIENDS OF              | L'ARCHI                       | E ATLAI                      | NTA                             |                            |                                |                            | 20-             | 3091      | 620                           |                 |
| Image: Non-<br>indication behanded<br>Application behanded<br>Applicati |               | Name                         | chunge   |                         | -                             |                              |                                 |                            |                                |                            | E Telepho       | ne num    | nber                          |                 |
| Implication primary       F terms and atoms of principal officer:<br>Same As C Above       Implication primary       Implication primar   |               | Initial                      | return   | DECATUR, G              | A 30031                       |                              |                                 |                            |                                |                            | (40-            | 4) 5      | 63-6383                       |                 |
| Image: Constraining operations of comparison of the comparison of the comparison of comparison of the comparison of compariso   |               | Final ret                    | turn/terminated  |                         |                               |                              |                                 |                            |                                |                            |                 |           |                               |                 |
| Image: Signer As C Above       Move and structure in the second and the  |               | Amen                         | ded return   |                         |                               |                              |                                 |                            |                                |                            | G Gross r       | eceipts   | \$ 1,006,6                    | 08.             |
| Takesengi status:       Ø30(c)(2)       □10(c)(2)       · (mest no.)       □494/g(X)(0)       □270       Optimized Status       Optimized Status         Verbale       First end south and the organization's mission or most significant activities:       See Schedule       O       Optimized Status       Ø40 Group exemption number >         I       Brind agenciation       Common of the organization's mission or most significant activities:       See Schedule       O         2       Check this box +       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3       14         4       Number of volting members of the governing body (Part VI, line 1b).       3       14       4         4       Number of volting members of the governing body (Part VI, line 1b).       3       14       4         4       Number of volting members of the governing body (Part VI, line 1b).       7a       0.         5       Total number of volting members (stimust if necessary).       7b       0.         7       0       0.       7a       0.         8       Contributions and grants (Part VIII, line 1b).       97 or ear       Current Year         9       Program service revenue (Part VIII, line 2a)       339, 184       336, 738.       55.       162.       162.         1   |               | Applic                       | ation pending  | F Name and address      | s of principal of             | ficer:                       |                                 |                            |                                | H(a) Is this               | a group retur   | n for su  | bordinates? Yes               | X <sub>No</sub> |
| Takesengi status:       Ø30(c)(2)       □10(c)(2)       · (mest no.)       □494/g(X)(0)       □270       Optimized Status       Optimized Status         Verbale       First end south and the organization's mission or most significant activities:       See Schedule       O       Optimized Status       Ø40 Group exemption number >         I       Brind agenciation       Common of the organization's mission or most significant activities:       See Schedule       O         2       Check this box +       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3       14         4       Number of volting members of the governing body (Part VI, line 1b).       3       14       4         4       Number of volting members of the governing body (Part VI, line 1b).       3       14       4         4       Number of volting members of the governing body (Part VI, line 1b).       7a       0.         5       Total number of volting members (stimust if necessary).       7b       0.         7       0       0.       7a       0.         8       Contributions and grants (Part VIII, line 1b).       97 or ear       Current Year         9       Program service revenue (Part VIII, line 2a)       339, 184       336, 738.       55.       162.       162.         1   |               | _                            |  | Same As C 1             | Above                         |                              |                                 |                            |                                | H(b) Are a                 | II subordinates | include   | ed? Yes                       | No              |
| K       Torant disparation:       X       X secontion       Thest       Association       Other *       L Year of formation:       X was a forma formation:       X was a forma formation: <t< td=""><td>I</td><td>Tax-exer</td><td>npt status:</td><td>X 501(c)(3)</td><td>501(c) (</td><td>)◄ (i</td><td>nsert no.)</td><td>4947(a)(1</td><td>or 527</td><td>11 110</td><td>, апасна нас</td><td>. (300 11</td><td>istructions)</td><td></td></t<>   | I             | Tax-exer                     | npt status:  | X 501(c)(3)             | 501(c) (                      | )◄ (i                        | nsert no.)                      | 4947(a)(1                  | or 527                         | 11 110                     | , апасна нас    | . (300 11 | istructions)                  |                 |
| Part I Summary         Briefly describe the organization's mission or most significant activities: See Schedule O         Check this box + _ if the organization discontinued its operations or disposed of more than 25% of its net assets.         Number of volumembers of the governing body (Part VI, line 1a)   | J             | Websi                        | te:► fr  | iendsoflard             | cheatlar                      | ita.org                      | ſ                               |                            |                                | H(c) Group                 | exemption nu    | umber I   | •                             |                 |
| 1       Briefly describe the organization's mission or most significant activities: See. Schedule 0.         2       Check this box * if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)   | Κ             |                              | organization:  | X Corporation           | Trust A                       | ssociation                   | Other 🏲                         |                            | L Year of form                 | ation: 200                 | )5 <b>M</b> s   | State of  | legal domicile: GA            |                 |
| 2       Crick: this box * if the arganization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a).       3       14         4       Number of voting members of the governing body (Part VI, line 1a).       3       14         5       Total number of individuals employed in calendar year 2018 (Part VI, line 2a).       6       85         7a       Total number of voting members of the governing body (Part VI, line 2a).       7a       0.         7a       Total number of voting members of the governing body (Part VI, line 2a).       7a       0.         7a       Total number of voting members of the governing body (Part VI, line 2a).       7b       0.         7a       Total number of voting members of the governing body (Part VI, line 2a).       7b       0.         7a       Total number of voting members of the governing body (Part VI, line 2a).       7b       0.         7a       Total number of voting members of the governing body (Part VI, line 2a).       7b       0.         7a       Total revence - add lines 3 through 11 (must equal Part VII, column (A), lines 1-30.       162       162         7a       Grants and similar amounts paid (Part IX, column (A), lines 1-30.       175       164 aprotessional fundraising expenses (Part IX, column (A), lines 1-30.       175       175, 963.   | Pa            | art I                        | Summary  | /                       |                               |                              |                                 |                            |                                |                            |                 |           |                               |                 |
| 2       Crick: this box * if the arganization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a).       3       14         4       Number of voting members of the governing body (Part VI, line 1a).       3       14         5       Total number of individuals employed in calendar year 2018 (Part VI, line 2a).       6       85         7a       Total number of voting members of the governing body (Part VI, line 2a).       7a       0.         7a       Total number of voting members of the governing body (Part VI, line 2a).       7a       0.         7a       Total number of voting members of the governing body (Part VI, line 2a).       7b       0.         7a       Total number of voting members of the governing body (Part VI, line 2a).       7b       0.         7a       Total number of voting members of the governing body (Part VI, line 2a).       7b       0.         7a       Total number of voting members of the governing body (Part VI, line 2a).       7b       0.         7a       Total revence - add lines 3 through 11 (must equal Part VII, column (A), lines 1-30.       162       162         7a       Grants and similar amounts paid (Part IX, column (A), lines 1-30.       175       164 aprotessional fundraising expenses (Part IX, column (A), lines 1-30.       175       175, 963.   |               | <b>1</b> Br                  | iefly describ  | be the organization     | on's missior                  | n or most                    | significant a                   | activities:                | <u>See Sche</u>                | <u>edule_</u> 0            | <u> </u>        |           |                               |                 |
| at       Number of independent voting members of the governing body (Part V, line 1b).       4       14         b       Total number of individuals employed in calendary ear 2018 (Part V, line 2a).       5       11         c       Total number of volunters (estimate if necessary).       6       85         a       0.1       0.1       6       85         b       Net unrelated business revenue from Part VIII, column (C), line 12.       7a       0.1         b       Net unrelated business taxable income from Form 990-T, line 38.       7b       0.0         contributions and grants (Part VIII, line 1b).       698, 238.       538, 578.         9       Program service revenue (Part VIII, line 2d).       339, 184.       358, 7725.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d).       5       162.         11       Other revenue (Part VIII, column (A), lines 3, 68, c9, 0.0, c, and 11e).       17, 902.       64, 4228.         12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3.       1       1         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3.       1       1       1         14       Benefits paid to or for members (Part IX, column (A), lines 5-10.       287, 918.       359, 775.         14       Be  | ģ             |                              |  |                         |                               |                              |                                 |                            |                                |                            |                 |           |                               |                 |
| at       Number of independent voting members of the governing body (Part V, line 1b).       4       14         b       Total number of individuals employed in calendary ear 2018 (Part V, line 2a).       5       11         c       Total number of volunters (estimate if necessary).       6       85         a       0.1       0.1       6       85         b       Net unrelated business revenue from Part VIII, column (C), line 12.       7a       0.1         b       Net unrelated business taxable income from Form 990-T, line 38.       7b       0.0         contributions and grants (Part VIII, line 1b).       698, 238.       538, 578.         9       Program service revenue (Part VIII, line 2d).       339, 184.       358, 7725.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d).       5       162.         11       Other revenue (Part VIII, column (A), lines 3, 68, c9, 0.0, c, and 11e).       17, 902.       64, 4228.         12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3.       1       1         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3.       1       1       1         14       Benefits paid to or for members (Part IX, column (A), lines 5-10.       287, 918.       359, 775.         14       Be  | anc           |                              |  |                         |                               |                              |                                 |                            |                                |                            |                 |           |                               |                 |
| at       Number of independent voting members of the governing body (Part V, line 1b).       4       14         b       Total number of individuals employed in calendary ear 2018 (Part V, line 2a).       5       11         c       Total number of volunters (estimate if necessary).       6       85         a       0.1       0.1       6       85         b       Net unrelated business revenue from Part VIII, column (C), line 12.       7a       0.1         b       Net unrelated business taxable income from Form 990-T, line 38.       7b       0.0         contributions and grants (Part VIII, line 1b).       698, 238.       538, 578.         9       Program service revenue (Part VIII, line 2d).       339, 184.       358, 7725.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d).       5       162.         11       Other revenue (Part VIII, column (A), lines 3, 68, c9, 0.0, c, and 11e).       17, 902.       64, 4228.         12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3.       1       1         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3.       1       1       1         14       Benefits paid to or for members (Part IX, column (A), lines 5-10.       287, 918.       359, 775.         14       Be  | lern          |                              |  |                         |                               | diaaantinu                   |                                 |                            |                                |                            |                 |           |                               |                 |
| at       Number of independent voting members of the governing body (Part V, line 1b).       4       14         b       Total number of individuals employed in calendary ear 2018 (Part V, line 2a).       5       11         c       Total number of volunters (estimate if necessary).       6       85         a       0.1       0.1       6       85         b       Net unrelated business revenue from Part VIII, column (C), line 12.       7a       0.1         b       Net unrelated business taxable income from Form 990-T, line 38.       7b       0.0         contributions and grants (Part VIII, line 1b).       698, 238.       538, 578.         9       Program service revenue (Part VIII, line 2d).       339, 184.       358, 7725.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d).       5       162.         11       Other revenue (Part VIII, column (A), lines 3, 68, c9, 0.0, c, and 11e).       17, 902.       64, 4228.         12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3.       1       1         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3.       1       1       1         14       Benefits paid to or for members (Part IX, column (A), lines 5-10.       287, 918.       359, 775.         14       Be  | g             | 2 CI<br>3 Nu                 |  |                         |                               |                              |                                 |                            |                                |                            |                 |           |                               | 14              |
| b       Net unrelated business taxable income from Form 990-T, line 38.       To       To         8       Contributions and grants (Part VIII, line 1h)       698, 238.       538, 578.         9       Program service revenue (Part VIII, line 1h)       698, 238.       538, 578.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       5.       162.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1, 085, 329.       961, 693.         12       Total revenue (Part VIII, column (A), lines 1-3)       1       1, 085, 329.       961, 693.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       1       1, 085, 329.       961, 693.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       1       1       1         14       Benefits paid to or for members (Part IX, column (A), line 21)       287, 918.       359, 765.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 25)       89, 110.       17, 5, 963.       289, 779.         16       Total expenses (Part IX, column (A), line 11a-111, 117.24e)       1, 75, 963.       289, 779.       18, 755.       19, 221.         18       Revenue less expenses. Subtract line 18 from line 12.       621, 448.       312, 149.   | ~             | 4 Nu                         |  | •                       | •                             | · · ·                        |                                 | ,                          |                                |                            |                 | -         |                               |                 |
| b       Net unrelated business taxable income from Form 990-T, line 38.       To       To         8       Contributions and grants (Part VIII, line 1h)       698, 238.       538, 578.         9       Program service revenue (Part VIII, line 1h)       698, 238.       538, 578.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       5.       162.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1, 085, 329.       961, 693.         12       Total revenue (Part VIII, column (A), lines 1-3)       1       1, 085, 329.       961, 693.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       1       1, 085, 329.       961, 693.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       1       1       1         14       Benefits paid to or for members (Part IX, column (A), line 21)       287, 918.       359, 765.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 25)       89, 110.       17, 5, 963.       289, 779.         16       Total expenses (Part IX, column (A), line 11a-111, 117.24e)       1, 75, 963.       289, 779.       18, 755.       19, 221.         18       Revenue less expenses. Subtract line 18 from line 12.       621, 448.       312, 149.   | ties          | 5 To                         | tal number   | of individuals en       | nployed in c                  | alendar y                    | ear 2018 (P                     | art V, line                | 2a)                            |                            |                 | 5         |                               |                 |
| b       Net unrelated business taxable income from Form 990-T, line 38.       To       To         8       Contributions and grants (Part VIII, line 1h)       698, 238.       538, 578.         9       Program service revenue (Part VIII, line 1h)       698, 238.       538, 578.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       5.       162.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1, 085, 329.       961, 693.         12       Total revenue (Part VIII, column (A), lines 1-3)       1       1, 085, 329.       961, 693.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       1       1, 085, 329.       961, 693.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       1       1       1         14       Benefits paid to or for members (Part IX, column (A), line 21)       287, 918.       359, 765.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 25)       89, 110.       17, 5, 963.       289, 779.         16       Total expenses (Part IX, column (A), line 11a-111, 117.24e)       1, 75, 963.       289, 779.       18, 755.       19, 221.         18       Revenue less expenses. Subtract line 18 from line 12.       621, 448.       312, 149.   | Ë             | 6 To                         |  |                         |                               |                              |                                 |                            |                                |                            |                 |           |                               |                 |
| Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       339, 184.       538, 578.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 70)       5.       162.         10       Investment income (Part VIII, column (A), lines 3, 4, and 70)       5.       162.         11       Other revenue (Part VIII, column (A), lines 4, ex, 9c. 10c, and 11e)       47, 902.       64, 228.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3).       1       1, 085, 329.       961, 693.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3).       1       1, 085, 329.       961, 693.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3).       1       1       5.       287, 918.       359, 765.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).       287, 918.       359, 765.       10       175, 963.       289, 779.         16       Professional fundraising fees (Part IX, column (A), line 25)       89, 110.       175, 963.       289, 779.       1463, 881.       649, 544.         19       Revenue less expenses. Subtract line 18 from line 20.       175, 963.       289, 779.       1463, 881.       649, 544.  | Ä             |                              |  |                         |                               |                              |                                 |                            |                                |                            |                 | -         |                               |                 |
| 8       Contributions and grants (Part VIII, line 1h)   |               | b Ne                         | et unrelated   | business taxable        | e income fro                  | om Form S                    | 990-1, line :                   | 38                         |                                |                            |                 | 7b        | <b>0</b>                      |                 |
| 9       Program service revenue (Part VIII, line 2g).       339, 104       358, 725.         10       Investment income (Part VIII, cloum (A), lines 3, 4, and 7d).       5.       162.         11       Other revenue (Part VIII, cloum (A), lines 5, 6d, 8c, 9c, 10c, and 11e).       47, 902.       64, 228.         12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).       1, 085, 329.       961, 693.         14       Benefits paid to or for members (Part IX, column (A), line 4).       15       Salaries, other compensation, employee benefits (Part IX, column (A), line 510).       287, 918.       359, 765.         16a       Professional fundraising expenses (Part IX, column (A), line 25).       89, 110.       175, 963.       289, 779.         17       Other expenses (Part IX, column (A), line 11e.       b Total fundraising expenses (Part IX, column (A), line 25).       463, 881.       649, 544.         19       Revenue less expenses. Subtract line 18 from line 12.       175, 963.       289, 779.       19, 251.         18       Total assets (Part X, line 16).       1, 119, 941.       1, 1415, 566.       35, 775.       19, 251.         20       Total assets (Part X, line 26).       1, 084, 166.       1, 396, 315.       19, 251.         21       Total liabilities of peruge. Ident that examined this return. including accompanying schedules and stateme   |               | • •                          | ntributiono  | and grants (Dort        | \//// line 1/                 |                              |                                 |                            |                                |                            |                 | 20        |                               |                 |
| 12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)       17,022       04,220         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | /enue         |                              |  | - ·                     |                               | •                            |                                 |                            |                                |                            |                 |           |                               |                 |
| 12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)       17,022       04,220         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |               |                              | -  |                         |                               | ÷.                           |                                 |                            |                                |                            | 559,1           |           |                               |                 |
| 12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1,085,329.961,693.         13       Grants and similar amounts paid (Part IX, column (A), line 1-3)       1         14       Benefits paid to or for members (Part IX, column (A), line 4)       287,918.359,765.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       287,918.359,765.         16a       Professional fundraising expenses (Part IX, column (D), line 25) • 89,110.       175,963.289,779.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       175,963.289,779.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | Re            |                              |  | •                       |                               |                              |                                 |                            |                                |                            | 47.9            |           |                               |                 |
| 13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |               |                              |  | •                       |                               |                              |                                 |                            |                                |                            |                 |           |                               |                 |
| 15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       287,918.       359,765.         16a       Professional fundraising expenses (Part IX, column (D), line 25) ►       89,110.       175,963.       289,779.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |               | <b>13</b> Gr                 | ants and si  | milar amounts pa        | aid (Part IX,                 | column (                     | A), lines 1-                    | 3)                         |                                |                            |                 |           | ,                             |                 |
| I6a Professional fundraising fees (Part IX, column (A), line 11e)   |               | <b>14</b> Be                 | enefits paid   | to or for membe         | rs (Part IX,                  | column (A                    | A), line 4)                     |                            |                                |                            |                 |           |                               |                 |
| 17       Other expenses (Part X, column (A), lines TIa-TId, TIT-24e),   |               | <b>15</b> Sa                 | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |                         |                               |                              |                                 |                            | 287,9                          | 18.                        | 359,7           | /65.      |                               |                 |
| 17       Other expenses (Part X, column (A), lines TIa-TId, TIT-24e),   | lse:          | <b>16a</b> Pr                | ofessional f   | undraising fees         | Part IX, col                  | umn (A),                     | line 11e)                       |                            |                                |                            |                 |           |                               |                 |
| 17       Other expenses (Part X, column (A), lines TIa-TId, TIT-24e),   | per           | <b>b</b> То                  | tal fundrais   | ing expenses (Pa        | art IX, colur                 | nn (D), lir                  | ne 25) ►                        |                            | 89,110                         |                            |                 |           |                               |                 |
| 18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | й             | 17 Ot                        |  |                         |                               |                              | · · · · ·                       |                            | ,                              |                            | 175 0           | 163       | 289 7                         | 179             |
| 19       Revenue less expenses. Subtract line 18 from line 12   |               |                              | •  | •                       |                               |                              |                                 |                            |                                |                            |                 |           |                               |                 |
| Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       1, 119, 941.       1, 415, 566.         21       Total liabilities (Part X, line 26)       35, 775.       19, 251.         22       Net assets or fund balances. Subtract line 21 from line 20       1, 084, 166.       1, 396, 315.         Part II       Signature Block       1, 084, 166.       1, 396, 315.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       Date         Sign       Date       Date         Print/Type or print name and title       Preparer's signature       Date         Preparer       GREGG S BOSSEN       GREGG S BOSSEN       P11444127         Firm's name       GREGG S BOSSEN CPA PC       Firm's clin ► 58-2361357         Yulay the IRS discuss this return with the preparer shown above? (see instructions)       Pinen no. 404-892-9513  |               |                              | •  |                         |                               |                              |                                 |                            |                                |                            |                 |           |                               |                 |
| Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Signature of officer       Date         Print/Type or print name and title       Print/Type preparer's name       Preparer's signature         GREGG S BOSSEN       GREGG S BOSSEN       Date         Firm's name       Check       X if         Firm's name       GREGG S BOSSEN CPA PC       P01444127         Firm's address       50 LENOX POINT, SUITE C       Firm's EIN ► 58-2361357         AttLANTA, GA 30324       Phone no. 404-892-9513         May the IRS discuss this return with the preparer shown above? (see instructions)   | r se          |                              |  |                         |                               |                              |                                 |                            |                                |                            |                 |           |                               |                 |
| Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Signature of officer       Date         Print/Type or print name and title       Print/Type preparer's name       Preparer's signature         GREGG S BOSSEN       GREGG S BOSSEN       Date         Firm's name       Check       X if         Firm's name       GREGG S BOSSEN CPA PC       P01444127         Firm's address       50 LENOX POINT, SUITE C       Firm's EIN ► 58-2361357         AttLANTA, GA 30324       Phone no. 404-892-9513         May the IRS discuss this return with the preparer shown above? (see instructions)   | iets<br>Ianc  | <b>20</b> To                 | tal assets (   | Part X, line 16).       |                               |                              |                                 |                            |                                |                            |                 |           | 1,415,5                       | 66.             |
| Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Signature of officer       Date         Print/Type or print name and title       Print/Type preparer's name       Preparer's signature         GREGG S BOSSEN       GREGG S BOSSEN       Date         Firm's name       Check       X if         Firm's name       GREGG S BOSSEN CPA PC       P01444127         Firm's address       50 LENOX POINT, SUITE C       Firm's EIN ► 58-2361357         AttLANTA, GA 30324       Phone no. 404-892-9513         May the IRS discuss this return with the preparer shown above? (see instructions)   | Ase           | <b>21</b> To                 | tal liabilities  | s (Part X, line 26      | )                             |                              |                                 |                            |                                |                            | 35,7            | 75.       |                               |                 |
| Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign<br>Here       Signature of officer       Date         Image: Signature of officer       Date         TIMOTHY MOORE       Executive Director         Type or print name and title       Preparer's signature         GREGG S BOSSEN       GREGG S BOSSEN         Firm's name       Check         X       if         Firm's address       50         EINOX POINT, SUITE C         ATLANTA, GA 30324         May the IRS discuss this return with the preparer shown above? (see instructions)  | Pet           | <b>22</b> Ne                 | et assets or   | fund balances.          | Subtract line                 | 21 from                      | line 20                         |                            |                                |                            | 1,084,1         | 66.       | 1,396,3                       | 315.            |
| Sign<br>Here       Signature of officer       Date         TIMOTHY MOORE       Executive Director         Timothy moore       Executive Director         Paid<br>Preparer<br>Use Only       Print/Type preparer's name       Preparer's signature       Date         GREGG S BOSSEN       GREGG S BOSSEN       GREGG S BOSSEN       P01444127         Firm's name <ul> <li>GREGG S BOSSEN CPA PC</li> <li>50 LENOX POINT, SUITE C</li> <li>ATLANTA, GA 30324</li> <li>Phone no. 404-892-9513</li> <li>May the IRS discuss this return with the preparer shown above? (see instructions)</li></ul>   | Pa            | art II                       | Signature  | e Block                 |                               |                              |                                 |                            |                                | 1                          |                 |           | · · ·                         |                 |
| Sign<br>Here       Signature of officer       Date         TIMOTHY MOORE       Executive Director         Timothy moore       Executive Director         Paid<br>Preparer<br>Use Only       Print/Type preparer's name       Preparer's signature       Date         GREGG S BOSSEN       GREGG S BOSSEN       GREGG S BOSSEN       P01444127         Firm's name <ul> <li>GREGG S BOSSEN CPA PC</li> <li>50 LENOX POINT, SUITE C</li> <li>ATLANTA, GA 30324</li> <li>Phone no. 404-892-9513</li> <li>May the IRS discuss this return with the preparer shown above? (see instructions)</li></ul>   | Und           | er penalties                 | of perjury, I de   | clare that I have exam  | ined this return,             | including ac                 | companying scl                  | hedules and s              | atements, and t                | o the best of r            | my knowledge    | and be    | lief, it is true, correct, ar | nd              |
| Sign<br>Here       TIMOTHY MOORE<br>Type or print name and title       Executive Director         Paid<br>Preparer<br>Use Only       Print/Type preparer's name<br>GREGG S BOSSEN       Preparer's signature<br>GREGG S BOSSEN       Date       Check       X if<br>self-employed       PTIN         Firm's name<br>Firm's name<br>Firm's address   | com           | piete. Decia                 | ration of prepar   | er (other than officer) | is based on all               | Information c                | or which prepare                | er nas any kno             | wieage.                        | r                          |                 |           |                               |                 |
| Sign<br>Here       TIMOTHY MOORE<br>Type or print name and title       Executive Director         Paid<br>Preparer<br>Use Only       Print/Type preparer's name<br>GREGG S BOSSEN       Preparer's signature<br>GREGG S BOSSEN       Date       Check       X if<br>self-employed       PTIN         Firm's name<br>Firm's name<br>Firm's address   |               |                              | Signatur   | e of officer            |                               |                              |                                 |                            |                                |                            | iata            |           |                               |                 |
| Type or print name and title         Paid<br>Preparer<br>Use Only       Print/Type preparer's name       Preparer's signature       Date       Check       X       if       PTIN         Firm's name       • GREGG S BOSSEN       GREGG S BOSSEN       Date       Check       X       if       P01444127         Firm's name       • GREGG S BOSSEN CPA PC       • GREGG S BOSSEN CPA PC       • Firm's EIN ► 58-2361357       • Firm's EIN ► 58-2361357         May the IRS discuss this return with the preparer shown above? (see instructions)  | Sig           | gn                           | ,  |                         |                               |                              |                                 |                            |                                |                            |                 |           |                               |                 |
| Paid<br>Preparer<br>Use Only       Print/Type preparer's name       Preparer's signature       Date       Check       X if       PTIN         Paid<br>Preparer<br>Use Only       GREGG S BOSSEN       GREGG S BOSSEN       GREGG S BOSSEN       PO1444127         Firm's name<br>Firm's address       GREGG S BOSSEN CPA PC       Firm's EIN ► 58-2361357         ATLANTA, GA 30324       Phone no. 404-892-9513         May the IRS discuss this return with the preparer shown above? (see instructions)  | не            | ere                          |  |                         |                               |                              |                                 |                            |                                | Exec                       | utive I         | Dire      | ector                         |                 |
| Paid<br>Preparer<br>Use Only       GREGG S BOSSEN       GREGG S BOSSEN       self-employed       P01444127         Firm's name<br>Firm's address  |               |                              |  |                         |                               | Prenarer's sig               | pature                          |                            | Date                           |                            |                 | 7         | DTIN                          |                 |
| Preparer<br>Use Only       Firm's name<br>Firm's address       GREGG S BOSSEN CPA PC       Firm's EIN ► 58-2361357         May the IRS discuss this return with the preparer shown above? (see instructions)  | -             |                              |  |                         |                               |                              |                                 | т                          | Date                           |                            |                 |           |                               |                 |
| Use Only       Firm's address       50       LENOX POINT, SUITE C       Firm's EIN       58-2361357         ATLANTA, GA 30324       Phone no. 404-892-9513         May the IRS discuss this return with the preparer shown above? (see instructions)       X       Yes       No   |               |                              |  |                         |                               |                              |                                 | N                          |                                |                            | seit-employe    | ea        | PU144412/                     |                 |
| ATLANTA, GA 30324       Phone no. 404-892-9513         May the IRS discuss this return with the preparer shown above? (see instructions)  | rr<br>Ue      | eparer                       |  |                         |                               |                              |                                 |                            |                                |                            | Eirmin EIN      |           | -0061057                      |                 |
| May the IRS discuss this return with the preparer shown above? (see instructions)   | 03            | Conty                        | Firm's addre   |                         |                               |                              | 正し                              |                            |                                |                            |                 |           |                               |                 |
|   | Ma            | v the IDS                    | discuse thi  |                         |                               |                              | p? (caa ind                     | structione                 |                                |                            |                 |           |                               | No              |
|   | -             |                              |  |                         |                               |                              |                                 |                            |                                |                            |                 |           |                               |                 |

