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990 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2018 calendar year, or tax year beginning 07-01 2018, and ending 06-30 , 2019 В C Name of organization BELOVED COMMUNITY, D Employer identification no Check if applicable 81-3388287 Address change Doing business as Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Room/suite Initial return 1700 S. RAMPART ST. (314)560-7135 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts NEW ORLEANS, LA 70113 475,163 Amended return Yes X No Name and address of principal officer Application pending H(a) is this a group return for subordinates? 501(c)(3) Tax-exempt status 501(c) ( ) < (insert no ) \_\_\_ 4947(a)(1) or 527 If "No," attach a list (see instructions) Website ▶ WWW.WEAREBELOVED.ORG Group exemption number Form of organization Corporation Trust Association Year of formation 2017 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities CATALYZE PEOPLE AND INSTITUTIONS TO IMPLEMENT SUSTAINABLE CROSS-SECTOR DIVERSITY PRACTICES THAT RESULT IN ECONOMIC GROWTH FOR THEIR Activities & Governance REGION. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 27 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 38 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 205,000 Revenue 249,104 270,163 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .... 12 475,163 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ...... 0 14 Benefits paid to or for members (Part IX, column (A), line 4) .... 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 168,430 121,063 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e 66,153 276,851 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)/ED 234,583 397,914 19 Revenue less expenses Subtract line 18 from line 12/ 14,521 77,249 Beginning of Current Year End of Year Total assets (Part X, line 16) 135,943 63,391 21 Total liabilities (Part X, line 26) 50,189 47,989 Net assets or fund balances Subtract line 21 from line 26 13,202 87,954 Part II Signature Block Under penalties of penury, 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 10-01-2019 Sign Signature of onice □ Here RHONDA J BROUSSARD, CEO Type or print name and title Date Check X if PTIN Print/Type preparer's name Preparer's signature - Paid CHARLES P BROWN CPA 10-01-2019 self-employed P01314745 Firm's EIN Firm's name CHARLES P BROWN CPA LLC 元 Use Only Firm's address ▶ 2817 HARVARD AVE SUITE 202 Phone no METAIRIE LA 70006 504-737-4966 May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . X Yes □ No 0.10 For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

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Form	990 (2018) BELOVED COMMUNITY, INC.	81-3388287	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission		
	CATALYZE PEOPLE AND INSTITUTIONS TO IMPLEMENT SUSTAINABLE CROSS-SECTOR DIVE	RSITY PRACTI	CES
	THAT RESULT IN ECONOMIC GROWTH FOR THEIR REGION.		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?	∐ Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	П.,	П.,
	services?	∐ Yes	X No
_	If "Yes," describe these changes on Schedule O	and the second	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured as a service of the control of the c		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	Juleis,	
	the total expenses, and revenue, if any, for each program service reported		
	(Code ) (Expenses \$ 176,966 including grants of \$ ) (Revenue	\$ 27	0,163)
-14	IN THE BELOVED COMMUNITY'S SECOND YEAR WE CELEBRATED THE FOLLOWING IMPACT A		<del></del>
	EQUITY IN SCHOOLS: LAUNCHED TWO ONLINE TOOLS FOR EQUITY AUDITS IN SCHOOLS,	,	
	PROFIT BUSINESSES. THE TOOLS ASSESS ORGANIZATIONAL CAPACITY FOR DIVERSITY,	•	
	INCLUSION IN GOVERNANCE, OPERATIONS, PROGRAM, PEDAGOGY, ADULT CULTURE, YOUT		
	GRANTMAKING WHERE APPLICABLE. EQUITY AUDIT (ORGANIZATIONAL ASSESSMENT) AND	EQUITY LENS	MAP
	(PROFESSIONAL DEVELOPMENT ASSESSMENT) THAT REACHED: *558 ORGANIZATIONAL INQU	JIRIES; *144	
	COMPLETED EQUITY AUDITS FROM ORGANIZATIONS IN 19 STATES; *RESPONDENTS REPRE	SENTED ALL T	HREE
	TARGET ORGANIZATIONAL TYPES: NONPROFITS/COLLEGES/UNIVERSITIES (122), K-12 S	CHOOLS (17),	AND
	FOR PROFIT BUSINESSES (5). *RESPONDENTS REPRESENTED 10 SECTORS: EDUCATION SE	RVICES (68),	
	HEALTHCARE AND SOCIAL ASSISTANCE(33), OTHER SERVICES(27), ARTS, ENTERTAINMENT		
	RECREATION(4), PROFESSIONAL, SCIENTIFIC, AND TECHNICAL(4), CONSTRUCTION(3),		
			<del> </del>
4b		\$	,
	See SERVICES page for a description of this program service.	·	<del></del>
		<del></del>	
4c	(Code) (Expenses \$ including grants of \$ ) (Revenue	\$	)
			<del></del>
			<del></del>
	Other program services (Describe in Schedule O )		
74	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 176,966	<i>L</i> .	
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Part IV

