

Return of Organization Exempt From income Tax

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



Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

| AF | or th | e 2019 calendar year, or tax year beginning and | ending | - | |
|-------------------------|-----------------------|--|---------------|--------------------------------|-------------------------------|
| B c a | heck if oplicat | C Name of organization | | D Employer identific | cation number |
| | Addr | MISSION LAZARUS, INC. | | | |
| | Name Chan | pe Doing business as | 75-31510 | 70 | |
| | Initial | Number and street (or P.0. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| | Final retur | PO BOX 150524 | | 615-250-0 | |
| | termi ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 3,019,874. |
| | Amer returr | NASHVILLE, IN 57215 | | H(a) Is this a group re | |
| | Appli tion pend | F Name and address of principal officer. OARROD W BROWN | | for subordinates | |
| | | 8212 SHOALS BRANCH RD, PRIMM SPRINGS, T | | H(b) Are all subordinates in | |
| | | tempt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) c$ | or 527 | 1 ' | list. (see instructions) |
| | | te: WWW.MISSIONLAZARUS.ORG | | H(c) Group exemption | |
| | | f organization: X Corporation Trust Association Other > | L Year | of formation: 2004 N | State of legal domicile: TX |
| Га | rt I | Summary | תגיםת | | |
| é | 1 | Briefly describe the organization's mission or most significant activities: TO SI CHRIST IN DEVELOPING NATIONS THROUGH THE | | | 12 OF DESUS |
| Activities & Governance | ~ | | | | |
| /ern | 2 3 | Check this box if the organization discontinued its operations or dispos | | 1.1 | ets. 8 |
| g | 3 4 | 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) | | | 8 |
| <u>م</u> | - 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | 6 | |
| ties | 6 | Total number of volunteers (estimate if necessary) | | 300 | |
| stivi | - | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| ¥ | | Net unrelated business taxable income from Form 990-T, line 39 | | | 0. |
| | | | | Prior Year | Current Year |
| ~ | 8 | Contributions and grants (Part VIII, line 1h) | | 2,471,569. | 2,603,036. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 167,005. | 186,908. |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 715. | 64,706. |
| £ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 151,798. | 165,224. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,791,087. | 3,019,874. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 902. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,061,043. | 1,081,876. |
| sue | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Expenses | | Total fundraising expenses (Part IX, column (D), line 25) 72,8 | | 1 407 200 | 1 411 004 |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,427,368. | 1,411,994. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,489,313. | 2,493,870. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 301,774. | 526,004. |
| ts or nces | 00 | | | ginning of Current Year | End of Year |
| Ssei Bala | | Total assets (Part X, line 16) | | 3,385,369. | 4,130,240. |
| et A | 21 | Total liabilities (Part X, line 26) | | <u>117,808</u> . 3,267,561. | <u>371,961.</u> 3,758,279. |
| | 22 rt II | Net assets or fund balances. Subtract line 21 from line 20 | | 3,20/,301. | 3,130,419. |
| [| i t II | | | | |

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.

| | | 10/13/2020 | | | | | | |
|---|--|--------------------------------|----------------------------------|--|--|--|--|--|
| Sign | Signature of officer | Date | | | | | | |
| Here | JARROD W BROWN, EXECUT | | | | | | | |
| | Type or print name and title | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date Check PTIN | | | | | |
| Paid | CHAD PORTER | CHAD PORTER | 10/02/20 self-employed P00183685 | | | | | |
| Preparer | Firm's name SMITH MARION & C | 0. | Firm's EIN ▶ 83-1445511 | | | | | |
| Use Only | Firm's address 🖕 5141 VIRGINIA WA | Y, SUITE 400 | | | | | | |
| BRENTWOOD, TN 37027 Phone no. 615-309-8 | | | | | | | | |
| May the II | RS discuss this return with the preparer shown abo | ove? (see instructions) | X Yes No | | | | | |
| | | a and the compute instructions | Gauss 990 (0010) | | | | | |