| Form | n 990 (2018) FR     | IENDS OF L'ARC  | HE ATLANTA       |                         |  | 20-3                              | 8091620                         | P                 | age <b>2</b> |
|------|---------------------|---|------------------|-------------------------|--|-----------------------------------|---------------------------------|-------------------|--------------|
| Par  |                     | ent of Program Ser  |                  |                         |  |                                   |                                 |                   |              |
|      |                     | chedule O contains a  |                  | e to any line in this P | art III  |                                   |                                 |                   | . Х          |
| 1    | -                   | he organization's miss  | ion:             |                         |  |                                   |                                 |                   |              |
|      | See Schedul         | . <u>e_0</u>  |                  |                         |  |                                   |                                 | ·                 |              |
|      |                     |   |                  |                         |  |                                   |                                 | ·                 |              |
|      |                     |   |                  |                         |  |                                   |                                 | ·                 |              |
| 2    | Did the organizatio | on undertake any signific   | ant program serv | ices during the year w  | hich were not listed on t                        | he prior                          |                                 |                   |              |
| -    |                     | .EZ?  |                  |                         |  |                                   | Yes                             | Х                 | No           |
|      |                     | these new services on S   |                  |                         |  |                                   |                                 |                   |              |
| 3    | Did the organizat   | ion cease conducting,   | or make signific | ant changes in how i    | t conducts, any progra                           | m services?                       | Yes                             | Х                 | No           |
|      | If "Yes," describe  | these changes on Scheo  | lule O.          |                         |  |                                   |                                 |                   |              |
| 4    | Section 501(c)(3)   | anization's program se<br>and 501(c)(4) organiz<br>ny, for each program s | ations are requi | red to report the amo   | three largest program<br>ount of grants and allo | n services, as<br>cations to othe | measured by<br>ers, the total o | expens<br>expense | ses.<br>es,  |
| 4 a  | a (Code:            | ) (Expenses \$  | 484,669,         | including grants of     | \$   | ) (Revenue                        | \$                              |                   | )            |
|      | See_Schedul         |   | 101,003.         | 5.5                     | ·  | _^``                              | ·                               |                   |              |
|      | <u>bee_benedur</u>  | <u> </u>  |                  |                         |  |                                   |                                 | ·                 |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 | ·                 |              |
|      |                     | ) (Evenness ¢   |                  | including grants of     | Ċ  | ) (Revenue                        | ć                               |                   |              |
| 4 t  | (Code:              | ) (Expenses \$  |                  | including grants of     | ې<br>  | _) (Revenue                       | ې<br>                           |                   | )            |
|      |                     |   |                  |                         |  |                                   |                                 | · – – –           |              |
|      |                     |   |                  |                         |  |                                   |                                 | · – – –           |              |
|      |                     |   |                  |                         |  |                                   |                                 | ·                 |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 | ·                 |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
| 40   | : (Code:            | ) (Expenses \$  |                  | including grants of     | \$   | ) (Revenue                        | \$                              |                   | )            |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 |                   |              |
|      |                     |   |                  |                         |  |                                   |                                 | ·                 |              |
|      |                     |   |                  |                         |  |                                   |                                 | ·                 |              |
|      |                     |   |                  |                         |  |                                   |                                 | ·                 |              |
|      |                     |   |                  |                         |  |                                   |                                 | ·                 |              |
|      |                     |   |                  |                         |  |                                   |                                 | · – – –           |              |
|      |                     |   |                  |                         |  |                                   |                                 | · – – –           |              |
|      |                     |   |                  |                         |  |                                   |                                 | ·                 |              |
|      |                     |   |                  |                         |  |                                   |                                 | · — — —           |              |
| 4 c  | Other program se    | ervices (Describe in Sc   | hedule O.)       |                         |  |                                   |                                 |                   |              |
|      | (Expenses \$        |   | including grant  | ts of \$                | ) (Revenu  | e \$                              |                                 | )                 |              |
|      |                     | rvice expenses 🕨  | 484              | ,669.                   |  |                                   |                                 |                   | 0010         |
| RAA  |                     |   |                  | TEE 10102 00/02/10      |  |                                   | For                             | m <b>990</b> (    | 20181        |

Form 990 (2018) FRIENDS OF L'ARCHE ATLANTA

F

| Pa  | rt IV                           | Checklist of Required Schedules   |      |     |    |
|-----|---------------------------------|---|------|-----|----|
| 1   | le the                          | $r_{1}$ are an instantian described in section 501(c)(2) or 4047(c)(1) (other than a private foundation)? If (Vac ' complete  | r    | Yes | No |
| I   | Sche                            | e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete<br>adule A  | 1    | Х   |    |
| 2   | Is the                          | e organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2    | Х   |    |
| 3   | Did th<br>for pi                | ne organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? <i>If 'Yes,' complete Schedule C, Part L</i>   | 3    |     | Х  |
| 4   | Secti<br>in eff                 | tion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election<br>fect during the tax year? If 'Yes,' complete Schedule C, Part II   | 4    |     | Х  |
| 5   | ls the<br>asses                 | e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i>   | 5    |     | Х  |
| 6   | to pro                          | ne organization maintain any donor advised funds or any similar funds or accounts for which donors have the right<br>ovide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,<br>I   | 6    |     | Х  |
| 7   | Did th<br>envir                 | ne organization receive or hold a conservation easement, including easements to preserve open space, the onment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>   | 7    |     | Х  |
| 8   | Did tl<br><i>comp</i>           | he organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'<br>Dete Schedule D, Part III.  | 8    |     | Х  |
| 9   | Did th<br>for ar                | ne organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian nounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ces? If 'Yes,' complete Schedule D, Part IV                 | 9    |     | Х  |
| 10  | Did th<br>perm                  | ne organization, directly or through a related organization, hold assets in temporarily restricted endowments,<br>anent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  | 10   |     | Х  |
| 11  | lf the<br>or X                  | organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, as applicable.   |      |     |    |
|     | a Did th<br><i>D, Pa</i>        | ne organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule</i><br>art VI  | 11 a | х   |    |
|     |                                 | ne organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total ts reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII  | 11 b |     | Х  |
|     | <b>c</b> Did th<br>asset        | ne organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total ts reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII  | 11 c |     | Х  |
|     | <b>d</b> Did th<br>in Pa        | ne organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported<br>art X, line 16? If 'Yes,' complete Schedule D, Part IX.   | 11 d |     | Х  |
|     | e Did tl                        | he organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X  | 11 e | Х   |    |
|     | f Did th<br>the o               | ne organization's separate or consolidated financial statements for the tax year include a footnote that addresses<br>Irganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X  | 11 f |     | Х  |
| 12  | <b>a</b> Did th<br>Sche         | ne organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete dule D, Parts XI and XII.  | 12a  |     | Х  |
|     | <b>b</b> Was t<br><i>if the</i> | the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and<br>organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b  |     | Х  |
| 13  | Is the                          | e organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  | 13   |     | Х  |
| 14  | <b>a</b> Did tl                 | he organization maintain an office, employees, or agents outside of the United States?  | 14a  |     | Х  |
|     | busin                           | ne organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,<br>ess, investment, and program service activities outside the United States, or aggregate foreign investments valued<br>00,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b  |     | Х  |
| 15  |                                 | he organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any gn organization? If 'Yes,' complete Schedule F, Parts II and IV  | 140  |     | Х  |
| 16  |                                 | ne organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to<br>r foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV   | 16   |     | X  |
| 17  | Did th                          | ne organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,<br>nn (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)   | 17   |     | X  |
| 18  | Did th                          | ne organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,<br>1c and 8a? If 'Yes,' complete Schedule G, Part II  | 18   | Х   |    |
| 19  | Did th<br>comp                  | ne organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'<br>Dete Schedule G, Part III  | 19   |     | Х  |
| 20; |                                 | he organization operate one or more hospital facilities? If 'Yes,' complete Schedule H  | 20a  |     | Х  |
| I   | <b>)</b> If 'Ye                 | es' to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b  |     |    |