**Checklist of Required Schedules** 

81-3388287

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Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х X 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes." complete Schedule C. Part II .......... 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III. . . . . . . . 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II ...... 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a b Did the organization report an amount for investments - other secunties in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12b X 13 13 Х 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ......... 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) ......... 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х 19 X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х

<u> </u>	Territoria de l'income de l'estate de l'es			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		:	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			İ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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		ĺ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	ĺ		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	205		Х
•	An entity of which a gurrant or former officer director trustee or key employee (or a family member thereof)	28b		^
С	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? If "Yes," complete Schedule L, Part IV	28c		х
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive more trial \$25,000 in non-cash contributions. In Test, complete schedule in	23		
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	<u> </u>		
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	• • •	ليا
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c Form	X	2010)
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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			3
	Statements, filed for the calendar year ending with or within the year covered by this return 2a Co	l		". ——
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ŀ	
	required to file Form 8282?	7c	,	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		•	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
ь 10	Section 501(c)(7) organizations. Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
2a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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 O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ۔ ا		17
	excess parachute payment(s) dunng the year	15		X
40	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
	If "Yes." complete Form 4720. Schedule O		1	

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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a ' Did the organization have local chapters, branches, or affiliates? Х 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Х b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X 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? Х 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ................. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records RHONDA J BROUSSARD (314)560-7135, 1700 S. RAMPART ST., NEW ORLEANS, LA 70113

m 990 (2018)	BELOVED COMMUNITY

81-3388287 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100.000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any relate	2. 3				C)				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er and	Pos eck m ss per d a du	sition ore th son is	han one solon are frustee)  Highest compensaled employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1) RHONDA J BROUSSARD CEO	40.00	Х		x			157,427	0	
2) DARREN ISOM DIRECTOR	1.00	х					0		
(3) MICHAEL GOETZ DIRECTOR	1.00	х							1
(4)									
[5]									
6)	:								
7)									
8)							 ,		
9)									
10)								-	
[1]									
(12)									
(13)							<u> </u>		
	1	1	1		- 1				1