| Form | 990 (2019) MISSION LAZARUS, INC. | 1,2-3T2T0,10 | Page Z |
|------|--|--------------|-------------------|
| Pa | 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: <u>WE CULTIVATE DIGNITY AND PURPOSE SO INDIVIDUALS CAN LIVE</u> NOW AND FOR ETERNITY. | BETTER LIVE | S |
| | NOW AND FOR ETERNITY. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| - | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | Yes | K X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Ves | XNo |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as n Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported. | | |
| 4a | 601 350 | le \$ |) |
| | THE MISSION LAZARUS REFUGE CHILDREN'S HOME CONTINUES TO H | | / |
| | AMAZING PLACE FOR HEALING FOR THE NEGLECTED, ORPHANED, AN | |) |
| | CHILDREN OF HONDURAS. NOW WITH NEARLY 50 CHILDREN ON SIT | | |
| | DIFFERENT HOMES, THE REFUGE IS SHINING A BRIGHT LIGHT IN | A COUNTRY O | F |
| | SO MUCH PAIN AND SUFFERING. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 41 | (Code:) (Expenses \$ 1,489,337. including grants of \$ _) (Revenue | 196 | 908.) |
| 4b | (Code:) (Expenses \$1,489,337. including grants of \$) (Revenue THE MISSION LAZARUS HACIENDA IS THE WORKING RANCH THAT THE MISSION LAZARUS HACIENDA A RANCH THAT THE MISSION LAZARUS HACIENDA A RANCH THAT THE MISSION RANCH THAT THAT THE MISSION RANCH THAT THAT THAT THAT THAT THAT THAT TH | | 900. |
| | LAZARUS REFUGE IS LOCATED ON. THIS RANCH PROVIDES INVALU | | TON |
| | FOR THE CHILDREN OF THE REFUGE WHO ARE LEARNING ABOUT AGE | | |
| | AGRICULTURE PRODUCTION. WITH OUR LARGE HERDS OF CATTLE, | | |
| | SHEEP AS WELL AS CROP PRODUCTION THERE ARE MANY OPPORTUN | | |
| | EDUCATION AND CHARACTER BUILDING ACTIVITIES DAILY. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | FA 222 | | |
| 4c | (Code:) (Expenses \$ 50,396. including grants of \$) (Revenue (Code:) (Revenue (Code:))))))))))))))))))) | |) |
| | THE PRIMARY SCHOOLS ARE EDUCATING SOME OF THE POOREST CH HONDURAS AND IN HAITI. THE BLESSING OF THESE SCHOOLS GOP | | <u>د حا</u> |
| | SECULAR EDUCATION BUT ALSO PROVIDES A PLACE WHERE THE CHI | | ID A |
| | LOVED AND NOURISHED WITH 2 MEALS A DAY, FOR MOST OF THE C | | |
| | SERVE THIS IS THE ONLY TIME THEY'LL RECEIVE THIS BLESSING | | |
| | | • | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 2,141,083. | | 200 |
| | | Form | 990 (2019) |

| Form | aan | (2019) |
|-------|-----|--------|
| FUIII | 330 | (2013) |

 Form 990 (2019)
 MISSION LAZARUS, INC.

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|----------|---|------------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| ' | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | <u> </u> |
| 0 | | 8 | | x |
| 0 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | 0 | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | | | x |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | x |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | <u> </u> |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | <u></u> |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | <u> </u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | 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 | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | <u> </u> |
| | | 19 | | x |
| 20-2 | complete Schedule G, Part III | 20a | | X |
| zua b | | 20a 20b | <u> </u> | <u> </u> |
| ں 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 200 | | <u> </u> |
| 21 | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i> | 21 | | x |
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 Form 990 (2019)
 MISSION LAZARUS, INC.

 Part IV
 Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|--|-----------------|-----|------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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 | 23 | | х |
| 24 a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | |
| 270 | 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 | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| 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 |
| 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 | | | 77 |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> | 26 | | х |
| 27 | controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 20 | | |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20 | | х |
| 24 | contributions? If "Yes," complete Schedule M | <u>30</u> 31 | | X |
| 31 32 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> | 31 | | |
| 02 | 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 |
| | 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? | | | v |
| 07 | 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 | 27 | | х |
| 38 | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 37 | | - 23 |
| 50 | Note: All Form 990 filers are required to complete Schedule O | 38 | x | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

| | 990 (2019) MISSION LAZARUS, INC. /5-3151 | 070 | Р | age 5 |
|-----|---|----------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | . <u> </u> |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 6 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | 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 on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Х | |
| b | If "Yes," enter the name of the foreign country OTHER 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 |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| - | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.0 | | |
| | 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 |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 10 | | |
| U | to file Form 8282? | 7c | | x |
| d | | 10 | | |
| | | 7e | | |
| e | | 7e 7f | | |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7b | | |
| 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. | | | |
| 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: | | | |
| 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 | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 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. | | | |
| 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 13b | | | |
| с | Enter the amount of reserves on hand 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? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | 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 |
| - | If "Yes," complete Form 4720, Schedule O. | | | · |
| | | Гания | 000 | (2010) |

Form **990** (2019)

| Form 9 | 90 (| 20 | 19 |
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MISSION LAZARUS, INC.