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II.* 

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Form 990 (2018) FRIENDS OF L'ARCHE ATLANTA
Part IV Checklist of Required Schedules (continued)

| 1 a | Checkist of Required Schedules (continued)  |           |              | 1       |
|-----|---|-----------|--------------|---------|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III   | 22        | Yes          | No<br>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 employees? <i>If 'Yes,' complete Schedule J</i> .   | 23        |              | х       |
| 24  | <ul> <li>a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a</li> </ul>              | 23<br>24a |              | X       |
| I   | <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |              |         |
|     | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease<br>any tax-exempt bonds?   | 24c       |              |         |
|     | <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  | 24d       |              |         |
| 25  | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  | 25a       |              | Х       |
| I   | <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .                             | 25b       |              | Х       |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>                                 | 26        |              | Х       |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | 27        |              | Х       |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |           |              |         |
| i   | <b>a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28a       |              | Х       |
|     | <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>  | 28b       |              | Х       |
|     | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>   | 28c       |              | Х       |
| 29  |   | 29        |              | Х       |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>   | 30        |              | Х       |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31        |              | Х       |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  | 32        |              | Х       |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I  | 33        |              | Х       |
| 34  | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34        |              | Х       |
|     | <b>a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       |              | Х       |
| I   | <b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>   | 35b       |              |         |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2  | 36        |              | Х       |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>  | 37        |              | Х       |
| 38  | Note. All Form 990 filers are required to complete Schedule O.  | 38        | Х            |         |
| Pa  | 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          |         |
|     | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12  |           |              |         |
|     | <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |           |              |         |
|     | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1 c       | Х            |         |
| BAA | TEEA0104L 08/03/18  | Form      | <b>990</b> ( | (2018)  |

20-3091620 Page **4** 

| Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)           2a         Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State<br>meths, fluid for the calendar year including with or within the year covered by this return.         2a         11         Ves         No           If all least one is reported on including with or within the year covered by this returns?         2a         11         2b         X           B of the organization have unrelated busines groups increar of 31.000 runne dump the year?         3a         X           B of the organization have unrelated busines groups increar of 31.000 runne dump the year?         3a         X           B of the organization approximation runne or organization for a difference or other authority over a<br>financial account in a foreign country.         4a         X           B of the organization approximation approximation and proximation and provide the approximation approximatin accoore or 375 media particin | Form 9     | 990 (2018) FRIENDS OF L'ARCHE ATLANTA 20-3091620  | )    | F   | Page 5 |
|--|------------|---|------|-----|--------|
| 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State.       2a       11         b f at less of the expected on the 2a, of the expendence formal employment tax returns?       2b       X         b at less of expected on the 2a, of the expendence formal employment tax returns?       2b       X         b at less of expected on the 2a, of the expendence formal employment tax returns?       3a       X         b at less of expected on the 2a, of the expendence formal employment tax returns?       3a       X         b f we, entrated business grass income of 31, 000 or more dump the year?       3b       4a         b f we, entrated business grass income of 31, 000 or more dump the year?       3b       4a         b f we, entrate here and the lenge nucleuth; we require tax the transaction account; or other financial account; returns?       3c       X         b d any tax be party only the organization that it was to is a party to a prohibid tax shelter transaction?       5c       X         b d any tax be party notify the organization that it was the transaction?       5c       X       Did any taxable party notify the organization are transaction are party to a prohibid tax shelter transaction?       5c       X         c ff ws, to into 5a or 5b, of the organization into the way subclation an express statement that such contributions are glas ware financial accounts?       5c       X         c ff ws, 'fint cas any exceix deductible contributions or fine ware  | Part       | V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |      |     |        |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b X         Note, If the sum of lines 1 and 2a is greater than 520, your may be required to e <sup>A</sup> (see senstructions)       3a bit the organization have unrelated business gross income of \$1,000 or more during the year?       3a bit for size that the during the schedule year, did the organization have an interest in, or a signification of certar during the year?       3a bit for size that the name of the foreign outry, P         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR).       5a X         Se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR).       5a X         Se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR).       5a X         Se instructions the organization in the organization in the was in signification (and with were not bits declarible as christial team ortication as any time during the tax year?       5a X         Case Dase the organization induce with every solicitation an express statement that such contributions or gits were not tax deductible as christial contributions or gits were not tax deductible as christial contributions or gits were not tax deductible as christial contribution and partly for goods and services provided to the payor?       7b         O to the organization motify the down of the value of the goods or services provided?       7c       X         D bit de organization motify the down of the value of the goods or services provided?     |            |   |      | Yes | No     |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b X         Note, If the sum of lines 1 and 2a is greater than 520, your may be required to e <sup>A</sup> (see senstructions)       3a bit the organization have unrelated business gross income of \$1,000 or more during the year?       3a bit for size that the during the schedule year, did the organization have an interest in, or a signification of certar during the year?       3a bit for size that the name of the foreign outry, P         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR).       5a X         Se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR).       5a X         Se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR).       5a X         Se instructions the organization in the organization in the was in signification (and with were not bits declarible as christial team ortication as any time during the tax year?       5a X         Case Dase the organization induce with every solicitation an express statement that such contributions or gits were not tax deductible as christial contributions or gits were not tax deductible as christial contributions or gits were not tax deductible as christial contribution and partly for goods and services provided to the payor?       7b         O to the organization motify the down of the value of the goods or services provided?       7c       X         D bit de organization motify the down of the value of the goods or services provided?     | 2 a F      | Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax State-   |      |     |        |
| Note:         If the sum of lines 1 a and 2a is greater than 250, you may be required to <i>e</i> -file (see instructions)         3a         X           3a Dut the organization have unrolated business greas income of \$1,000 or more during the year?         3a         X           3b If the; inst the a fam 300 for the year if the back growter neglocation is Shelde 0.         3a         X           3b If the; is the the name of the foreign country; set if the back growter neglocation is Shelde 0.         4a         X           3b If the; is the the name of the foreign country; set is the state of the requirements for fing requences to a party to a prohibite tax shelt transaction at any time during the tax year?         5a         X           3b If the; is the derived of the organization fue Form 3866.17.         5c         C         6a         X           3b If the; you the organization the requestation in the Form 3806.17.         5c         C         6b         6b           3b If the; you the organization have ensued avery solicitation an express statement that such contributions or gifts were on the deductible.         6b         7c         X           3b If the organization have ensue any ensues statement that such contributions or gifts were on the service statement that such contributions or gifts were on the service statement that such contributions or gifts were on the masses of the service statement that such contributions or gifts were on the deductible.         7c         X           3b If the organization nealy enerule were services the organi   | - a i      | ments, filed for the calendar year ending with or within the year covered by this return 2a 11  |      |     |        |
| 3 Did the organization have unrelated biasness pross income of \$1,000 or more during the year?       8 a       X         3 A dary the during the calendary sex, did the organization have an interest in or a signature or other subtrity over a term of the freeign country.       8 a       X         4 A At ary the during the calendary sex, did the organization have an interest in or a signature or other subtrity over a term of the freeign country.       8 a       X         b if 'yes,' there the name of the freeign country.       Section 500, and the organization that it was or is a party to a prohibited tas shelter transaction.       5 a       X         b if any taxable party notify the organization that it was or is a party to a prohibited tas shelter transaction.       5 b       X         c if 'wes, 'is the so Sar 05, did the organization that it was or is a party to a prohibited tas shelter transaction.       5 c       Sec         c if 'wes, 'is did the organization include with every solicitation an express statement that such contributions and regression and services provided to the payor.       6 b       C         7 organizations that may receive deductible contributions under services provided?       7 b       X       X         d if 'wes,' did the organization include with every solicitation an express statement that such contributions and party for goods and services provided to the payor.       7 c       X         d if wes,' indicate the number of Forms 2822 filed during the year.       7 d       7 c       X         d   | b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2 b  | Х   |        |
| b If Yes; has if lied a Fam 59-T for the year? if No'to line 30, provide an explanation in Schedule 0       30         4 a A lary fine during the calendar year, dif the organization have an inferest in or a signature or other authority over: a transmit accountly in control year in a securities account, a orthority account is a control account in a foreign country (section a party to a prohibited tax shelter transaction at any time during the tax year?       4a       X         b If Yes; if the reganization is party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b Did any taxabile party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b Did any taxabile party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       5c         6a Date the organization neute with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and partly for goods and services provided to the payor?       7a       X         b If Yes; (if the organization notify the donor of the value of the goads or services provided?       7b       7c       X         b If Yes; (if the organization notify the donor of the value of the goads or services provided?       7c       X       7d       7a       X         b If Yes; (if the organization notify the donor of the value of the goads or services provided?       7b       7b       7c       X  | I          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |      |     |        |
| 4 A any time during the calendar year, diff the argonization have an interest in or a signature or other subtority ere.       4 a       X         bit "rest," enter the name of the foreign country; -*       5 a       X         5 a Was the organization apprty to a prohibited tax shelter transaction at any time during the tax year?       5 a       X         bit any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?       5 b       X         c1 "rest," to the Sa or 50, did the organization the form 880-77.       5 a       X       X         c1 "rest, to the Sa or 50, did the organization the form 880-77.       5 a       X       X         c1 "rest, to the Sa or 50, did the organization the form 880-77.       5 a       X       X         c1 "rest, to the organization nucles with every solicitation an express statement that such contributions and regrazion       6 a       X         b) If "rest," dd the organization nucles with every solicitation an express statement that such contributions and "rest," and the organization of the value of the goods or services provided?       7 b       X         b) If "rest," dd the organization nucles with every solicitation an express statement the such contributions and partity for goods and goods or services provided?       7 b       X         d) If "rest," dd the organization on dig Kellow or advised the agonarization with the value of the sponsorization expression and partity for which it we requined to the provid?       7 b   | 3 a [      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a   |     | Х      |
| Interactal account in a foreign country (such as a bank account, securities account), or other financial account)?       4a       X         Interactal account in a foreign country:       •   | b١         | f 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O  | 3 b  |     |        |
| See instructions for tiling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         So Did any taxable party notify the organization file Form 8886-17.       5c       X         Ge Solicit any contributions that were not tax deductible as charitable contributions?.       6a       X         Diff Yes,' to line 5a or 5b, did the organization file Form 8886-17.       6a       X         Ge Solicit any contributions that were not tax deductible as charitable contributions?.       6a       X         Diff Yes,' to the organization necessity fast an express statement that such contributions or gifts were not tax deductible?       6b       7a       X         7 Organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided?       7a       X         C bit the organization receive any funds, directly or indirectly, on a personal benefit contract?       7b       7c       X         If Yes,' indicate the number of Forms 8328 filed during the year.       Zd if Yes,' indicate the number of Forms 8328 filed during the year?       Zd if Yes,' indicate the number of Forms 8328 filed during the year?       7f       X         g If the organization neceved a contribution of qualified intellectual property, did the organization file a The Sonsoning organization maken pay at any time during the year?  | f          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a   |     | Х      |
| 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | 5 J   |      |     |        |
| b Did any taskle party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c If Yes,' to line 5 a or 5b, did the organization file Form 8886-1?       5c       5c         6 Does the organization have exceeding that are normally greater than \$100,000, and did the organization file Form 8886-1?       6a       X         b If Yes,' to line 5 and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a       X         a Did the organization neceive a payment in excess of 355 made partly as a contribution and partly for goods and services provided to the payor?       7b       7b         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization neceive a payment in excess of 355 made partly as a contribution and partly for goods and services provided?       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X       Y         c Did the organization neceive a contribution of qualified intellectual property for which it was required to file       7c       X         f If Yes,' indicate the number of Forms 8282 filed during the year.       7g       7g       7d         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 8899       7g       7g<   |            |   |      |     | 37     |
| c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?       5c         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a         b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6b         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided 0 the payor?.       7a       X         b If Yes,' indicate the number of Forms 8282 field during the year.       Z d       7b       7c       X         f Did the organization netify the donor of the value of the goods or services provided?       7e       X       71       X         g Did the organization netify the donor of the value of the goods or services provided?       7e       X       71       X         g Did the organization netify and payor?       receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization netwe as contribution of qualified intellectual property, did the organization file a       7n       X         g If the organization netwe as ontribution ground advised funds.       a Drot the sponsoring organization marke a distribution to advised funds. <td></td> <td></td> <td></td> <td></td> <td></td>   |            |   |      |     |        |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solitict any contributions in outs at deductible as charitable contributions?.       6a       X         bit "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6a       X         c Organizations that may receive deductible contributions under section 170(C).       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 0 the payof?       7a       X         bit "Yes," did the organization nearine and payof?       7c       X       X         bit "Yes," indicate the number of Forms 8282 filed during the year.       7d       7c       X         d if Yes," indicate the number of Forms 8282 filed during the year.       7d       7d       X         g if the organization receive any funds, directly, or pay permiums on a personal benefit contract?       7f       X         g if the organization receive a contribution of qualified intellectual property did the organization file a Form 8292       7g       7d         g if the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8292       7g       7d         g if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8292       7g       giff a consincation file a form 900 Part VIII,   |            |   |      |     | Х      |
| bit Yes, 'uld he organization include with every solicitation an express statement that such contributions or gits were not tax deductible?.       6a       X         7 Organizations that may receive deductible contributions under section 170(c).       6b       6b         9 Did the organization neceive a payment in excess of 575 made parity as a contribution and parity for goods and services provided to the payor?.       7a       X         9 Did the organization neceive a payment in excess of 575 made parity as a contribution and parity for goods and services provided to the payor?       7b       7c       X         0 Did the organization neceive any funds, directly or indirectly, to pay premiums, on a personal benefit contract?       7c       X         9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8289       7c       X         9 If the organization received a contribution of quasified intellectual property, did the organization file Form 8899       7c       X         9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1986-C?       9a       9a         9 Joint thave excess business holdings at any time during the year?       10a       7d       7d         10 Section 501(cX(2) organization make any taxable distributions under section 4966?       9a       9b       9b         11 Section 501(cX(2) organizations. Enter:       10b       10a       10a       1   | c          | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  | 5 c  |     |        |
| not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       6b         a 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       X         bif Yes; 'i did cat the number of Forms \$282 field during the year.       7d       7c       X         d If Yes; 'i didicate the number of Forms \$282 field during the year.       7d       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums, on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Perm 8899       7g       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1990-6?       7h       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised funds.       10a       7h       7h         9 bl Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c/(2) organizations. Enter:       10a       10b       10a       10b         11 Section 501(c/(2) organizations. Enter:       11b       11a       10b       12a         13 Section 501(c/(2) organizations. Entere:   | 6a[        | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a   |     | Х      |
| a 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       X         b If 'Yes,' id the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year.       Zd       7d       7c       X         g If the organization, during the year, pay premiums, directly or indirectly, to pay premiums, soraal benefit contract?       7c       X         g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7d       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1038-0?       7g       7h         h If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make and taxible distributions under section 4966?       9a       9b         9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9b         10 the sponsoring organization make a distribution such and ne state?       11a       11b       11b       11b         11 Section 501(c)(2) organizations. Enter:       a first   |            |   | 6 b  |     |        |
| services provided to the payor?       7a       X         b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year.       7d       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       7g         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2.       7h       7h         8 Sponsoring organizations maintaining donor advised funds.       8       9       9a       9b         9 Sonsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 dhe sponsoring organizations. Enter:       10a       10a       10b       10a         11 Section 501(c)(2) organizations. Enter:       11a       10a       10b       10b         11 Section 501(c)(2) organizations. Enter:       11a  | 7 (        | Organizations that may receive deductible contributions under section 170(c).   |      |     |        |
| b ff 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 required to file       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7e       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7e       X         g If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899       7g       7g         as required?       7h       7h       7h       7h         8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         a Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         Soction 501(cQX) organizations. Enter:       10a       10b       10a       10b       10a       10b         I Section 501(cQX) organizations. Finter:       11a       10a       10b       10a       10b       10a       10b       10a       10a       10a       10b <td< td=""><td>a</td><td>Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and</td><td>7 2</td><td></td><td>X</td></td<>   | a          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and   | 7 2  |     | X      |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7 c       X         d If Yes, 'Indicate the number of Forms 8282 filed during the year.       7 d       7       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7 e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7 g       7 g         g If the organization received a contribution of qualified intellectual property, did the organization file a received a contribution of qualified intellectual property, did the organization file a received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a received a contribution of advised funds.       7 n         8 Sponsoring organization make any taxable distributions under section 4966?       9 a       9 b         Did the sponsoring organization make any taxable distributions under section 4966?       9 a       9 b         10 Section 501(c)(2) organizations. Enter:       10 a       10 a       10 a         a Gross income from members or shareholders       11 a       10 b       12 a         b f Yes, 'enter the amount of tax-exempt interest received or accrued during the year?       12 a       13 a         Note. See the instructions for additional information the orga  |            |   | -    |     |        |
| Form 8282?       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7e       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7e       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7e       X         g If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1038-C?.       7g       7g         h If the organizations maintaining donor advised funds.       7h       7h       7h         8 Sponsoring organizations maintaining donor advised funds.       7h       7h       7h         9 Sonsoring organizations maintaining donor advised funds.       7h       7h       7h         9 Sonsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(7) organizations. Enter:       11a       10b       10b       12a         12 Section 501(c)(2) organizations. Enter:       11a       10b       12a       12a         13 Section 501(c)(2) organizations. Enter:   |            |   | 70   |     |        |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7 e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7 f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a required?       7 g       7 g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7 h       7 h         8 Sponsoring organizations maintaining door advised funds.       8       7 h       8         9 Joint the sponsoring organization make any taxable distributions under section 49667.       9 a       9       9         9 Did the sponsoring organization make any taxable distributions under section 49667.       9 a       9       9         10 Section 501(c/) organizations. Enter:       10 a       10 a       10 b       10 b         11 Section 501(c/) Cargonizations. Enter:       11 a       10 b       10 b       10 b         12 Section 501(c/) Cargonizations. Enter:       11 b       12 b       12 a       12 a         13 Section 501(c/) Cargonizations. Enter:       11 b       12 b       12 a       12 a         13 Section 501(c/) Cargonizations. Enter:       11 b       12 b       12 a       12 a  | F          | Form 8282?  | 7 c  |     | Х      |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899<br>as required?       7g       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a<br>Form 1098-C?       7g       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring<br>organization have excess business holdings at any time during the year?       8a       9a         9 Sponsoring organizations maintaining donor advised funds.       9a       9a       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         10 Section 501(c)(2) organizations. Enter:<br>a initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         11 Section 501(c)(12) organizations. Enter:<br>a Gross income from members or shareholders.       11a       11b       11b         12 Section 501(c)(2) organizations. Enter:<br>a Gross income from other sources (Do not net amounts due or paid to other sources<br>against amounts due or received from them.).       12a       12a       12a         b f' Yes,' enter the amount of tax-exempt interest received or acrued during the year.       12a       13a       13a         Note. See the instructions for additional information the org   | d          | If 'Yes,' indicate the number of Forms 8282 filed during the year 7d  |      |     |        |
| g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g         g if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2       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.       a Did the sponsoring organization make any taxable distributions under section 4966?       9a         10 did the sponsoring organizations. Enter:       a Did the sponsoring organizations. Enter:       10a       9b         11 Section 501(c)(7) organizations. Enter:       a Gross income from dem serves or shareholders.       11a       10a         12 Section 501(c)(2) organizations. Enter:       a Gross income from dem serves or shareholders.       11a       12a         13 Section 501(c)(2) organizations. Enter:       a Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         13 Section 501(c)(2) updified nonprofit health insurance issuers.       12b       13a       13a         14a Did the organization is locensed to issue qualified health plans in more than one state?       13a       14a         14a Did the organization is locensed to issue qualified health plans       13b       1  | <b>e</b> [ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7 e  |     | Х      |
| as required?   | f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7 f  |     | Х      |
| 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.       7h         9 Sponsoring organizations maintaining donor advised funds.       8         9 Sponsoring organizations maintaining donor advised funds.       9a         9 Did the sponsoring organizations make any taxable distributions under section 4966?       9a         9 Did the sponsoring organizations. Enter:       10a         10 Section 501(c)(7) organizations. Enter:       10a         11 Section 501(c)(7) organizations. Enter:       10a         12 Section 501(c)(7) organizations. Enter:       11a         13 Gross income from members or shareholders.       11a         14 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11b         13 a       13a         14 b If Yes, ' enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the axy ear?       14a         14 a Did 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?       14a         15 Is the organization an educational institution sub  |            |   |      |     |        |
| Form 1098-C2.       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       7h         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Gross receipts, included on Form 990, Part VIII, line 12.       10a         b Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a         12 a Section 501(c)(22) qualified nonprofit health insurance issuers.       11a         a Is the organization is 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.       13a         b Enter the amount of reserves on hand.       13a         14a Did the organization receive af to adopt the set payments? If 'No,' provide an explanation in Schedule O.       14a         X       14b       15         15       the organization and educt to a payment(s) of more than s1,000,000 in remuneration or excess parachute payment(s) during the year?       15   |            |   | 7 g  |     |        |
| organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities.       10b         11       Section 501(c)(7) organizations. Enter:       10a         a Gross income from members or shareholders.       11a       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       12a         28 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Erther the amount of reserves on hand       13a         14a Did the organization is licensed to issue qualified health plans.       13b         c Enter the amount of reser   | F          | Form 1098-C?  | 7 h  |     |        |
| 9       Sponsoring organizations maintaining donor advised funds.       9         a 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:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a Gross income from members or shareholders.       11a       12a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       12a         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14       Did the organization is licensed to issue qualified health plans.       13b       13c         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? <i>If 'No,' provide an expla</i>   |            |   | 0    |     |        |
| a Did the sponsoring organization make any taxable distributions under section 4966?       9 a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9 b         10 Section 501(c)(2) organizations. Enter:       10 a         a Initiation fees and capital contributions included on Part VIII, line 12.       10 b         11 Section 501(c)(2) organizations. Enter:       10 b         a Gross income from members or shareholders.       11 a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11 b         12 Section 501(c)(2) qualified nonprofit health insurance issuers.       12 b         a Is the organization licensed to issue qualified health plans in more than one state?       12 a         a be the amount of reserves on hand.       13 a         v bote. See the instructions for additional information the organization must report on Schedule O.       14 a         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q.       14 a         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 X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15 S  |            |   | 0    |     |        |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9 b         10 Section 501(c)(7) organizations. Enter:<br>a Initiation fees and capital contributions included on Part VIII, line 12   |            |   | 0    |     |        |
| 10       Section 501(c)(7) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12.       10 a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10 b         11       Section 501(c)(12) organizations. Enter:       11 a         a Gross income from members or shareholders.       11 a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11 b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13 a         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note. See the instructions for additional information the organization must report on Schedule O.       13 a         b Enter the amount of reserves on hand.       13 a         c Enter the amount of reserves on hand.       13 a         14 a Did the organization subject to the section 4960 tax on payments? If 'No,' provide an explanation in Schedule O.       14 a         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?.   |            |   |      |     |        |
| a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders.       11a         b Gross income from members or shareholders.       11a       11b         23 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       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 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 in Schedule O.       14b       15       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       X       15       15       X  |            |   | 90   |     |        |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b   11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11a   b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a   b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b   13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a   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. 13a   b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a   14 a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payment(s) during the year? 15   15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16  |            |   |      |     |        |
| 11       Section 501(c)(12) organizations. Enter:         a Gross income from members or shareholders.       11 a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11 b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13 a         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note. See the instructions for additional information the organization must report on Schedule O.       13 a         b Enter the amount of reserves on hand       13 b         c Enter the amount of reserves on hand       13 a         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a         x       b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q</i> 14 b         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 X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16 X   |            |   |      |     |        |
| a Gross income from members or shareholders.       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       11b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         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.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which 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? <i>If 'No,' provide an explanation in Schedule O</i> .       14b       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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       X       15   |            |   |      |     |        |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         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.       13b       13c         b Enter the amount of reserves the organization is required to maintain by the states in which 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? <i>If 'No,' provide an explanation in Schedule O</i> .       14b       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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       X         16       X   |            |   |      |     |        |
| against amounts due or received from them.).       11b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         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.       13b         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.       13b         c Enter the amount of reserves on hand       13c       14a         14 a 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 in Schedule Q       14b       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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       16       X   |            |   |      |     |        |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         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.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a         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? <i>If 'No,' provide an explanation in Schedule O</i> 14b       15         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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X  | b (        | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  |      |     |        |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         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.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a         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? <i>If 'No,' provide an explanation in Schedule O</i> 14b       15         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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X  | 12 a \$    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12 a |     |        |
| a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note. See the instructions for additional information the organization must report on Schedule O.       13 a         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.       13 b         c Enter the amount of reserves on hand       13 c       14 a         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i> 14 b       14 b         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 X       15 X         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 X   |            |   |      |     |        |
| a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note. See the instructions for additional information the organization must report on Schedule O.       13 a         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.       13 b         c Enter the amount of reserves on hand       13 c       14 a         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i> 14 b       14 b         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 X       15 X         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 X   | 13 9       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |      |     |        |
| 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.       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         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? <i>If 'No,' provide an explanation in Schedule Q</i> 14b       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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X   |            |   | 13a  |     |        |
| 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.       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         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? <i>If 'No,' provide an explanation in Schedule Q</i> 14b       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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X   | I          | Note. See the instructions for additional information the organization must report on Schedule O.   |      |     |        |
| c Enter the amount of reserves on hand       13c       14a       X         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 in Schedule Q       14b       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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X   |            | -   |      |     |        |
| 14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q.       14 b       14 b         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 X       15 X         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16 X  |            |   |      |     |        |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O  |            |   |      |     |        |
| 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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X         16       X   |            |   |      |     | Х      |
| excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X  | b          | It 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O   | 14b  |     |        |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X  | e          | excess parachute payment(s) during the year?  | 15   |     | Х      |
|  |            |   |      |     | •      |
|  |            |   | 16   |     | X      |