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	990 (2018) BELOVED COMMUNITY,	INC.								81-33	B82	87	F	age 8
Parl	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Con	npen	sated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box, u	nless r and	a dire	tion ore th on is ector/f	an one both an		(D) Reportable compensation from	(E) Reportable compensation from related	m		(F) stimated mount of other	
		hours for related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	<ey employee<="" th=""><th>employee</th><th>Former</th><th>the organization (W-2/1099-MISC)</th><th>organizations (W-2/1099-MISC</th><th>)</th><th>org an</th><th>npensation the ganization related in the ganization and related in the ganization and ganization and ganization and ganization ganiz</th><th>on ed</th></ey>	employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)	org an	npensation the ganization related in the ganization and related in the ganization and ganization and ganization and ganization ganiz	on ed
<u>(15)</u>														
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<u>(17)</u>														
<u>(18)</u>														
										<u> </u>				
											$\perp$			
(05)														
	0.1.4.4.1													
1b c	Sub-total		• • • •							· <u></u>				
d	Total (add lines 1b and 1c)								157,427		0			0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those liste	ed abo	ve) v	who	rece	eived	more			1			
	reportable compensation non-the organization										<u> </u>		Yes	No
3	Did the organization list any former officer, director	r, or trustee,	key en	nplo	yee,	or h	nighes	t con	npensated		[			
	employee on line 1a? If "Yes," complete Schedule									• • • • • •	٠	3		X
4	For any individual listed on line 1a, is the sum of reportant and related organizations greater than											İ		
	individual				•						.	4	<u>x</u>	
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes,"	mpensation	from ar	ny ur	nrela	ted	orgar	ızatıc	on or individual			 5		X
Secti	on B. Independent Contractors	COMPLETE OF				· · · · ·		•						
1	Complete this table for your five highest compensated compensation from the organization. Report compensation													
	year (A)	<del></del>							(B)				(C)	
	Name and business address							_	Description of s	sei Vices		Comp	ensation	<u></u>
2	Total number of independent contractors (including by				listed	abo	ove) v	vho						
	received more than \$100,000 of compensation from	ine organiza	ii UTT	<u>▶</u>										

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) **(B)** (C) Revenue excluded from tax under sections 512-514 Related or Unrelated Total revenue exempt function revenue business Federated campaigns . . . . . . . 1a 1a Contributions, Gifts, Grants and Other Similar Amounts 1b c Fundraising events ..... 1c d Related organizations . . . . . . . 1d e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above 205,000 g Noncash contributions included in lines 1a-1f \$ . . . . . . . 205,000 **Business Code** Program Service Revenue 2a PROGRAM SERVICE FEES 900099 270,163 270,163 þ C f All other program service revenue . . . . . . g Total. Add lines 2a-2f 270,163 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . . . . . ▶ 4 Income from investment of tax-exempt bond proceeds . . . ▶ (ı) Real (ii) Personal 6a Gross rents . . . . . . . . . b Less rental expenses . . . . c Rental income or (loss) . . . (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses .... c Gain or (loss) . . . . . . . 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . . . . . . . a **b** Less direct expenses .... b c Net income or (loss) from fundraising events . . . . . . . ▶ 9a Gross income from gaming activities See Part IV, line 19 . . . . . . . . . . a b Less direct expenses .... b c Net income or (loss) from gaming activities . . . . . . . . ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . a b Less cost of goods sold .... b c Net income or (loss) from sales of inventory . . . . . . . . ▶ Miscellaneous Revenue **Business Code** 11a b С e Total. Add lines 11a-11d . . . . . . . . . . . . . . . . . ▶ 475,163 270,163 0

Page 10

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and 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 2 individuals See Part IV. line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . . . . . . . . . . . . Compensation of current officers, directors, trustees, and key employees ....... 109,900 109,900 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... Other salaries and wages . . . . . . . . . . . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) q Other employee benefits ....... 10 11,163 11,163 Fees for services (non-employees) 11 187,856 187,856 Legal...... 16,042 16,042 C d Professional fundraising services See Part IV, line 17 . e Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) ... Advertising and promotion ..... 12 5,407 5,407 13 7,584 1,366 6,218 Information technology . . . . . 14 15 16 Occupancy . . . . . . . . . . 4,820 4,820 17 37,581 37,581 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2,374 2,374 20 21 Depreciation, depletion, and amortization ..... 22 360 360 23 2,734 2,734 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) DUES AND SUBSCRIPTIONS 674 674 PRINTING AND POSTAGE 861 861 TELEPHONE 1,383 1,383 PROGRAM COSTS 5,624 5,624 All other expenses 3,551 3,551 25 Total functional expenses. Add lines 1 through 24e . 397,914 176,966 220,948 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Retained earnings, endowment, accumulated income, or other funds .....