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 on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|--|----------|----------|----------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 8 | - | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 8 | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | 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? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| _ | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | 37 | |
| | The governing body? | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | v |
| 800 | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Vee | Na |
| 10- | Did the exercitation have lead chapters, branches, or efficience? | 10a | Yes X | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | - 11 | |
| U | 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? | 10b | х | |
| 119 | and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 11a | | |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a | х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> | 12.0 | | |
| Ŭ | in Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | x |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | |
| | Other officers or key employees of the organization | 15b | Х | |
| | 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 with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $ ightarrow { m TN}$, ${ m TX}$ | | | |
| 18 | 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) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | - / | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | l finano | cial | |
| | 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 | | | |
| | JARROD BROWN - 6158296587 | | | |
| | 8212 SHOALS BRANCH RD, PRIMM SPRINGS, TN 38476 | | | |

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| Form 990 (2 | 2019) MISSION LAZARUS, INC. | 75-3151070 | Page 1 | | | | | |
|-------------|--|------------|--------|--|--|--|--|--|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Com | pensated | | | | | | |
| | Employees, and Independent Contractors | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | | | | | | |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | |
| 1a Comple | a Complete this table for all persons required to be listed. Benort compensation for the calendar year ending with or within the organization's tay year | | | | | | | |

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|---------------------|----------------------|--------------------------------|---|-------------|--------------|---------------------------------|-----------|---------------------------------|-----------------|--------------------------|
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | , unle | ss per | rson i | is both | n an | compensation | compensation | amount of |
| | week | | cer an | id a d I | irecto | or/trus | tee) | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or di | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | ruste | ll trus | | yee | mpen | | (00-2/1099-00130) | | and related |
| | below | dual t | Institutional trustee | 5 | Key employee | est co | er | | | organizations |
| | line) | Indivi | Instit | Officer | Key e | Highest compensated employee | Former | | | |
| (1) DAVE GIBBS | 5.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | Ο. | 0. |
| (2) EMILY GRAY | 5.00 | | | | | | | | | |
| SECRETARY | | x | | x | | | | 0. | Ο. | 0. |
| (3) JOHN PATTERSON | 2.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | Ο. | 0. |
| (4) MIKE CALVERT | 2.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | Ο. | 0. |
| (5) PHIL SMITH | 10.00 | | | | | | | | | |
| CHAIRMAN | | Х | | Х | | | | 0. | 0. | 0. |
| (6) TIM COOPER | 2.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (7) WENDY HUMPHRIES | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (8) MATT MORROW | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (9) JARROD W BROWN | 40.00 | | | | | | | | | |
| PRESIDENT | | | | Х | | | | 120,000. | 0. | 0. |
| | | | | | | | | | | |
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| | 990 (2019) MISSION L | AZARUS, | T | NC | • | | | | | 72-31 | 51U | 70 | Pag | ge o |
|--------|--|--|--------------------------------|-----------------------|-----------------|-------------------------|---------------------------------|--------|---|--|----------|--------------|-------------------------------------|----------------|
| Par | t VII Section A. Officers, Directors, Trust | ees, Key Emp | oloye | ees, | | | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | box, | not cl unles | ss per | ition nore son is | than c s both r/trust | n an | (D) Reportable compensation from | (E) Reportable compensatior from related | 1 | Estir amo | F) nated unt of her | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS0 | C) | organ | n the iizatio relateo | on d |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 120,000. | | 0. | | | 0. |
| c d | Total from continuation sheets to Part VII, Total (add lines 1b and 1c) | , Section A | | · · · · · · · · · | · · · · · · · · | | | | 0. 120,000. | | 0. 0. | | | 0. |
| 2 | Total number of individuals (including but no compensation from the organization | ot limited to the | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | | Υ | es | <u>1</u> No |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> | ıch individual | | | | | | | | | | 3 | | X |
| 4 5 | For any individual listed on line 1a, is the sur and related organizations greater than \$150 Did any person listed on line 1a receive or au | ,000? If "Yes, | " со | mple | ete S | Sche | edule | e J f | or such individual | - | | 4 | | X |
| | rendered to the organization? <i>If "Yes." comi</i> tion B. Independent Contractors | | | | | | | | | | | 5 | | X |
| 1 | Complete this table for your five highest con the organization. Report compensation for the | | | | | | | | the organization's tax ye | | ensatio | |) | |
| | (A) (B) Name and business address NONE Description of services (| | | | | | | | Cor | (C) npens | ation | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in \$100,000 of compensation from the organiz | • | ot lin | nitec | to t | thos C | | ted | above) who received mo | ore than | | | | |