| 4    | Did the organization make any significant changes to its governing documents   |         |               |        |
|------|--|---------|---------------|--------|
|      | since the prior Form 990 was filed?  | 4       |               | Х      |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |               | Х      |
| 6    | Did the organization have members or stockholders?   | 6       |               | Х      |
|      | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7 a     |               | Х      |
| I    | • Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7 b     |               | Х      |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |         |               |        |
|      | a The governing body?  | 8 a     |               |        |
| I    | b Each committee with authority to act on behalf of the governing body?  | 8 b     |               | Х      |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>  | 9       |               | Х      |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Re   | eveni   | ue Co         | ode.)  |
|      |  | -       | Yes           | No     |
|      | a Did the organization have local chapters, branches, or affiliates?   | 10 a    |               | Х      |
|      | <b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10 b    |               |        |
|      | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11 a    | Х             |        |
|      | Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O   |         |               |        |
|      | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13  | 12a     | Х             |        |
| I    | were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise<br>to conflicts?   | 12b     |               | Х      |
| •    | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done   | 12 c    |               | Х      |
| 13   | Did the organization have a written whistleblower policy?  | 13      | Х             |        |
| 14   | Did the organization have a written document retention and destruction policy?   | 14      |               | Х      |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |         |               |        |
| ä    | a The organization's CEO, Executive Director, or top management official   | 15a     |               | Х      |
| I    | o Other officers or key employees of the organizationSee .Schedule.0   | 15 b    | Х             |        |
|      | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  |         |               |        |
| 16 a | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16 a    |               | Х      |
| I    | b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its<br>participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the<br>organization's exempt status with respect to such arrangements? | 16b     |               |        |
| Sec  | tion C. Disclosure   | 100     | l             | I      |
| 17   | List the states with which a copy of this Form 990 is required to be filed ► GA  |         |               |        |
| 18   | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply.  | )1(c)(3 | 3)s on        | ly)    |
|      | XOwn websiteXAnother's websiteXUpon requestOther (explain in Schedule O)   |         |               |        |
| 19   | the public during the tax year. See Schedule O   | ble to  |               |        |
| 20   | State the name, address, and telephone number of the person who possesses the organization's books and records   |         |               |        |
|      | TIMOTHY MOORE 601 W PONCE DE LEON DECATUR GA 30030 (404) 382-7362  |         |               |        |
| BAA  | TEEA0106L 12/31/18   | Form    | 9 <b>90</b> ( | (2018) |

Section A. Governing Body and Management

3

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Check if Schedule O | contains a response | or note to any line | in this Part VI |
|---------------------|---------------------|---------------------|-----------------|
|                     |                     |                     |                 |

**1** a 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

**b** Enter the number of voting members included in line 1a, above, who are independent .....

officer, director, trustee, or key employee?

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

Did the organization delegate control over management duties customarily performed by or under the direct supervision

of officers, directors, or trustees, or key employees to a management company or other person?.....

of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

Form 990 (2018) FRIENDS OF L'ARCHE ATLANTA

Page 6

Yes

20-3091620

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1 b

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No

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| Form 990 (2018) FRIENDS OF L'ARCHE ATLA   |   |  |                              |   | 20-30916   |   |
|---|---|--|------------------------------|---|--|---|
| Part VII Compensation of Officers, Director<br>Independent Contractors  | rs, Tru   | stees, Key   | Employe                      | es, Highest C   | ompensated En  | nployees, and   |
| Check if Schedule O contains a response or  | r note to   | any line in th   | nis Part VII.                |   |  |   |
| Section A. Officers, Directors, Trustees, Key   | y Empl  | oyees, and   | d Highest                    | Compensate  | d Employees  |   |
| <b>1 a</b> Complete this table for all persons required to be listed. organization's tax year.  | Report co   | ompensation fo   | or the calend                | dar year ending wit   | h or within the  |   |
| • List all of the organization's <b>current</b> officers, direc compensation. Enter -0- in columns (D), (E), and (F) if it  |   |  |                              | ls or organization  | s), regardless of an   | nount of  |
| <ul> <li>List all of the organization's current key employee</li> </ul>   | es, if any  | . See instruc  | tions for de                 | finition of 'key en   | iployee.'  |   |
| • List the organization's five <b>current</b> highest competent who received reportable compensation (Box 5 of Form V organization and any related organizations. |   |  |                              |   |  |   |
| • List all of the organization's <b>former</b> officers, key e of reportable compensation from the organization and any re  |   |  | st compens                   | ated employees v  | who received more t  | han \$100,000:  |
| • List all of the organization's <b>former directors or trustee</b> organization, more than \$10,000 of reportable compensations.                                 |   |  |                              |   |  |   |
| List persons in the following order: individual trustees or<br>employees; and former such persons.  | r directo   | rs; institutiona   | al trustees;                 | officers; key emp   | loyees; highest con  | npensated   |
| X Check this box if neither the organization nor any related  | d organiz   | ation compens  | sated any cu                 | rrent officer, direct   | or, or trustee.  |   |
|   |   | (C)  |                              |   |  |   |
| (A)<br>Name and Title   | (B)<br>Average<br>hours<br>per<br>week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Position (do no<br>than one box, u<br>is both an off<br>director/t<br>Institutional Institutional trustee<br>or director | unless person<br>ficer and a | (D)<br>Reportable<br>compensation from<br>the organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization<br>and related<br>organizations |

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(1) GAYLE GELLERSTEDT

CO-CHAIR

(2) STEVE SILER

Co-Chair (3) ANN RUSHING

Treasurer

(4) SHANNON POWELL

Secretary

Director (6) MICHELLE\_HALL

Director

Director

Director

(10) ROBBIE HARRIS

Director

(11) JIM SCHWARTZ

Director (12) DANA KEENER MAST

Chairman

Director

(14) MARY STOOPS

Director

(13) MARILYN HAMMOND

(7) SHAYLA RUMELY

Vice-Chair

(9) HAQIQA BOLLING

(8) JASMINE TERRY OKAFOR

(5) MACKENSIE BRANDT

## Form 990 (2018) FRIENDS OF L'ARCHE ATLANTA

20-3091620 Page **8** 

| Par  | t VII Section A. Officers, Directors, Tru  | stees,                     | Key E                             | Emp                           | loye            | es, a                           | anc         | d Highest Com                                 | pensated Emp                                  | loyees       | (continued)                     |
|------|--|----------------------------|-----------------------------------|-------------------------------|-----------------|---------------------------------|-------------|---|---|--------------|---------------------------------|
|      |  | (B)                        |                                   |                               | (C)             |                                 |             |   |   |              |                                 |
|      | (A)<br>Name and title  | Average<br>hours<br>per    | box, ι                            | Inless                        | person          | e than o<br>is both<br>or/trust | n an        | <b>(D)</b><br>Reportable<br>compensation from | <b>(E)</b><br>Reportable<br>compensation from | Est          | (F)<br>timated<br>nt of other   |
|      |  | week<br>(list any<br>hours | or d                              | Institutio                    | Key             | Hìgh                            | Former      | the organization<br>(W-2/1099-MISC)           | related organizations<br>(W-2/1099-MISC)      | fro          | ensation<br>om the<br>inization |
|      |  | for<br>related<br>organiza | Individual trustee<br>or director | Omcer<br>nstitutional trustee | Key employee    | Highest compensated<br>employee | ner         |   |   | and          | related<br>nizations            |
|      |  | - tions<br>below<br>dotted | trust                             | altru                         | oyee            | omper                           |             |   |   |              |                                 |
|      |  | line)                      | ee                                | stee                          |                 | Isated                          |             |   |   |              |                                 |
| (15) |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| (16) |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| (17) |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| (18) |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| (19) |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| (20) |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| (21) |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| (22) |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| (23) |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| (24) |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| (25) |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| 1 b  | Sub-total  |                            | <b></b> _                         |                               |                 | <br>                            | •           | 0.  | 0.  | <u> </u>     | 0.                              |
| С    | Total from continuation sheets to Part VII, Section  | on A                       |                                   |                               |                 | ···                             |             | 0.  | 0.  |              | 0.                              |
|      | Total (add lines 1b and 1c).   |                            |                                   |                               |                 |                                 | ►<br>vod    | 0.  | 0.  | onsation     | 0.                              |
| 2    | from the organization $\blacktriangleright$ 0  | to those i                 |                                   | DOVE)                         | WIIO            | Tecen                           | veu         |   |   | Jensation    |                                 |
| 3    | Did the organization list any <b>former</b> officer, direct  | or or tru                  | stoo l                            |                               | mnlo            |                                 | or h        | ighast compansa                               | tod omployoo                                  |              | Yes No                          |
| 5    | on line 1a? If 'Yes,' complete Schedule J for such   | h individu                 | al                                |                               |                 |                                 |             |   | · · · · · · · · · · · · · · · · · · ·         | . 3          | Х                               |
| 4    | For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual  | reportab<br>r than \$1     | le com<br>50,000                  | ipens<br>)? <i>If</i>         | atior<br>'Yes,  | and<br><i>com</i>               | oth<br>ple  | er compensation<br>te Schedule J for          | from  | 4            | X                               |
| 5    | Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes  | e comper                   | sation                            | from                          | ı anv           | unrel                           | late        | d organization or                             | individual                                    |              | X                               |
| Sec  | ion B. Independent Contractors   |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
| -    | Complete this table for your five highest compens<br>compensation from the organization. Report compens  | sated indesation for       | epende<br>the cal                 | ent co<br>lendar              | ontra<br>1 yeai | ctors<br>endir                  | tha<br>ng w | t received more to<br>with or within the or   | nan \$100,000 of<br>ganization's tax year     |              |                                 |
|      | (A)<br>Name and business addr  | ess                        |                                   |                               |                 |                                 |             | <b>(B)</b><br>Description                     | of services                                   | (C<br>Comper | )<br>Isation                    |
|      |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
|      |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
|      |  |                            |                                   |                               |                 |                                 |             |   |   |              |                                 |
|      | Takal annual an af inden and a la state of the state of t |                            |                                   | 41                            | 12.1            |                                 |             | ula mart l                                    | 41  |              |                                 |
| 2    | Total number of independent contractors (including b \$100,000 of compensation from the organization   |                            | nea to                            | INOSE                         | liste           | u adov                          | ve) v       | who received more                             | เกลก  |              |                                 |