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

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 12,175 91,482 2 2 3 Pledges and grants receivable, net .......... 3 4 Δ 51,216 43,020 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 8 Prepaid expenses and deferred charges ....... 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D .... 10a 1,801 b Less accumulated depreciation . . . . . . . . . . . . 10b 10c 360 1,441 11 11 12 12 Investments - other securities See Part IV, line 11 ......... 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) ...... 16 63,391 135,943 17 17 3,500 18 18 19 50,189 19 44,489 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D ..... 21 22 Loans and other payables to current and former officers, directors, -labilities 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 ...... 23 24 Unsecured notes and loans payable to unrelated third parties . . . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 26 50,189 47,989 Organizations that follow SFAS 117 (ASC 958), check here 

and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 27 28 Temporarily restricted net assets ............... 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds .......... 31 Paid-in or capital surplus, or land, building, or equipment fund 31 . . . . . . . . . .

87,954

87,954

135,943

13,202

13,202

63,391

32

33

34

32

33

Form	990 (2018) BELOVED COMMUNITY, INC. 8	1-3388	287	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· · <u>· · · ·</u>		<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		475,	163
2	Total expenses (must equal Part IX, column (A), line 25)	2		397,	914
3	Revenue less expenses Subtract line 2 from line 1	3		77,	249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,	202
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(2,49	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		87,	954
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• • • • •	• • • • •	• • •	<u>.                                    </u>
				Yes	No
1	Accounting method used to prepare the Form 990 📙 Cash 💹 Accrual 📙 Other	_			{
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			-	]
	Schedule O				أحيت
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • •	<u>2a</u>	ļ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both		,		<b>!</b>
	Separate basis Consolidated basis Both consolidated and separate basis			<u> </u>	لييا
b	Were the organization's financial statements audited by an independent accountant?	• • • •	2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		-	, ,	
	separate basis, consolidated basis, or both			Ι.	` <b>`.</b>
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			· ·	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			<u> </u>	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • • •	· • 2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			´	-
_	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				٠,,
	the Single Audit Act and OMB Circular A-133?	• • • •	<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		0.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	• • • • •		990 (	
EEA			ruri)	・ ラブリ (.	<b>_UIO</b> }

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Internal Revenue Service Employer Identification number Name of the organization BELOVED COMMUNITY, INC. 81-3388287

πı	Reason for Public Charit	Jialus (All Ol	gariizations must co	Jilibiere	uno par	.) Occ monachor		
orgai	nization is not a private foundation bed	ause it is (For lines	s 1 through 12, check onl	y one box	)			
	A church, convention of churches, or	association of chu	irches described in sect	ion 170(b)	(1)(A)(i).		~ (	7
	A school described in section 170(b	)(1)(A)(II). (Attach	Schedule E (Form 990 c	r 990-EZ)	)		(A)	ł
	A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	.)(III).		$\cup$	l
Ī						(1)(A)(iii). Enter the		•
_		•	,		•			
П		efit of a college or i	iniversity owned or opera	ated by a c	overnmen	tal unit described in		
	- · · · · · · · · · · · · · · · · · · ·				,			
П		•	init described in section	170/b)/1)/	(Δ)(ν)			
H	_	_				m the general nublic		
ш	•	· ·		Cirincina	unit or no	in the general public		
$\Box$			·					
$\overline{}$				ratad in aa	numation	with a land grant call	000	
ш							ege	
		ege or agriculture (s	see instructions) Enter the	e name, cii	y, and stat	e of the college of		
<b>E 3</b>								
A	- ·					-	is	
	·	•	•	-	-			
						rom businesses		
_	· · · · · · · · · · · · · · · · · · ·							
$\vdash$		· ·	•					
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					•	• •	•	
а		n operated, superv	used, or controlled by its	supported	organizat	ion(s), typically by gi	ving	
	the supported organization(s) the	power to regularly	appoint or elect a major	ity of the d	lirectors or	trustees of the		
		ist complete Part	IV, Sections A and B.					
þ		on supervised or co	entrolled in connection w	th its supp	orted orga	anızatıon(s), by havın	9	
	control or management of the sup	oporting organization	on vested in the same pe	rsons that o	control or r	nanage the supporte	d	
	organization(s) You must comp	olete Part IV, Sect	ions A and C.					
С	☐ Type III functionally integrated	l. A supporting orga	anızatıon operated ın cor	nection w	ith, and fu	nctionally integrated	with,	
	its supported organization(s) (se	e instructions) Yo	u must complete Part I	√, Section	is A, D, ar	nd E.		
d	Type III non-functionally integ	rated. A supporting	g organization operated i	n connecti	on with its	supported organizat	ion(s)	
	that is not functionally integrated	The organization g	enerally must satisfy a d	stribution r	equiremen	nt and an attentivenes	s	
	requirement (see instructions) Y	ou must complete	e Part IV, Sections A ar	nd D, and	Part V.			
е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III		
	6. and a smaller reduced and Trans II	l non functionally in	tograted supporting orga	nozation				
	functionally integrated, or Type II	i non-iunctionally ii	itegrated supporting orga	anization				
f	Enter the number of supported organ	•						
f g		zations					• • • •	
	Enter the number of supported organ	zations				(v) Amount of monetary	(vi) Amo	
	Enter the number of supported organ Provide the following information abo	izations	ganization(s)  (iii) Type of organization (described on lines 1-10	(iv) Is the or	rganization r governing	(v) Amount of monetary support (see	(vi) Amo	ort (see
	Enter the number of supported organ Provide the following information abo	izations	ganization(s) (iii) Type of organization	(iv) Is the o	rganization r governing	(v) Amount of monetary	(vi) Amo	ort (see
	Enter the number of supported organ Provide the following information abo	izations	ganization(s)  (iii) Type of organization (described on lines 1-10	(iv) Is the or	rganization r governing	(v) Amount of monetary support (see	(vi) Amo	ort (see
	Enter the number of supported organ Provide the following information abo	izations	ganization(s)  (iii) Type of organization (described on lines 1-10	(iv) Is the or listed in you docum	rganization r governing ent?	(v) Amount of monetary support (see	(vi) Amo	ort (see
	Enter the number of supported organ Provide the following information abo	izations	ganization(s)  (iii) Type of organization (described on lines 1-10	(iv) Is the or listed in you docum	rganization r governing ent?	(v) Amount of monetary support (see	(vi) Amo	ort (see
	Enter the number of supported organ Provide the following information abo	izations	ganization(s)  (iii) Type of organization (described on lines 1-10	(iv) Is the or listed in you docum	rganization r governing ent?	(v) Amount of monetary support (see	(vi) Amo	ort (see
	Enter the number of supported organ Provide the following information abo	izations	ganization(s)  (iii) Type of organization (described on lines 1-10	(iv) Is the or listed in you docum	rganization r governing ent?	(v) Amount of monetary support (see	(vi) Amo	ort (see
		A school described in section 170(b) A hospital or a cooperative hospital s A medical research organization oper hospital's name, city, and state An organization operated for the bend section 170(b)(1)(A)(iv). (Complete A federal, state, or local government An organization that normally receive described in section 170(b)(1)(A)(vi) A community trust described in section a agricultural research organization or university or a non-land-grant colled university  An organization that normally receive receipts from activities related to its essupport from gross investment income acquired by the organization after Ju An organization organized and operation of one or more publicly supported one Check the box in lines 12a through 12 and Type I. A supporting organization the supporting organization (s) the supporting organization (s) the supporting organization (s) the supported organization (s) You must composite the supported organization organization (s) (see the time of the supported organization	A school described in section 170(b)(1)(A)(II). (Attach A hospital or a cooperative hospital service organization   A medical research organization operated in conjunction hospital's name, city, and state  An organization operated for the benefit of a college or usection 170(b)(1)(A)(IV). (Complete Part II)  A federal, state, or local government or governmental of described in section 170(b)(1)(A)(VI). (Complete Part II)  A community trust described in section 170(b)(1)(A)(VI). (Complete Part II)  A community trust described in section 170(b)(1)(A)(VII)  An agricultural research organization described in section university or a non-land-grant college of agriculture (suniversity  An organization that normally receives (1) more than 33 receipts from activities related to its exempt functions - support from gross investment income and unrelated but acquired by the organization after June 30, 1975. See such an organization organized and operated exclusively for the of one or more publicly supported organizations described that organization organization operated, supervited that the box in lines 12a through 12d that describes that a type II. A supporting organization operated, supervited supporting organization You must complete Part IV, Section Type III. A supporting organization supervised or control or management of the supporting organization organization (s) You must complete Part IV, Section Type III functionally integrated. A supporting organization (s) Type III non-functionally integrated. A supporting requirement (see instructions) You must complete Part IV, Section Type III non-functionally integrated. The organization of requirement (see instructions) You must complete Part IV, Section Type III non-functionally integrated. The organization of requirement (see instructions).	