20-3091620

Page 9

|  | Check if Schedule O contains a response or note to an                                       | -                           |   |  | 1   |
|--|---|-----------------------------|---|--|---|
|  |   | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related or<br>exempt<br>function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>under section<br>512-514 |
| 3 1 a                                  | Federated campaigns 1a  |                             |   |  |   |
| b b                                    | Membership dues 1b  |                             |   |  |   |
| c                                      | ; Fundraising events 1 c  |                             |   |  |   |
| d                                      | Related organizations 1 d   |                             |   |  |   |
| е                                      | e Government grants (contributions) 1e 56,939.  |                             |   |  |   |
| 1 a<br>b<br>c<br>d<br>e<br>f<br>g<br>h | All other contributions, gifts, grants, and similar amounts not included above 1f 481, 639. |                             |   |  |   |
| 5 0                                    | Noncash contributions included in lines 1a-1f: \$ 800.                                      |                             |   |  |   |
| 5 5<br>1 h                             | • Total. Add lines 1a-1f►   | 538,578.                    |   |  |   |
|  | Business Code   | 550,570.                    |   |  |   |
| 2 2                                    | SSI & MEDICAID 623990   | 358,725.                    | 358,725.  |  |   |
| b                                      | ·   | 550,725.                    | 556,725.  |  |   |
| C                                      |   |                             |   |  |   |
| u                                      | <u></u>   |                             |   |  |   |
| e                                      |   |                             |   |  |   |
| I                                      | All other program service revenue   | 050 505                     |   |  |   |
| g                                      | J Total. Add lines 2a-2f  | 358,725.                    |   |  |   |
| 3                                      | Investment income (including dividends, interest and other similar amounts)                 | 1.00                        |   |  | 1.0   |
|  | ,   | 162.                        |   |  | 16  |
| 4                                      | Income from investment of tax-exempt bond proceeds  |                             |   |  |   |
| 5                                      | Royalties   |                             |   |  |   |
| <b>C</b> -                             | (i) Real (ii) Personal  |                             |   |  |   |
|  | Gross rents   |                             |   |  |   |
|  | Less: rental expenses   |                             |   |  |   |
|  | Rental income or (loss)   |                             |   |  |   |
| d                                      | Net rental income or (loss)►  |                             |   |  |   |
| 7 a                                    | Gross amount from sales of assets other than inventory                                      |                             |   |  |   |
| b                                      | Less: cost or other basis<br>and sales expenses   |                             |   |  |   |
| с                                      | ; Gain or (loss)  |                             |   |  |   |
| d                                      | Net gain or (loss)  |                             |   |  |   |
| 8 a                                    | Gross income from fundraising events (not including \$                                      |                             |   |  |   |
|  | of contributions reported on line 1c).  |                             |   |  |   |
|  | See Part IV, line 18 a 109,143.   |                             |   |  |   |
|  | <b>b</b> Less: direct expenses <b>b</b> 44,915.   |                             |   |  |   |
| C                                      | Net income or (loss) from fundraising events  | 64,228.                     |   |  |   |
| 9 a                                    | a Gross income from gaming activities.<br>See Part IV, line 19 a                            |                             |   |  |   |
| b                                      | b Less: direct expenses b   |                             |   |  |   |
| С                                      | : Net income or (loss) from gaming activities 🕨   |                             |   |  |   |
| 10 a                                   | a Gross sales of inventory, less returns<br>and allowancesa                                 |                             |   |  |   |
| b                                      | b Less: cost of goods sold b  |                             |   |  |   |
| С                                      | Net income or (loss) from sales of inventory  |                             |   |  |   |
|  | Miscellaneous Revenue Business Code   |                             |   |  |   |
| 11 a                                   | OTHER_INCOME  |                             |   |  |   |
| b                                      |   |                             |   |  |   |
| с                                      | ;   |                             |   |  |   |
| d                                      | All other revenue   |                             |   |  |   |
|  | • Total. Add lines 11a-11d  |                             |   |  |   |
|  |   |                             |   |  |   |

| in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |              |         |
|---|--------------|---------|
| a DUES_AND_SUBS   | 38,711.      |         |
| b SUPPLIES  | 18,715.      |         |
| ¢ BAD DEBT  | 15,611.      |         |
| d MEALS AND ENTERTAINMENT   | 14,327.      |         |
| e All other expenses.   | 21,281.      |         |
| 25 Total functional expenses. Add lines 1 through 24e   | 649,544.     |         |
| 26 Joint costs. Complete this line only if<br>the organization reported in column (B)<br>joint costs from a combined educational<br>campaign and fundraising solicitation.<br>Check here ► ☐ if following<br>SOP 98-2 (ASC 958-720) |              |         |
| ВАА   | TEEA0110L 08 | 8/03/18 |
|   |              |         |

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. Х (D) (A) (B) (C) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 ..... 2 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Δ Benefits paid to or for members ..... Compensation of current officers, directors, 5 trustees, and key employees ..... 0. 0. 0 0. Compensation not included above, to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 7 Other salaries and wages ..... 292,798 32,538 57,814. 202,446 Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions)..... <u>30,</u>147 9 Other employee benefits ..... 43,691 4,806 8,738. Payroll taxes ..... 10 23,276 16,061 2,560 4,655 11 Fees for services (non-employees): a Management ..... **b** Legal ..... c Accounting..... 18,329. 18,329 d Lobbying. e Professional fundraising services. See Part IV, line 17... f Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule  $0.5\,ch$  . q 77,765. 77,765. Advertising and promotion. 12 15,472. 3,268. 12,204. 13 Office expenses ..... 3,324 Information technology..... 3,792. 14 234 234. Royalties 15 19,775. Occupancy..... 18,587. 594 594. 16 17 Travel 10,370. 10,131. 239 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 2,633 2,633. 20 Interest ..... 360 360. 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 19,700. 17,730 985. 985. 23 Insurance ..... 12,938 12,004 934. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e Jf line 24e amount exceeds 10% 38,711 <u>14,826</u> 2,375 1,514. 15,611 897 12,824 606 8,601. 11,205 1,475. 484,669. 75,765 89,110.

### Form 990 (2018) FRIENDS OF L'ARCHE ATLANTA

Page 11

### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ..... (B) End of year (A) Beginning of year 1 842,640. 1 Cash - non-interest-bearing..... 420,185 Savings and temporary cash investments..... 2 2 10,037. 5,186. 3 3 Pledges and grants receivable, net..... 446,538. 282,829. 4 Accounts receivable, net ..... 16,251. 4 36,029. Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L ..... 6 7 Notes and loans receivable, net..... 7 Assets Inventories for sale or use..... 8 8 Prepaid expenses and deferred charges..... 9 9 7,574. 4,180. **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a 347,720. 10 c **b** Less: accumulated depreciation..... 10b 103,018. 244,702. 219,356. Investments – publicly traded securities. 11 11 12 **12** Investments – other securities. See Part IV, line 11..... Investments – program-related. See Part IV, line 11..... 13 13 14 14 Intangible assets. 15 Other assets. See Part IV, line 11..... 15 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 1,119,941 16 1,415,566. 17 Accounts payable and accrued expenses ..... 10,305 17 19,250 18 Grants payable ..... 18 19 Deferred revenue 1,044. 19 20 Tax-exempt bond liabilities ..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilitie 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... 22 23 Secured mortgages and notes payable to unrelated third parties ..... 13,568. 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 10,858 25 Total liabilities. Add lines 17 through 25..... 26 35,775 26 19,251. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 27 27 542,777 627,733. Temporarily restricted net assets..... 28 28 541,389 768,582. 29 Fund Permanently restricted net assets..... 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. 6 Capital stock or trust principal, or current funds..... 30 30 ø Net Asse Paid-in or capital surplus, or land, building, or equipment fund..... 31 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 33 Total net assets or fund balances..... 1,084,166. 33 1,396,315.

BAA

34

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Total liabilities and net assets/fund balances.....

1,415,566. Form 990 (2018)

34

1,119,941

| Forn | n 990 (2018) 🛛 F  | RIENDS OF L'ARCHE ATLANTA 20-  | 3091620 |          | Pa            | ge <b>12</b>                                  |
|------|---|--|---------|----------|---------------|---|
| Pai  | t XI Reconc   | iliation of Net Assets   |         |          |               |   |
|      | Check if S  | Schedule O contains a response or note to any line in this Part XI   |         |          |               |   |
| 1    | Total revenue (r  | nust equal Part VIII, column (A), line 12)   | 1       | 9        | 61,6          | 593.  |
| 2    | Total expenses  | (must equal Part IX, column (A), line 25)  | 2       | 6        | 49,5          | 544.  |
| 3    |   | penses. Subtract line 2 from line 1  | 3       | 3        | 12,1          | 49.   |
| 4    | Net assets or fu  | nd balances at beginning of year (must equal Part X, line 33, column (A))  | 4       | 1,0      | 84,1          | .66.  |
| 5    | Net unrealized g  | ains (losses) on investments   | 5       |          |               |   |
| 6    |   | s and use of facilities  | 6       |          |               |   |
| 7    |   | enses  | 7       |          |               |   |
| 8    | Prior period adju   | ustments   | 8       |          |               |   |
| 9    | Other changes i   | n net assets or fund balances (explain in Schedule O)  | 9       |          |               | 0.  |
| 10   |   | d balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,  | 10      | 1 3      | 96,3          | 215   |
| Pa   |   | al Statements and Reporting  |         | <u> </u> | <i>J</i> 0, . | <u>, , , , , , , , , , , , , , , , , , , </u> |
|      |   | Schedule O contains a response or note to any line in this Part XII  |         |          |               | . П   |
|      |   |  |         |          | Yes           | No  |
| 1    | Accounting met  | nod used to prepare the Form 990: Cash X Accrual Other   |         |          |               |   |
|      | If the organization in Schedule O.  | on changed its method of accounting from a prior year or checked 'Other,' explain  |         |          |               |   |
| 2 a  | Were the organi   | zation's financial statements compiled or reviewed by an independent accountant?   |         | 2a       | Х             |   |
|      | If 'Yes,' check a<br>separate basis,<br>X Separate I  | box below to indicate whether the financial statements for the year were compiled or review<br>consolidated basis, or both:<br>basis Consolidated basis Both consolidated and separate basis | ed on a |          |               |   |
|      |   |  |         | 2 b      | Х             |   |
| 1    | -   | zation's financial statements audited by an independent accountant?  |         | 20       | Λ             |   |
|      |   | ted basis, <u>or</u> both:   | ale     |          |               |   |
|      | X Separate  | basis Consolidated basis Both consolidated and separate basis  |         |          |               |   |
| (    | If 'Yes' to line 2a review, or comp   | or 2b, does the organization have a committee that assumes responsibility for oversight of the audit ilation of its financial statements and selection of an independent accountant?         |         | 2 c      |               | Х   |
|      | If the organization in Schedule O.  | on changed either its oversight process or selection process during the tax year, explain  |         |          |               |   |
| 38   | As a result of a fe<br>Audit Act and O  | ederal award, was the organization required to undergo an audit or audits as set forth in the Single<br>MB Circular A-133?   |         | 3a       |               | Х   |
| ł    |   | rganization undergo the required audit or audits? If the organization did not undergo the required aud   |         |          |               |   |
|      | 7 1   | n why in Schedule O and describe any steps taken to undergo such audits  |         | 3 b      |               |   |
| BAA  | L Contraction of the second | TEEA0112L 08/03/18   |         | Form     | 99 <b>0</b> ( | (2018)  |

SCHEDULE A (Form 990 or 990-EZ)

## Public Charity Status and Public Support

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

2018

OMB No. 1545-0047

| Department<br>Internal Reve | of the Treasury<br>enue Service  | ► (   | Go to www.irs.gov/Fo  | orm990 for instructions  | and the                                    | latest i              | nformation.   | Inspection  |  |
|-----------------------------|--|---|---|--|--|-----------------------|---|---|--|
| Name of the                 | organization   |   |   |  |  |                       | Employer identifica                                 | tion number   |  |
| -                           |  | RCHE ATLAN  |   |  |  |                       | 20-309162   |   |  |
|                             |  |   |   | rganizations must o  |  |                       |   | tions.  |  |
| The organ                   |  | •   |   | For lines 1 through 12,  |  | 2                     | ,   |   |  |
| 1                           |  |   |   | hurches described in sec   | •  |                       | (i).  |   |  |
| 2                           | A school desci   | ribed in section 1  | 170(b)(1)(A)(ii). (Attach   | Schedule E (Form 990 or  | 990-EZ)                                    | ).)                   |   |   |  |
| 3                           |  | •   |   | ization described in sec   |  |                       |   |   |  |
| 4                           |  | -   | tion operated in conju  | unction with a hospital of   | describe                                   | d in sec              | ction 1 <b>70(b)(1)(A)(iii)</b> . E                 | nter the hospital's                                     |  |
|                             | name, city, a  | nd state:   |   |  |  |                       |   |   |  |
| 5                           | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.) |   |   |  |  |                       |   |   |  |
| 6                           | A federal, sta   | ite, or local gov   | ernment or governme   | ental unit described in s  | ection 1                                   | 70(b)(1)              | (A)(∨).   |   |  |
| 7                           | An organizatio   | n that normally i<br>0(b)(1)(A)(vi). (                    | receives a substantial p<br>Complete Part II.)                              | part of its support from a   | governm                                    | ental un              | it or from the general pul                          | blic described  |  |
| 8                           |  |   |   | A)(vi). (Complete Part I   | 1.)  |                       |   |   |  |
| 9 🗌                         | -  |   |   | ction 170(b)(1)(A)(ix) oper  |  | oniunctio             | on with a land-grant colle                          | ne  |  |
| <u>у</u> П                  |  | r a non-land-gra  |   | e (see instructions). Enter  |  |                       |   |   |  |
| 10 X                        | from activities<br>investment in   | s related to its e<br>come and unre                       | exempt functions-sul  | 33-1/3% of its support fr<br>bject to certain exceptic<br>e income (less section<br>Part III.) | ons. and                                   | (2) no i              | more than 33-1/3% of i                              | ts support from aross                                   |  |
| 11                          | An organizati  | on organized a  | nd operated exclusive   | ely to test for public safe  | ety. See                                   | sectior               | n 509(a)(4).  |   |  |
| 12                          | or more publi  | cly supported of  | rganizations describe   | ely for the benefit of, to<br>ed in <b>section 509(a)(1)</b> o                                 | or <b>sectio</b>                           | n 509(a               | )(2). See section 509(a                             | ut the purposes of one<br><b>)(3).</b> Check the box in |  |
| a 🗌                         | Type I. A support  | orting organizati   | on operated, supervise<br>gularly appoint or elect                          | upporting organization<br>d, or controlled by its sup<br>t a majority of the directo           | o borted o                                 | raanizat              | ion(s), typically by giving                         | the supported<br>on. <b>You must</b>                    |  |
| b 🗌                         | management of  | oporting organiz<br>of the supporting<br>te Part IV, Sect | organization vested in  | controlled in connection the same persons that c   | with its<br>ontrol or                      | support<br>manage     | ed organization(s), by<br>the supported organizat   | having control or<br>ion(s). <b>You</b>                 |  |
| c 🗌                         | -  |   |   | tion operated in connectio<br>plete Part IV, Sections  | n with, ar<br><b>A, D, an</b>              | nd functio<br>d E.    | onally integrated with, its                         | supported   |  |
| d                           | Type III non-fu<br>functionally in<br>instructions).   | inctionally integ<br>ntegrated. The o<br>You must com     | rated. A supporting org<br>organization generally<br>plete Part IV, Section | panization operated in cor<br>must satisfy a distribu<br>Is A and D, and Part V.               | nnection<br>tion requ                      | with its s<br>uiremen | supported organization(s)<br>t and an attentiveness | ) that is not<br>requirement (see                       |  |
| e                           | Check this bo  | ox if the organiz   | ation received a writt  | en determination from  | the IRS t                                  | that it is            | a Type I, Type II, Type                             | e III functionally                                      |  |
|                             |  |   |   | supporting organization  |  |                       |   |   |  |
|                             |  |   |   | d experimention (a)  |  |                       |   |   |  |
|                             | me of supported of   | -   | n about the supported   |  |  |                       | (v) Amount of monetary                              |   |  |
| (1) Na                      | ine of supported ic  | rgamzation  | <b>(ii)</b> EIN   | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions))            | (iv) la<br>organizat<br>in your g<br>docur | ion listed overning   | support (see instructions)                          | (vi) Amount of other<br>support (see instructions)      |  |
|                             |  |   |   |  | Yes  | No                    |   |   |  |
| (A)                         |  |   |   |  |  |                       |   |   |  |
| (B)                         |  |   |   |  |  |                       |   |   |  |
| (C)                         |  |   |   |  |  |                       |   |   |  |
| (D)                         |  |   |   |  |  |                       |   |   |  |
| (E)                         |  |   |   |  |  |                       |   |   |  |
| Total                       |  |   |   |  |  |                       |   |   |  |