A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990 of A hospital or a cooperative hospital service organization described in section 1 A medical research organization operated in conjunction with a hospital describ hospital's name, city, and state  An organization operated for the benefit of a college or university owned or opera section 170(b)(1)(A)(Iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from a government of its support from a government of section 170(b)(1)(A)(vI). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vI). (Complete Part II)  An agricultural research organization described in section 170(b)(1)(A)(Ix) operor university or a non-land-grant college of agriculture (see instructions). Enter the university  An organization that normally receives (1) more than 33 1/3% of its support from receipts from activities related to its exempt functions - subject to certain exception support from gross investment income and unrelated business taxable income (lead acquired by the organization after June 30, 1975. See section 509(a)(2). (Common An organization organized and operated exclusively to test for public safety. See An organization organized and operated exclusively for the benefit of, to perform of one or more publicly supported organizations described in section 509(a)(1). Check the box in lines 12a through 12d that describes the type of supporting organization operated, supervised, or controlled by its the supporting organization (s) the power to regularly appoint or elect a major supporting organization organization operated, supporting appoint or elect a major supporting organization organization supervised or controlled in connection we control or management of the supporting organization operated in the same perorganization(s) You must complete Part IV, Sections A and C.  Type III non-functionally integrated. A supp	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A A medical research organization operated in conjunction with a hospital described in sect hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a gesetion 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A) (vi). (A norganization that normally receives a substantial part of its support from a governmental described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II ) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in confuniversity or a non-land-grant college of agriculture (see instructions). Enter the name, cit university An organization that normally receives (1) more than 33 1/3% of its support from contributive receipts from activities related to its exempt functions - subject to certain exceptions, and (a support from gross investment income and unrelated business taxable income (less section acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform the function of one or more publicly supported organizations described in section 509(a)(1) or section Check the box in lines 12a through 12d that describes the type of supporting organization at Type I. A supporting organization operated, supervised, or controlled by its supported the supporting organization operated, supervised or controlled in connection with its supported organization. You must complete Part IV, Sections A and B.  b Type II. A supporting organization supervised or controlled in connection with its supported organi	A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990 or 990-EZ) )  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).  A medical research organization operated in conjunction with a hospital described in section 170(b) hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(IV). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).  An organization that normally receives a substantial part of its support from a governmental unit or from described in section 170(b)(1)(A)(VI). (Complete Part II )  A community trust described in section 170(b)(1)(A)(VI). (Complete Part II )  A community trust described in section 170(b)(1)(A)(VI). (Complete Part II )  An agricultural research organization described in section 170(b)(1)(A)(Ix) operated in conjunction or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state university  An organization that normally receives (1) more than 33 1/3% of its support from contributions, member receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more support from gross investment income and unrelated business taxable income (less section 511 tax) fractured by the organization after June 30, 1975. See section 509(a)(2). (Complete Part IV)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization and complete a Type I. A supporting organization operated, supervised, or controlled by its supported organization for unity organiz	A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990 or 990-EZ))  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(VI). (Complete Part II)  A community trust described in section 170(b)(1)(A)(VI). (Complete Part II)  A community trust described in section 170(b)(1)(A)(VI). (Complete Part II)  An agricultural research organization described in section 170(b)(1)(A)(XIX) operated in conjunction with a land-grant coll or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpos of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(3).	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii), (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)  A community frust described in section 170(b)(1)(A)(vi). (Complete Part II)  An agnicultural research organization described in section 170(b)(1)(A)(vi) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university  An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and c

(D) (E)

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) >	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					205,000	205,000
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				249,104	270,163	519,267
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				249,104	475,163	724,267
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					·	
С	Add lines 7a and 7b			<u> </u>			
8	Public support. (Subtract line 7c from line 6)		,	1			724,267
	ction B. Total Support		T	1-2		<u> </u>	
_	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 10a	Amounts from line 6				249,104	475,163	724,267
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	(		q	249,104	475,163	724,267
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ 🛚
Sec	ction C. Computation of Public Su	····	<del>-</del>		· <del>-</del> r	<del>-</del> . <del>-</del>	
15	Public support percentage for 2018 (line 8, co		•		T	15	%
16	Public support percentage from 2017 Schedu			• • • • • • • • •		16	<u>%</u>
	ction D. Computation of Investmen			column (6)		17	0/
17 18	Investment income percentage for 2018 (line Investment income percentage from 2017 S		<del>-</del>		F	17	<u>%</u> %
	33 1/3% support tests - 2018. If the organization is not more than 33 1/3%, check this box	zation did not ched	ck the box on line	14, and line 15 is m	ore than 33 1/3%,	and line	
b	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this	zation did not ched	ck a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3%, and	
20	Private foundation. If the organization did r	•	-		- · · · -		

	ule D (Form 990) 2018 BELOVED COMMUNIT						81-338			age 2
	t III Organizations Maintaining Co							sets (cor	ntinue	ea)
3	Using the organization's acquisition, accession, ar	nd other records, o	check any o	f the follow	ing that are	a signific	ant use of its			
	collection items (check all that apply)	_								
а	Rublic exhibition	<b>d</b> ∐ Lo	an or excha	nge progra	ams					
b	Scholarly research	e ∐ Oti	her	-						
¢	Preservation for future generations									
4	Provide a description of the organization's collection	ons and explain h	ow they fur	ther the org	ganızatıon's e	exempt p	ourpose in Part			
	XIII									
5	Dunng the year, did the organization solicit or rece	eive donations of a	art, historica	I treasures	, or other sin	nılar				
	assets to be sold to raise funds rather than to be	maintained as par	t of the orga	anızatıon's	collection?			<u> </u>	/es [	☐ No
Pai	t IV Escrow and Custodial Arrange									
	Complete if the organization ans	wered "Yes" o	n Form 9	90, Part	IV, line 9	, or rep	orted an amou	unt on Fo	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or	other intermediary	for contribi	utions or of	ther assets n	ot				
	included on Form 990, Part X?	• • • • • • • •						🗆 ነ	es [	☐ No
b	If "Yes," explain the arrangement in Part XIII and o	complete the follow	wing table							
	•		Ū				An	nount		
С	Beginning balance					10	:			
d	Additions during the year					10	1			
e	Distributions during the year					1e				
f	Ending balance					. 11	<del>-</del>			
2a	Did the organization include an amount on Form 9			or custod	ial account li			🗆 Y	/es	No
	If "Yes," explain the arrangement in Part XIII Che					-	<u> </u>	_	,	ቨ '''
	t V Endowment Funds.	ek nere ii the expi	anationna	been prov	idea on i ait	XIII	<u> </u>		• • • [	
	Complete if the organization ans	wered "Ves" o	n Form 9	90 Part	IV line 1	n				
	Complete if the organization this	(a) Current year	(b) Pri				(d) Three years back	(a) Faur		
10	Beginning of year balance	(a) Corrent year	(6) FII	oi yeai	(c) Two year	S Dack	(d) Three years back	(e) Four	years o	ack
1a	· · ·		-							
0		<del></del>	+					+		
С	Net investment earnings, gains, and									
	losses		<del> </del>							
đ	Grants or scholarships		<u> </u>				<del></del>			
е	Other expenditures for facilities and									
	programs		ļ <u></u>		***					
f	Administrative expenses	<del></del>			_					
g	End of year balance		ļ							
2	Provide the estimated percentage of the current year		ine 1g, colu	mn (a)) he	d as					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c should eq									
3a	Are there endowment funds not in the possession	of the organization	on that are h	ield and ac	ministered fo	or the		1		
	organization by								Yes	No
	(i) unrelated organizations				• • • • • •			. 3a(l)		
	(ii) related organizations							. 3a(ii)		
b	If "Yes" on line 3a(II), are the related organizations	s listed as required	d on Schedi	ıle R?				. 3b		
4	Describe in Part XIII the intended uses of the orga	<u>ınızatı</u> on's endowi	ment funds		_					
Par	t VI Land, Buildings, and Equipme	nt.								
	Complete if the organization ans	wered "Yes" o	n Form 9	90, Part	IV, line 1	1a. Se	e Form 990, Pa	art X, line	e <u>1</u> 0.	
	Description of property	(a) Cost or oth			other basis		Accumulated	(d) Book		
		(investm	ent)	(c	ther)		epreciation			
1a	Land									
b	Buildings				_					
C	Leasehold improvements		-							
d	Equipment	[			1,801		360		1,4	141