| Sec          | tion A. Public Support  |   |  |                                   |                     |                    |                          |
|--------------|---|---|--|-----------------------------------|---------------------|--------------------|--------------------------|
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2014                         | <b>(b)</b> 2015                          | <b>(c)</b> 2016                   | <b>(d)</b> 2017     | <b>(e)</b> 2018    | <b>(f)</b> Total         |
| 1            | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any 'unusual grants.')  |   |  |                                   |                     |                    |                          |
| 2            | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |   |  |                                   |                     |                    |                          |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge   |   |  |                                   |                     |                    |                          |
| 4            | Total. Add lines 1 through 3  |   |  |                                   |                     |                    |                          |
| 5            | The portion of total<br>contributions by each person<br>(other than a governmental<br>unit or publicly supported<br>organization) included on line 1<br>that exceeds 2% of the amount<br>shown on line 11, column (f) |   |  |                                   |                     |                    |                          |
| 6            | Public support. Subtract line 5 from line 4   |   |  |                                   |                     |                    |                          |
| Sec          | tion B. Total Support   |   | 1  | 1                                 | 1                   |                    |                          |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2014                         | <b>(b)</b> 2015                          | <b>(c)</b> 2016                   | <b>(d)</b> 2017     | <b>(e)</b> 2018    | <b>(f)</b> Total         |
| 7            | Amounts from line 4   |   |  |                                   |                     |                    |                          |
| 8            | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties, and income from<br>similar sources   |   |  |                                   |                     |                    |                          |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on   |   |  |                                   |                     |                    |                          |
| 10           | Other income. Do not include<br>gain or loss from the sale of<br>capital assets (Explain in<br>Part VI.)  |   |  |                                   |                     |                    |                          |
| 11           | Total support. Add lines 7 through 10   |   |  |                                   |                     |                    |                          |
| 12           | Gross receipts from related activ   | rities, etc. (see in                    | structions)                              |                                   |                     | 12                 |                          |
| 13           | First five years. If the Form 990 is organization, check this box and   |   |  |                                   |                     |                    | ►                        |
| Sec          | tion C. Computation of Pu   | blic Support F                          | Percentage                               |                                   |                     |                    |                          |
| 14           | Public support percentage for 20  | 18 (line 6, colum                       | n (f) divided by lir                     | ne 11, column (f))                |                     | 14                 | %                        |
| 15           | Public support percentage from  | 2017 Schedule A,                        | Part II, line 14                         |                                   |                     |                    | %                        |
| 16a          | 33-1/3% support test-2018. If t and stop here. The organization   | he organization d<br>qualifies as a pu  | id not check the b<br>blicly supported o | oox on line 13, an<br>rganization | d line 14 is 33-1/3 | % or more, check   | <pre>&lt; this box</pre> |
| b            | 33-1/3% support test-2017. If the and stop here. The organization   | e organization die<br>qualifies as a pu | d not check a box<br>blicly supported c  | on line 13 or 16a                 | a, and line 15 is 3 | 3-1/3% or more, o  | heck this box<br>⊷·····► |
| 17a          | <b>10%-facts-and-circumstances te</b><br>or more, and if the organization<br>the organization meets the 'facts  | meets the 'facts-a                      | and-circumstance                         | s' test, check this               | box and stop her    | e. Explain in Part | VI how                   |
| b            | <b>10%-facts-and-circumstances te</b><br>or more, and if the organization<br>organization meets the 'facts-an   | meets the 'facts-a                      | and-circumstance                         | s' test, check this               | box and stop her    | e. Explain in Parl | VI how the               |

## Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF L'ARCHE ATLANTA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions...

### Page 2

20-3091620

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.)

| _   | fails to qualify under the te   | ests listed below, p     | please complete F         | Part II.)           |                      |                    |                       |
|-----|---|--------------------------|---------------------------|---------------------|----------------------|--------------------|-----------------------|
|     | tion A. Public Support  |                          |                           | ( )                 |                      |                    |                       |
|     | lar year (or fiscal year beginning in) ►<br>Gifts, grants, contributions,   | <b>(a)</b> 2014          | <b>(b)</b> 2015           | <b>(c)</b> 2016     | (d) 2017             | <b>(e)</b> 2018    | (f) Total             |
| 1   | and membership fees<br>received. (Do not include<br>any 'unusual grants.')  | 250,509.                 | 195,252.                  | 270,987.            | 698,238.             | 539,578.           | 1,954,564.            |
|     | Gross receipts from admissions,<br>merchandise sold or services<br>performed, or facilities<br>furnished in any activity that is<br>related to the organization's<br>tax-exempt purpose |                          |                           |                     |                      |                    | 0.                    |
| 3   | Gross receipts from activities<br>that are not an unrelated trade<br>or business under section 513.   |                          |                           |                     |                      |                    | 0.                    |
|     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  |                          |                           |                     |                      |                    | 0.                    |
| 5   | The value of services or<br>facilities furnished by a<br>governmental unit to the<br>organization without charge  |                          |                           |                     |                      |                    | 0.                    |
|     | Total. Add lines 1 through 5  | 250,509.                 | 195,252.                  | 270,987.            | 698,238.             | 539,578.           | 1,954,564.            |
| 7a  | Amounts included on lines 1,<br>2, and 3 received from<br>disqualified persons  | 0.                       | 15,000.                   | 22,500.             | 396,243.             | 45,356.            | 479,099.              |
| b   | Amounts included on lines 2<br>and 3 received from other than<br>disqualified persons that<br>exceed the greater of \$5,000 or<br>1% of the amount on line 13                           |                          |                           |                     |                      |                    |                       |
|     | for the year  | 0.                       | 0.                        | 0.                  | 0.                   | 0.                 | 0.                    |
| -   |   | 0.                       | 15,000.                   | 22,500.             | 396,243.             | 45,356.            | 479,099.              |
|     | Public support. (Subtract line<br>7c from line 6.)<br>tion B. Total Support   |                          |                           |                     |                      |                    | 1,475,465.            |
|     | dar year (or fiscal year beginning in) ►  | <b>(a)</b> 2014          | <b>(b)</b> 2015           | (c) 2016            | (d) 2017             | <b>(e)</b> 2018    | (f) Total             |
|     | Amounts from line 6   | 250,509.                 | 195,252.                  | 270,987.            | 698,238.             | 539,578.           | 1,954,564.            |
|     | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from   |                          |                           |                     |                      |                    |                       |
| b   | similar sources<br>Unrelated business taxable<br>income (less section 511<br>taxes) from businesses<br>acquired after June 30, 1975   | 7.                       | 5.                        | 8.                  | 5.                   | 162.               | <u>    187.   </u> 0. |
|     | Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is   | 7.                       | 5.                        | 8.                  | 5.                   | 162.               | 187.                  |
| 12  | regularly carried on<br>Other income. Do not include<br>gain or loss from the sale of<br>capital assets (Explain in<br>Part VI.). See Part. VI  | 4,571.                   | 2,407.                    | 6,247.              |                      |                    | 0.                    |
| 13  | Total support. (Add lines 9,  |                          |                           |                     |                      |                    |                       |
| 14  | 10c, 11, and 12)<br><b>First five years.</b> If the Form 990<br>organization, check this box and  |                          |                           |                     |                      |                    |                       |
| Sec | tion C. Computation of Pul  |                          |                           |                     |                      |                    |                       |
| -   | Public support percentage for 20  |                          |                           | ne 13, column (f))  | )                    |                    | 74.97 %               |
|     | Public support percentage from 2  | •                        |                           |                     |                      |                    | 75.31 %               |
|     | tion D. Computation of Inv  |                          |                           |                     |                      | II                 |                       |
| 17  | Investment income percentage for  |                          |                           |                     | ımn (f))             |                    | 0.01 %                |
| 18  | Investment income percentage fi   | •                        |                           | -                   |                      |                    | 0.00 %                |
|     | 33-1/3% support tests-2018. If t is not more than 33-1/3%, check  | this box and <b>stop</b> | <b>here.</b> The organi   | ization qualifies a | s a publicly suppo   | orted organization | d line 17<br>► X      |
|     | <b>33-1/3% support tests–2017.</b> If t line 18 is not more than 33-1/3%  | , check this box a       | ind <b>stop here.</b> The | e organization qua  | alifies as a publicl | y supported organ  | nization 🕨 🔄          |
|     | Private foundation. If the organiz  | zation did not che       |                           |                     |                      |                    |                       |
| BAA |   |                          | TEEA0403L                 | 06/07/18            | Sc                   | ledule & (Form 9   | 90 or 990-EZ) 2018    |

### 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 À 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

BAA

1

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Yes

|  |     | Yes | No |
|--|-----|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?   |     |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the<br>governing body of a supported organization? | 11a |     |    |
| <b>b</b> A family member of a person described in (a) above?   | 11b |     |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.  | 11c |     |    |

### 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.* 

### Section C. Type II Supporting Organizations

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the |   |     |    |
|   | pporting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1 |     |    |

### Section D. All Type III Supporting Organizations

|   |   |   | Yes | No |
|---|---|---|-----|----|
| 1                                       | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the         |   |     |    |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1 |     |    |
| 2                                       | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).              |   |     |    |
| the organization maintained a close and | 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 <b>Part VI</b> the role the organization's supported organizations played |   |     |    |
|   | in this regard. 3   |   |     |    |

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- 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.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

3a

3h

Yes

1

2

No

20-3091620



# Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF L'ARCHE ATLANTA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

| ec | tion A – Adjusted Net Income   |    | (A) Prior Year | (B) Current Year<br>(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  |                |                                |
| ec | tion B – Minimum Asset Amount  |    | (A) Prior Year | (B) Current Year<br>(optional) |
| 1  | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |    |                |                                |
| a  | Average monthly value of securities  | 1a |                |                                |
| Ł  | Average monthly cash balances  | 1b |                |                                |
| C  | : Fair market value of other non-exempt-use assets   | 1c |                |                                |
| c  | I Total (add lines 1a, 1b, and 1c)   | 1d |                |                                |
| e  | e Discount claimed for blockage or other factors (explain in detail in Part VI):   |    |                |                                |
| 2  | Acquisition indebtedness applicable to non-exempt-use assets   | 2  |                |                                |
| 3  | Subtract line 2 from line 1d.  | 3  |                |                                |
| 4  | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4  |                |                                |
| 5  | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5  |                |                                |
| 6  | Multiply line 5 by .035.   | 6  |                |                                |
| 7  | Recoveries of prior-year distributions   | 7  |                |                                |
| 8  | Minimum Asset Amount (add line 7 to line 6)  | 8  |                |                                |
| ec | tion 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  |                |                                |
| 6  | <b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2018

| ection D – Distributions  |                                |  | Current Year                              |
|---|--------------------------------|--|---|
| 1 Amounts paid to supported organizations to accomplish exempt pur  | poses                          |  |   |
| 2 Amounts paid to perform activity that directly furthers exempt purposes o<br>in excess of income from activity  | f supported organizatior       | ns,                                    |   |
| 3 Administrative expenses paid to accomplish exempt purposes of su  | pported 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 organization<br>in <b>Part VI</b> ). See instructions.  | on is responsive (provide      | e details                              |   |
| 9 Distributable amount for 2018 from Section C, line 6  |                                |  |   |
| 10 Line 8 amount divided by line 9 amount   |                                |  |   |
| ection E – Distribution Allocations (see instructions)  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1 Distributable amount for 2018 from Section C, line 6  |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2018   |                                |  |   |
| a From 2013   |                                |  |   |
| <b>b</b> From 2014  |                                |  |   |
| c From 2015   |                                |  |   |
| <b>d</b> From 2016  |                                |  |   |
| e From 2017   |                                |  |   |
| f Total of lines 3a through e   |                                |  |   |
| g Applied to underdistributions of prior years  |                                |  |   |
| h Applied to 2018 distributable amount  |                                |  |   |
| i Carryover from 2013 not applied (see instructions)  |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                |  |   |
| 4 Distributions for 2018 from Section D,<br>line 7: \$  |                                |  |   |
| a Applied to underdistributions of prior years  |                                |  |   |
| <b>b</b> Applied to 2018 distributable amount   |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                                |  |   |
| 5 Remaining underdistributions for years prior to 2018, if any.<br>Subtract lines 3g and 4a from line 2. For result greater than<br>zero, explain in Part VI. See instructions. |                                |  |   |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                              |                                |  |   |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c.  |                                |  |   |
| 8 Breakdown of line 7:  |                                |  |   |
| a Excess from 2014  |                                |  |   |
| <b>b</b> Excess from 2015   |                                |  |   |
| c Excess from 2016  |                                |  |   |
| d Excess from 2017  |                                |  |   |
| e Excess from 2018  |                                |  |   |

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Schedule A (Form 990 or 990-EZ) 2018

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 VI

### Part III, Line 12 - Other Income

| Nature and Source | 2018 | 2017 | 2016             |                             | 2015             | 2014                                 |
|-------------------|------|------|------------------|-----------------------------|------------------|--------------------------------------|
| Total             | \$0. | \$ 0 | \$ 6,2<br>\$ 6,2 | <u>17.</u><br>17. <u>\$</u> | 2,407.<br>2,407. | <u>\$ 4,571.</u><br><u>\$ 4,571.</u> |

20-3091620

FRIENDS OF L'ARCHE ATLANTA

2018

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Go to www Name of the organization

| Employer  | identification                              | number |
|-----------|---|--------|
| Linployer | lucillullullullullullullullullullullullullu | number |