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

1,441

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for Instructions and the latest information.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

inspection

OMB No 1545-0047

2018

BEL	OVED COMMUNITY, INC.	81-3388287		
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	m		1
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for per		1	1
	☐ Travel for companions ☐ Payments for business use of personal			1
	Tax indemnification and gross-up payments  Health or social club dues or initiation f			
	☐ Discretionary spending account ☐ Personal services (such as maid, chau	ffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		}	}
	explain	<u>1b</u>		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		-	
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		-	i
	1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		1.	
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee ☐ Written employment contract		1	
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation	n committee	-	
4	Dunng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1.		
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		,	-
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of	'		
а	The organization?	6a		X
	Any related organization?			Х
	If "Yes" on line 6a or 6b, describe in Part III	,		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		- <del> </del>	
•	payments not described on lines 5 and 6? If "Yes," describe in Part III			х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		-	
•	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	In Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	1

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

THOSE. THE SUM OF COLUMN (E)(I)			W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation (III) Other reportable compensation		other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
RHONDA J BROUSSARD	(i)	102,498	0	54,929	(	0	157,427	·
1 CEO	(ii)	0	1	1		o		C
	(i)							
2	(li)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)				,			
5	(ii)							
	(i)							
6	(ii)							
	(1)							
7	(ii)							
	(l)							
8	(ii)						<u></u> .	
	(i)							·····
9	(ii)							
	(i)	~ .						
10	(ii)							
	(1)							
11	(ii)		<u> </u>					
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2018

Open to Public

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

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

Open to Public Inspection

BELOVED COMMUNITY, INC.	81-3388287
01. Form 990 governing body review (Part VI, line 11)	
A COPY OF THE TAX RETURN IS PROVIDED TO ALL THE MEMBERS OF THE GOVERNING B	ODY FOR THEIR
REVIEW PRIOR TO FILING THE RETURN.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
THE GOVERNANCE COMMITTEE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES	COMPLIANCE WITH
THE CONFLICT OF INTEREST POLICY.	
03. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS MAY BE DISCLOSED U	PON REQUEST.