20-3091620

| Organization type (check one): |  |
|--------------------------------|--|
| Filers of:                     | Section:   |
| Form 990 or 990-EZ             | X 501(c)( 3 ) (enter number) organization  |
|                                | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                                | 527 political organization   |
| Form 990-PF                    | 501(c)(3) exempt private foundation  |
|                                | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                                | 501(c)(3) taxable private foundation   |
|                                |  |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | 1                            | 3  | Page <b>2</b> |
|---|------------------------------|----|---------------|
| Name of organization                            | Employer identification numb | er |               |
| FRIENDS OF L'ARCHE ATLANTA                      | 20-3091620                   |    |               |

| Part I                            | Contributors (see instructions). Use duplicate copies of Part I if additional s   | pace | e is needed.  |   |
|-----------------------------------|---|------|---|---|
| (a)<br>Number                     | (b)<br>Name, address, and ZIP + 4   |      | (c)<br>Total<br>contributions   | (d)<br>Type of contribution   |
| 1                                 | ANONYMOUS   | \$   | 12,000  | Person X<br>Payroll   |
|                                   | PO BOX 2359<br>DECATUR, GA 30030  |      | 12,000.   | Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>Number                     | (b)<br>Name, address, and ZIP + 4   |      | (c)<br>Total<br>contributions   | (d)<br>Type of contribution   |
| 2                                 | ANONYMOUS   | _    |   | Person X<br>Payroll   |
|                                   | PO_BOX_2359   | \$_  | 35,000.   | Noncash   |
|                                   | DECATUR , GA 30030  | -    |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number                     | (b)<br>Name, address, and ZIP + 4   |      | (c)<br>Total<br>contributions   | (d)<br>Type of contribution   |
| 3                                 | ANONYMOUS   |      |   | Person X  |
|                                   | PO_BOX_2359   | \$   | 6,028.  | Payroll<br>Noncash  |
|                                   | DECATUR , GA 30030  | _    |   | (Complete Part II for noncash contributions.)   |
|                                   |   |      |   |   |
| (a)<br>Number                     | (b)<br>Name, address, and ZIP + 4   |      | (c)<br>Total<br>contributions   | (d)<br>Type of contribution   |
| (a)<br>Number                     | (b)<br>Name, address, and ZIP + 4   | -    | (c)<br>Total<br>contributions   | Type of contribution Person   |
|                                   |   | \$   | (c)<br>Total<br>contributions   | Type of contribution  |
|                                   | ANONYMOUS   | \$   | contributions   | Type of contribution       Person       X       Payroll   |
|                                   | ANONYMOUS<br>PO_BOX_2359  | \$   | contributions   | Type of contribution         Person       X         Payroll   |
|                                   | ANONYMOUS<br>PO BOX 2359<br>DECATUR, GA 30030<br>(b)  | \$   | contributions   | Type of contribution         Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)          Type of contribution          Person       X   |
| _4<br>(a)<br>Number               | ANONYMOUS<br>PO_BOX_2359<br>DECATUR, GA_30030<br>(b)<br>Name, address, and ZIP + 4  | \$   | contributions   | Type of contribution         Person       X         Payroll   |
| _4<br>(a)<br>Number               | ANONYMOUS PO_BOX_2359 DECATUR, GA_30030 Name, address, and ZIP + 4 ANONYMOUS  | -    | contributions<br>10,300.<br>10,300.<br><br>(c)<br>Total<br>contributions              | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         Complete Part II for noncash contributions.)       (d)         Type of contribution       X         Person       X         Payroll       Image: Contribution  |
| _4<br>(a)<br>Number               | ANONYMOUS         PO_BOX_2359         DECATUR, GA_30030         (b)         Name, address, and ZIP + 4         ANONYMOUS         PO_BOX_2359                | -    | contributions<br>10,300.<br>10,300.<br><br>(c)<br>Total<br>contributions              | Type of contribution         Person       X         Payroll   |
| <u>4</u><br>(a)<br><u>5</u>       | ANONYMOUS<br>PO_BOX_2359<br>DECATUR, GA_30030<br>(b)<br>Name, address, and ZIP + 4<br>ANONYMOUS<br>PO_BOX_2359<br>DECATUR_, GA_30030                        | -    | contributions<br>10,300.<br>(c)<br>Total<br>contributions<br>126,000.<br>(c)<br>Total | Type of contribution         Person       X         Payroll       Noncash         Noncash       (Complete Part II for noncash contributions.)         Type of contribution         Person       X         Payroll       (d)         Noncash       (d)         Person       X         Payroll       (complete Part II for noncash contributions.)         Type of contributions.)       (complete Part II for noncash contributions.)         Type of contribution       X         Person       X         Person       X |
| 4<br>(a)<br>Number<br>5<br>Number | ANONYMOUS<br>PO_BOX_2359<br>DECATUR, GA_30030<br>Name, address, and ZIP + 4<br>ANONYMOUS<br>PO_BOX_2359<br>DECATUR , GA_30030<br>Name, address, and ZIP + 4 | -    | contributions<br>10,300.<br>(c)<br>Total<br>contributions<br>126,000.<br>(c)<br>Total | Type of contribution         Person       X         Payroll       Noncash         Noncash       (Complete Part II for noncash contributions.)         Type of contribution         Person       X         Payroll       Noncash         Noncash       (Complete Part II for noncash contributions.)         Type of contributions.)       Type of contributions.)   |

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| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | 2                              | 3 Pag | ge <b>2</b> |
|---|--------------------------------|-------|-------------|
| Name of organization                            | Employer identification number | er    |             |
| FRIENDS OF L'ARCHE ATLANTA                      | 20-3091620                     |       |             |

| Part I        | Contributors (see instructions). Use duplicate copies of Part I if additional sp | pace is needed.               |   |
|---------------|--|-------------------------------|---|
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution                   |
| 7             | ANONYMOUS<br>PO_BOX_2359   | \$ <u>5,181</u> .             | Person X<br>Payroll<br>Noncash                |
|               | DECATUR, GA 30030  |                               | (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution                   |
| 8             | ANONYMOUS  |                               | Person X<br>Payroll                           |
|               | PO_BOX_2359  | \$ <u>5,175.</u>              | Noncash                                       |
|               | DECATUR, GA 30030  |                               | (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution                   |
| 9             | ANONYMOUS  |                               | Person X<br>Payroll                           |
|               | PO_BOX_2359  | \$50,000.                     | Noncash                                       |
|               | DECATUR , GA 30030   |                               | (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution                   |
| <u>10</u>     | ANONYMOUS  |                               | Person X<br>Payroll                           |
|               | PO_BOX_2359  | \$30,000.                     | Noncash                                       |
|               | DECATUR , GA 30030   |                               | (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution                   |
| <u>11</u> _   | ANONYMOUS  |                               | Person X<br>Payroll                           |
|               | PO_BOX_2359  | \$10,000.                     | Noncash                                       |
|               | DECATUR , GA 30030   |                               | (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution                   |
| <u>12</u>     | ANONYMOUS  |                               | Person X<br>Payroll                           |
|               | PO_BOX_2359  | \$26,000.                     | Noncash                                       |
|               | DECATUR , GA 30030   |                               | (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | 3                            | 3  | Page <b>2</b> |
|---|------------------------------|----|---------------|
| Name of organization                            | Employer identification numb | er |               |
| FRIENDS OF L'ARCHE ATLANTA                      | 20-3091620                   |    |               |

| Part I        | Contributors (see instructions). Use duplicate copies of Part I if additional sp | pace is needed.               |  |
|---------------|--|-------------------------------|--|
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| <u>13</u>     | ANONYMOUS<br>PO BOX 2359<br>DECATUR , GA 30030                                   | \$20,000.                     | Person     X       Payroll   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| <u>14</u> _   | ANONYMOUS<br>PO BOX 2359<br>DECATUR, GA 30030                                    | \$9,203.                      | Person     X       Payroll   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| <u>15</u> _   | ANONYMOUS<br>PO BOX 2359<br>DECATUR , GA 30030                                   | \$25,000.                     | Person     X       Payroll   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| <u>16</u> _   | ANONYMOUS<br>PO BOX 2359<br>DECATUR , GA 30030                                   | \$15,000.                     | Person     X       Payroll   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| <u>17</u> _   | ANONYMOUS<br>PO_BOX_2359<br>DECATUR , GA_30030                                   | \$ <u>5,000</u> .             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |  | \$                            | Person Payroll<br>Noncash (Complete Part II for noncash contributions.)            |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | 1                              | 1 | Page <b>3</b> |
|---|--------------------------------|---|---------------|
| Name of organization                            | Employer identification number |   | mber          |
| FRIENDS OF L'ARCHE ATLANTA                      | 20-3091620                     |   |               |

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| N/A                       |  | · <b></b> -                                     |                      |
|                           |  | <br>  |                      |
|                           |  |   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | <br>  |                      |
|                           |  |   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  |   |                      |
|                           |  | <br><br>  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$\$\$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | · <b></b> -                                     |                      |
|                           |  | <br>  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | ·   |                      |
|                           |  | <br>  |                      |
|                           |  | ·   <sup>*</sup>                                | <u> </u>             |

|                           | 3 (Form 990, 990-EZ, or 990-PF) (2018)   |   |  | 1 1 Page <b>4</b>   |  |  |  |
|---------------------------|--|---|--|---|--|--|--|
| Name of organ             | nization<br>S OF L'ARCHE ATLANTA   |   |  | Employer identification number $20-3091620$   |  |  |  |
|                           | <b>Exclusively</b> religious, charitable, e<br>or (10) that total more than \$1,000 for t<br>the following line entry. For organizations c<br>contributions of \$1,000 or less for the year.<br>Use duplicate copies of Part III if additional | he year from any one contributo<br>ompleting Part III, enter the total of<br>(Enter this information once. See in | <b>or.</b> Complete<br>exclusive         | escribed in section 501(c)(7), (8),<br>e columns (a) through (e) and<br>/y religious, charitable, etc., |  |  |  |
| (a)<br>No. from<br>Part I |  | (c)<br>Use of gift  |  | (d)<br>Description of how gift is held  |  |  |  |
|                           | N/A  |   |  |   |  |  |  |
|                           |  |   | +  |   |  |  |  |
|                           |  | (e)   |  |   |  |  |  |
|                           | Transferee's name, addres  | (e)<br>Transfer of gift<br>ss, and ZIP + 4  | Relat                                    | ionship of transferor to transferee   |  |  |  |
|                           |  |   |  |   |  |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift   | (c)<br>Use of gift  |  | (d)<br>Description of how gift is held  |  |  |  |
|                           |  |   | <br>                                     |   |  |  |  |
|                           | (e)<br>Transfer of gift<br>Transferee's name, address, and ZIP + 4   |   |  | Relationship of transferor to transferee  |  |  |  |
|                           |  |   | <br><br>                                 |   |  |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift   | (c)<br>Use of gift  |  | (d)<br>Description of how gift is held  |  |  |  |
|                           |  |   | +<br>                                    |   |  |  |  |
|                           | Transferee's name, addres  | (e)<br>Transfer of gift<br>ss, and ZIP + 4  | Relationship of transferor to transferee |   |  |  |  |
|                           |  |   |  | <br>  |  |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift   | (c)<br>Use of gift  |  | (d)<br>Description of how gift is held  |  |  |  |
|                           |  |   | +  |   |  |  |  |
|                           |  | (e)<br>Transfer of gift   |  |   |  |  |  |
|                           |  |   | ionship of transferor to transferee      |   |  |  |  |
|                           |  |   |  |   |  |  |  |
| BAA                       |  |   | Scheo                                    | lule B (Form 990, 990-EZ, or 990-PF) (2018)   |  |  |  |

### OMB No 1545-0047 Supplemental Financial Statements SCHEDULE D ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. (Form 990) 8 Attach to Form 990. **Open to Public** Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number FRIENDS OF L'ARCHE ATLANTA 20-3091620 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . 2 3 Aggregate value of grants from (during year)..... Aggregate value at end of year ..... 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 6 No impermissible private benefit?..... Yes Part II **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements..... 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 No Yes and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)?..... Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ►Ś (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assots included in Form 990 Part X Þċ

| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: |  |
|---|--|--|
| ä | a Revenue included on Form 990, Part VIII, line 1 ► \$   |  |
| ł | b Assets included in Form 990, Part X ► \$   |  |

TEEA3301L 10/10/18

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

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 FRIE   |                                  |  |  |                          | 20-309                       |                 | Page <b>2</b> |
|---|----------------------------------|--|--|--------------------------|------------------------------|-----------------|---------------|
| Part III Organizations Mainta   | ining Colle                      | ections of Art, His                          | storical Treasu  | res, or O                | ther Similar Ass             | sets (contir    | nued)         |
| <b>3</b> Using the organization's acquisition items (check all that apply): | n, accession, a                  | nd other records, check                      | k any of the following   | g that are a             | a significant use of its     | collection      |               |
| <b>a</b> Public exhibition  |                                  | d Loa  | in or exchange pro   | grams                    |                              |                 |               |
| <b>b</b> Scholarly research   |                                  | e Oth  | er   |                          |                              |                 |               |
| c Preservation for future gene  | rations                          |  |  |                          |                              |                 |               |
| 4 Provide a description of the organize<br>Part XIII.                       |                                  |  |  |                          |                              |                 |               |
| 5 During the year, did the organiza to be sold to raise funds rather t      | ation solicit or<br>han to be ma | receive donations of intained as part of the | art, historical treas<br>e organization's co   | sures, or o<br>llection? | ther similar assets          | Yes             | No            |
| Part IV Escrow and Custodia<br>line 9, or reported an                       |                                  |  |  | on answ                  | ered 'Yes' on Fo             | orm 990, Pa     | art IV,       |
| <b>1 a</b> Is the organization an agent, tru<br>on Form 990, Part X?        | stee, custodia                   | an or other intermedia                       | ry for contributions   | s or other a             | assets not included          | Yes             | No            |
| <b>b</b> If 'Yes,' explain the arrangemen                                   |                                  |  |  |                          |                              | 165             |               |
|   |                                  |  | and the second sec |                          |                              | Amount          |               |
| c Beginning balance   |                                  |  |  |                          | 1c                           |                 |               |
| <b>d</b> Additions during the year  |                                  |  |  |                          |                              |                 |               |
| e Distributions during the year   |                                  |  |  |                          |                              |                 |               |
| f Ending balance  |                                  |  |  |                          |                              |                 |               |
| 2 a Did the organization include an a                                       |                                  |  |  |                          |                              | Yes             | No            |
| <b>b</b> If 'Yes,' explain the arrangement                                  |                                  |  |  |                          | -                            |                 |               |
| <b>2</b> ····· ··· ··· ···· ···· ···· ···· ··                               |                                  |  |  |                          |                              |                 |               |
| Part V Endowment Funds.   | Complete if                      | the organization                             | answered 'Yes'   | on Forn                  | n 990 Part IV li             | ne 10           |               |
|   | (a) Current                      | Ĭ  |  |                          | (d) Three years back         | (e) Four ye     | ears back     |
| <b>1 a</b> Beginning of year balance  |                                  |  |  |                          | (u) miles years buck         |                 |               |
| <b>b</b> Contributions  |                                  |  |  |                          |                              |                 |               |
|   |                                  |  |  |                          |                              | _               |               |
| c Net investment earnings, gains,<br>and losses                             |                                  |  |  |                          |                              |                 |               |
| <b>d</b> Grants or scholarships   |                                  |  |  |                          |                              |                 |               |
| e Other expenditures for facilities and programs                            |                                  |  |  |                          |                              |                 |               |
| f Administrative expenses   |                                  |  |  |                          |                              |                 |               |
| <b>g</b> End of year balance  |                                  |  |  |                          |                              |                 |               |
| 2 Provide the estimated percentage  |                                  | ent year end balance                         | (line 1g, column (a  | )) held as:              | :                            |                 |               |
| <b>a</b> Board designated or quasi-endown                                   |                                  | 00   |  |                          |                              |                 |               |
| <b>b</b> Permanent endowment  | 00                               |  |  |                          |                              |                 |               |
| c Temporarily restricted endowme  | nt 🕨                             | 010  |  |                          |                              |                 |               |
| The percentages on lines 2a, 2b, a  | nd 2c should e                   | equal 100%.                                  |  |                          |                              |                 |               |
| <b>3a</b> Are there endowment funds not in                                  | the nossession                   | of the organization the                      | at are held and admi   | nistered fo              | r the                        |                 |               |
| organization by:  |                                  |  |  |                          |                              | Yes             | No            |
| (i) unrelated organizations   |                                  |  |  |                          |                              | 3a(i)           |               |
| (ii) related organizations  |                                  |  |  |                          |                              | . 3a(ii)        |               |
| <b>b</b> If 'Yes' on line 3a(ii), are the rela                              | ated organiza                    | tions listed as require                      | d on Schedule R?   |                          |                              | . 3b            |               |
| 4 Describe in Part XIII the intende   | d uses of the                    | organization's endow                         | ment funds.  |                          |                              |                 |               |
| Part VI Land, Buildings, and  | Equipmen                         | t.   |  |                          |                              |                 |               |
| Complete if the organ   |                                  |  | orm 990. Part I  | V. line 1                | 1a. See Form 99              | 0. Part X.      | line 10.      |
| Description of property   |                                  |  |  |                          |                              |                 |               |
|   |                                  | (a) Cost or other bas<br>(investment)        | is <b>(b)</b> Cost or o<br>basis (othe   | er)                      | (c) Accumulated depreciation | <b>(d)</b> Book | value         |
| <b>1 a</b> Land   |                                  |  |  |                          |                              |                 |               |
| <b>b</b> Buildings  |                                  |  |  | 597.                     |                              |                 | <u>7,597.</u> |
| c Leasehold improvements  |                                  |  | 230,   |                          | 52,288.                      |                 | 8,667.        |
| <b>d</b> Equipment  |                                  |  |  | 198.                     | 23,426.                      | 1               | 7,772.        |
| <b>e</b> Other  |                                  |  |  | 970.                     | 27,304.                      |                 | 666.          |
| Total. Add lines 1a through 1e. (Colum                                      | nn (d) must e                    | qual Form 990, Part >                        | K, column (B), line  | 10c.)                    |                              |                 | 4,702.        |
| BAA   |                                  |  |  |                          | Schee                        | lule D (Form 9  | 90) 2018      |

| Schedule D (Form 990) 2018 FRIENDS OF L'AR   | CHE ATLANTA                  | 20-3091620 Page <b>3</b>                                   |
|--|------------------------------|--|
| Part VII Investments – Other Securities.<br>Complete if the organization answe     | red 'Yes' on Form 99         | N/A<br>0, Part IV, line 11b. See Form 990, Part X, line 12 |
| (a) Description of security or category (including name of security)               | ) (b) Book value             | (c) Method of valuation: Cost or end-of-year market value  |
| (1) Financial derivatives  |                              |  |
| (2) Closely-held equity interests.   |                              |  |
| (3) Other  |                              |  |
| (A)<br>(B)   |                              |  |
| (B)  |                              |  |
| (C)<br>(D)<br>(E)  |                              |  |
| (D)  |                              |  |
|  |                              |  |
| (F)<br>(G)   |                              |  |
| ( <u>()</u><br>(H)   |                              |  |
| (l)  |                              |  |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).              | -                            |  |
| Part VIII Investments – Program Related.   | · · ·                        | N/A  |
| Complete if the organization answe   |                              | 0, Part IV, line 11c. See Form 990, Part X, line 13.       |
| (a) Description of investment  | (b) Book value               | (c) Method of valuation: Cost or end-of-year market value  |
| (1)  |                              |  |
| (2)  |                              |  |
| (3)  |                              |  |
| (4)  |                              |  |
| (5)  |                              |  |
| (6)  |                              |  |
| (7)  |                              |  |
| (8)  |                              |  |
| (9)  |                              |  |
| (10)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .     | <u> </u>                     |  |
| Part IX Other Assets.  | N/A                          | 4  |
| Complete if the organization answe   | ered 'Yes' on Form 99        | 0, Part IV, line 11d. See Form 990, Part X, line 15.       |
|  | Description                  | (b) Book value   |
| (1) (2)  |                              |  |
| (3)  |                              |  |
| (4)  |                              |  |
| (5)  |                              |  |
| (6)  |                              |  |
| (7)  |                              |  |
| (8)  |                              |  |
| (9)  |                              |  |
| (10)   |                              | •  |
| Total. (Column (b) must equal Form 990, Part X, colun<br>Part X Other Liabilities. | in (B) line 15.)             | 7  |
| Part X Other Liabilities.<br>Complete if the organization answered 'Yes'           | on Form 990, Part IV, line 1 | 11e or 11f. See Form 990. Part X. line 25.                 |
| (a) Description of liability   | (b) Book value               |  |
| (1) Federal income taxes   |                              |  |
| <sup>(2)</sup> Rounding  |                              | 1.   |
| (3)  |                              |  |
| (4)  |                              |  |
| (5)<br>(6)   |                              |  |
| (7)  |                              |  |
| (8)  |                              |  |
| (9)  |                              |  |
| (10)   |                              |  |
| (11)   |                              |  |

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). ► 1 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.....

| Schedule D (Form 990) 2018 FRIENDS OF L'ARCHE ATLANTA                              | 20-3091620          | Page 4 |
|--|---------------------|--------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue    | e per Return. N/A   |        |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.        |                     |        |
| 1 Total revenue, gains, and other support per audited financial statements         |                     |        |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |                     |        |
| a Net unrealized gains (losses) on investments 2a                                  |                     |        |
| b Donated services and use of facilities   |                     |        |
| c Recoveries of prior year grants  |                     |        |
| d Other (Describe in Part XIII.)   |                     |        |
| e Add lines 2a through 2d.   |                     |        |
| 3 Subtract line 2e from line 1   |                     |        |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |                     |        |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a              |                     |        |
| b Other (Describe in Part XIII.)   |                     |        |
| c Add lines 4a and 4b  |                     |        |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                     |        |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expense  | ses per Return. N/A |        |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.        | •                   |        |
| 1 Total expenses and losses per audited financial statements                       |                     |        |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                |                     |        |
| a Donated services and use of facilities   |                     |        |
| b Prior year adjustments   |                     |        |
| c Other losses.  |                     |        |
| d Other (Describe in Part XIII.)   |                     |        |
| e Add lines <b>2a</b> through <b>2d</b>  |                     |        |
| 3 Subtract line 2e from line 1.  |                     |        |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:               |                     |        |
| a Investment expenses not included on Form 990, Part VIII, line 7b                 |                     |        |
| b Other (Describe in Part XIII.)   |                     |        |
| c Add lines 4a and 4b.   |                     |        |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |                     |        |
| Part XIII Supplemental Information.  |                     |        |

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

|   | Suppleme   | ental Informa                         | tion Reg    | jarding F                                 | undraising or Gami                   | ng Activities  | OMB No. 1545-0047  |
|---|--|---------------------------------------|-------------|---|--------------------------------------|--|--|
| SCHEDULE G<br>Form 990 or 990-EZ) Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the<br>organization entered more than \$15,000 on Form 990-EZ, line 6a. |  |                                       |             |   | 2018                                 |  |  |
| Department of the Treasury<br>Internal Revenue Service  | <ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul> |                                       |             |   |                                      | Open to Public<br>Inspection   |  |
| Name of the organization  | Go to www.irs.gov/Porm990 for instructions and the latest information.   |                                       |             |   |                                      | •  |  |
| FRIENDS OF L'ARCHE ATLANTA 20-309162  |  |                                       |             |   |                                      |  |  |
| Part I Fundraising A  | Activities. Complet<br>filers are not re   | te if the organiza                    | ation answ  | ered 'Yes' o<br>part                      | on Form 990, Part IV, line           | e 17.  |  |
|   |  |                                       |             |   | owing activities. Check              | all that apply.  |  |
| a 🗌 Mail solicitatio  | ons  |                                       |             | е   | Solicitation of non-                 | government grants  |  |
|   |  |                                       |             |   |                                      |  |  |
| c Phone solicita  |  |                                       |             | g   | Special fundraising                  | j events   |  |
| d In-person soli  |  | r oral agreement                      | with any i  | individual (i                             | ncluding officers, directo           | rs trustees or key   |  |
| employees listed i  | in Form 990, Par   | t VII) or entity i                    | n connect   | tion with p                               | rofessional fundraising              | services?  |  |
| <b>b</b> If 'Yes,' list the 10<br>compensated at le   | ) highest paid inc<br>east \$5,000 by th   | lividuals or enti<br>le organization. | ties (fund  | raisers) pu                               | irsuant to agreements i              | under which the fundra   | iser is to be  |
| (i) Name and address<br>or entity (fundr  |  | (ii) Activity                         | have custo  | fundraiser<br>dy or control<br>ributions? | (iv) Gross receipts<br>from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>column (i) | <b>(vi)</b> Amount paid to (or retained by) organization |
|   |  |                                       | Yes         | No  |                                      |  |  |
| 1   |  |                                       |             |   |                                      |  |  |
|   |  |                                       |             |   |                                      |  |  |
| 2   |  |                                       |             |   |                                      |  |  |
|   |  |                                       |             |   |                                      |  |  |
| 3   |  |                                       |             |   |                                      |  |  |
| 5   |  |                                       |             |   |                                      |  |  |
|   |  |                                       |             |   |                                      |  |  |
| 4   |  |                                       |             |   |                                      |  |  |
|   |  |                                       |             |   |                                      |  |  |
| 5   |  |                                       |             |   |                                      |  |  |
|   |  |                                       |             |   |                                      |  |  |
| 6   |  |                                       |             |   |                                      |  |  |
| 6   |  |                                       |             |   |                                      |  |  |
|   |  |                                       |             |   |                                      |  |  |
| 7   |  |                                       |             |   |                                      |  |  |
|   |  |                                       |             |   |                                      |  |  |
| 8   |  |                                       |             |   |                                      |  |  |
|   |  |                                       |             |   |                                      |  |  |
| <u>^</u>  |  |                                       |             |   |                                      |  |  |
| 9   |  |                                       |             |   |                                      |  |  |
|   |  |                                       |             |   |                                      |  |  |
| 10  |  |                                       |             |   |                                      |  |  |
|   |  |                                       |             |   |                                      |  |  |
| Total   |  |                                       |             |   |                                      |  | 0.   |
| 3 List all states in wh   | ich the organizatio  | on is registered o                    | or licensed | to solicit c                              | ontributions or has been             | notified it is exempt from   |  |
| or licensing.   |  |                                       |             |   |                                      |  |  |
| <b></b>   |  |                                       |             |   |                                      |  |  |
|   |  |                                       |             |   | ·                                    |  |  |
|   |  |                                       |             |   |                                      |  |  |

### Schedule G (Form 990 or 990-EZ) 2018 FRIENDS OF L'ARCHE ATLANTA

20-3091620 Page **2** 

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                |       | List events with gross receipts gre          |                         |  |                  |                                     |
|----------------|-------|--|-------------------------|--|------------------|-------------------------------------|
|                |       |  | (a) Event #1            | (b) Event #2                               | (c) Other events | (d) Total events                    |
|                |       |  | 6TH BIRTHDAY B          | DAVID JENKINS                              | None             | (add column (a)                     |
| R              |       |  | (event type)            | (event type)                               | (total number)   | through column (c)                  |
| E<br>V         |       |  |                         |  | . ,              |                                     |
| R E V E N U E  | 1     | Gross receipts                               | 92,793.                 | 16,350.                                    |                  | 109,143.                            |
| ÿ              | -     |  | 52,155.                 | 10,000.                                    |                  | 105,145.                            |
| E              | 2     | Less: Contributions                          |                         |  |                  |                                     |
|                |       |  |                         |  |                  |                                     |
|                | 3     | Gross income (line 1 minus line 2)           | 92,793.                 | 16,350.                                    |                  | 109,143.                            |
|                |       |  |                         |  |                  |                                     |
|                | 4     | Cash prizes                                  |                         |  |                  |                                     |
|                | _     |  |                         |  |                  |                                     |
|                | 5     | Noncash prizes                               |                         |  |                  |                                     |
| ĭ              | 6     | Rent/facility costs                          | 1 750                   | 6,167.                                     |                  | 7 017                               |
| Ē              | 0     |  | 1,750.                  | 0,107.                                     |                  | 7,917.                              |
| D  <br>R E C T | 7     | Food and beverages                           | 3,898.                  |  |                  | 3,898.                              |
|                | -     |  |                         |  |                  | 5,050.                              |
| Х              | 8     | Entertainment                                |                         |  |                  |                                     |
| EXPENSES       |       |  |                         |  |                  |                                     |
| S              | 9     | Other direct expenses                        | 28,856.                 | 4,244.                                     |                  | 33,100.                             |
| Ŝ              |       |  |                         |  |                  |                                     |
|                | 10    | Direct expense summary. Add lines 4 thr      | ough 9 in column (d).   |  | •                | 44,915.                             |
|                | 11    | Net income summary. Subtract line 10 fr      | om line 3, column (d).  |  |                  |                                     |
| Par            | + 111 | Gaming. Complete if the organiza             |                         |  |                  |                                     |
| 1 ui           |       | \$15,000 on Form 990-EZ, line 6a.            |                         | 5 off i off i 550, i a                     |                  |                                     |
|                |       | +·····                                       |                         |  |                  |                                     |
| R              |       |  | (a) Bingo               | (b) Pull tabs/instant<br>bingo/progressive | (c) Other gaming | (d) Total gaming<br>(add column (a) |
| EV             |       |  | (a) Diligo              | bingo/progressive                          |                  | through column (c)                  |
| REVENUE        |       |  |                         | - J.                                       |                  |                                     |
| ÿ              |       |  |                         |  |                  |                                     |
| E              | 1     | Gross revenue                                |                         |  |                  |                                     |
|                |       |  |                         |  |                  |                                     |
|                | 2     | Cash prizes                                  |                         |  |                  |                                     |
| ь Ę            |       |  | -                       |  |                  |                                     |
| EXPENSES       | 3     | Noncash prizes                               |                         |  |                  |                                     |
| R E<br>E N     | Ŭ     |  |                         |  |                  |                                     |
| C S<br>T E     |       | Rent/facility costs                          |                         |  |                  |                                     |
| S              | 4     |  |                         |  |                  |                                     |
|                | _     | <b>e</b>                                     |                         |  |                  |                                     |
|                | 5     | Other direct expenses                        |                         |  |                  |                                     |
|                |       |  | Yes %                   | Yes %                                      | Yes 8            |                                     |
|                | 6     | Volunteer labor                              | No                      | No   | No               |                                     |
|                |       |  |                         |  |                  |                                     |
|                | 7     | Direct expense summary. Add lines 2 thr      | ough 5 in column (d).   |  | •                |                                     |
|                |       |  |                         |  |                  |                                     |
|                | 8     | Net gaming income summary. Subtract li       | ne 7 from line 1. colum | ın (d)                                     | •                |                                     |
|                |       | 5. 5. <u>.</u>                               |                         | .,   |                  | 1                                   |
| 0              | Ent   | er the state(s) in which the organization co | nducto comina octivitio |  |                  |                                     |
| 9              |       | ne organization licensed to conduct gaming   |                         |  |                  |                                     |
|                |       |  |                         |  |                  |                                     |
| ł              |       | lo,' explain:                                |                         |  |                  |                                     |
|                |       |  |                         |  |                  |                                     |
|                |       |  |                         |  |                  |                                     |
| 10 a           | Wer   | re any of the organization's gaming license  | s revoked, suspended,   | or terminated during th                    | e tax year?      | Yes No                              |
|                |       | / 1 1 1                                      |                         |  |                  |                                     |
| -              |       | 'es,' explain:                               |                         |  |                  |                                     |
|                |       |  |                         |  |                  |                                     |

Schedule G (Form 990 or 990-EZ) 2018

| Schedule G (Form 990 or 990-EZ) 2018 FRIENDS OF L'ARCHE ATLANTA  | 20-3091620                            | Page 3    |
|--|---------------------------------------|-----------|
| 11 Does the organization conduct gaming activities with nonmembers?  | Yes                                   | No        |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?   |                                       | No        |
| 13 Indicate the percentage of gaming activity conducted in:  |                                       |           |
| a The organization's facility.   | 13a                                   | 00        |
| <b>b</b> An outside facility   |                                       | olo       |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco   | rds:                                  |           |
| Name ►   |                                       |           |
| Address ►  |                                       |           |
| 15 a Does the organization have a contract with a third party from whom the organization receives gaming reve  |                                       | No        |
| Name ►   |                                       |           |
| Address ►  |                                       | <br> <br> |
| 16 Gaming manager information:   |                                       |           |
| Name ►   |                                       |           |
| Gaming manager compensation ► \$   |                                       |           |
|  |                                       |           |
| Director/officer Employee Independent contractor   |                                       |           |
| 17 Mandatory distributions:  |                                       |           |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain th state gaming license?  | Yes                                   | No        |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ► \$                            | in the                                |           |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, of and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions. | columns (iii) and (<br>any additional | v);       |

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS OF L'ARCHE ATLANTA

Employer identification number 20-3091620

### Form 990, Part I, Line 1 - Organization Mission or Significant Activities

FRIENDS OF L'ARCHE ATLANTA IS A MEMBER OF THE INTERNATIONAL FEDERATION OF L'ARCHE. L'ARCHE (A FRENCH WORD MEANING "THE ARK") BUILDS INCLUSIVE COMMUNITIES OF FAITH AND FRIENDSHIP WHERE PEOPLE WITH AND WITHOUT INTELLECTUAL DISABILITIES SHARE LIFE TOGETHER, MAKING EXPLICIT THE DIGNITY OF EVERY HUMAN BEING.

### Form 990, Part III, Line 1 - Organization Mission

FRIENDS OF L'ARCHE ATLANTA IS A MEMBER OF THE INTERNATIONAL FEDERATION OF L'ARCHE. L'ARCHE (A FRENCH WORD MEANING "THE ARK") BUILDS INCLUSIVE COMMUNITIES OF FAITH AND FRIENDSHIP WHERE PEOPLE WITH AND WITHOUT INTELLECTUAL DISABILITIES SHARE LIFE TOGETHER, MAKING EXPLICIT THE DIGNITY OF EVERY HUMAN BEING.

### Form 990, Part III, Line 4a - Program Service Accomplishments

During the year ended December 31, 2018, FOLA operated the following programs:

(i) A L'Arche Home in the Oakhurst neighborhood of Decatur

L'Arche Atlanta's first home, opened in 2012, has a double identity: first and foremost, the members of the home are simply human beings sharing life together, with and without disabilities, building community together. The home's second identity is that of a professional provider of residential services for adults with developmental disabilities. As such, the home is a licensed "Community Residential Alternative" with the State of Georgia's Department of Developmental Disabilities, and this partnership provides for around 45% of the home's funding through available public funding.

(ii)Outreach - Building Community through Social Events

Since January 2010, in partnership with several local faith communities, FOLA has been hosting social events for people with and without intellectual disabilities. These evenings begin with a potluck supper, and then move to events such as dances, bingo, talent night, or movie night. An average of 100 people attends the

### Form 990, Part III, Line 4a - Program Service Accomplishments

including over 50 individuals with intellectual disabilities. The purpose of the evenings is to come together to have fun, to celebrate the unique value of each person, and build relationships of friendship and support.

(iii)Outreach - Through Announcing the Gifts of Adults with Intellectual Disabilities Part of the L'Arche mission involves announcing the gifts that adults with intellectual disabilities bring to our societies, thereby inviting people to initiatives of inclusion and mutual relationships within their own communities. In 2018, FOLA, in partnership with the Georgia Council on Developmental Disabilities, completed the first year of Storytelling Project. The goal of the project is to educate and influence legislators around issues that affect Georgians with disabilities through their stories and photographs. The GCDD Storytelling Project collected 75 stories representing the experience of individuals living with a developmental disability in Georgia. This collection of stories and pictures included at least one individual from 53 of Georgia's 56 State Senate Districts. L'Arche will be collecting stories to support GCDD's efforts to amplify the voices and stories of people with developmental disabilities in Georgia.

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

PDF PROVIDED FOR REVIEW

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees The Operations Committee of L'Arche Atlanta is responsible for reviewing and evaluating the performance of the Executive Directive of the L'Arche community. Before meeting to review the Executive Director's annual performance, the Operations Committee seeks input on specific criteria from the house members and members of the Board of Directors of L'Arche Atlanta. The Operations Committee then meets to review the responses of the members, propose the following year's salary and establish specific goals for the Executive Director's following year. FRIENDS OF L'ARCHE ATLANTA

20-3091620

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

PROVIDED UPON REQUEST

Form 990, Part IX, Line 11g Other Fees For Services

|       | (A)               | (B)<br>Program    | (C)<br>Management | (D)<br>Fund- |  |
|-------|-------------------|-------------------|-------------------|--------------|--|
| _     | Total             | Services          | & General         | raising      |  |
|       | 2,130.<br>75,635. | 2,130.<br>75,635. |                   |              |  |
| Total | 77,765.           | \$ 77,765.        | \$0.              | \$0.         |  |