| | | | 2019) MLS | STC | N LAZ | 4AK | US, INC. | | | °/5−3⊥5⊥ | U7U Page 9 |
|---|------|-----|-----------------------------------|-----------|--------------|----------------|--------------------|-----------------------------|--|---|---|
| Pa | rt V | 111 | Statement of Re | venu | e | | | | | | |
| | | | Check if Schedule O | contaii | ns a respo | onse | or note to any lin | | (=) | | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| <i>(0, c</i>) | 4 | _ | Foderated compaigns | | 1a | | | | | | 0001010012 011 |
| ants Ints | | | Federated campaigns | | | | | | | | |
| j G | | | | | | | | | | | |
| Ar Ar | | | Fundraising events | | | | | | | | |
| ilar İlar | | | | | | | | | | | |
| Sir, | | | Government grants (contr | | | | | | | | |
| utio | | T | All other contributions, gifts, | | | 2 | 603,036. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | _ | similar amounts not included | | | | 005,050. | | | | |
| t o | | ÷. | Noncash contributions included in | lines 1a- | 1f 1g | \$ | ` | 2,603,036. | | | |
| <u>ם C</u> | | n | Total. Add lines 1a-1f | | | | Business Code | 2,003,030. | | | |
| | | | | TNO | OME | | 493000 | 138,908. | 120 000 | | |
| ice | 2 | | POSADA/TRUCK HACIENDA INCO | | OME | | 721000 | 48,000. | 138,908. 48,000. | | |
| ue v | | | | | | | /21000 | 40,000. | 40,000. | | |
| n S /eni | | с | | | | | | | | | |
| Program Service Revenue | | d | | | | | | | | | |
| Š. | | e | | | | | | | | | |
| ₽ | | | All other program service | revenu | ər | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | ····· • | 186,908. | | | |
| | 3 | | Investment income (includ | | | | | 6 204 | | | 6 204 |
| | | | other similar amounts) | | | | | 6,304. | | | 6,304. |
| | 4 | | Income from investment c | | | • | | | | | |
| | 5 | | Royalties | · | <u> </u> | <u></u> | ····· • | | | | |
| | | | | | (i) Rea | l | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | b | Less: rental expenses | 6b | | | | | | | |
| | | С | Rental income or (loss) | 6c | | | | | | | |
| | | d | Net rental income or (loss) |) | <u></u> | | <u>,</u> | | | | |
| | 7 | а | Gross amount from sales of | | (i) Securi | | (ii) Other | | | | |
| | | | assets other than inventory | 7a | 58,40 |)2. | | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| anu | | | and sales expenses | 7b | | 0. | | | | | |
| evenue | | с | Gain or (loss) | 7c | 58,40 |)2. | | | | | |
| | | | Net gain or (loss) | | | ·· <u>····</u> | 🕨 | 58,402. | 58,402. | | |
| Other R | 8 | а | Gross income from fundraising | ng ever | nts (not | | | | | | |
| ŏ | | | including \$ | | of | | | | | | |
| | | | contributions reported on | line 1 | c). See | | | | | | |
| | | | Part IV, line 18 | | | 8a | | | | | |
| | | b | Less: direct expenses | | | 8b | | | | | |
| | | с | Net income or (loss) from | fundra | aising eve | nt <u>s</u> | 🕨 | | | | |
| | 9 | а | Gross income from gamin | g activ | vities. See | e | | | | | |
| | | | Part IV, line 19 | | | 9a | | | | | |
| | | | Less: direct expenses | | | 9b | | | | | |
| | | с | Net income or (loss) from | gamin | g activitie | s | ► | | | | |
| | 10 | а | Gross sales of inventory, I | ess re | turns | | | | | | |
| | | | and allowances | | | 10a | | | | | |
| | | b | Less: cost of goods sold | | | | | | | | |
| | | с | Net income or (loss) from | sales | of invento | ory | | | | | |
| <u> </u> | | | | | | | Business Code | | | | |
| sno | 11 | а | MISCELLANEOUS | | | | 900099 | 165,224. | 165,224. | | |
| ane | | b | | | | | | | | | |
| Miscellaneous Revenue | | с | | | | | | | | | |
| lisc | | d | All other revenue | | | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | ► | 165,224. | | | |
| | 12 | | Total revenue. See instruction | | | | | 3,019,874. | 410,534. | 0. | 6,304. |

| | Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----|--|------------------------------|---|--|---------------------------------------|
| 1 | Grants and other assistance to domestic organizations | | | | · |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 120,000. | 97,644. | 22,356. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 917,737. | 746,760. | 170,977. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 17,886. | 17,886. | | |
| 10 | Payroll taxes | 26,253. | 1,390. | 24,863. | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 25,589. | 21,580. | | 4,009. |
| с | Accounting | 24,870. | 24,870. | | |
| d | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 185,932. | 139,273. | | <u>46,659</u> 11,619 |
| 12 | Advertising and promotion | 11,619. | | | 11,619. |
| 13 | Office expenses | 43,382. | 23,682. | 10,675. | 9,025. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 72,578. | 66,954. | 5,624. | |
| 17 | Travel | 119,431. | 119,431. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 14,792. | | 14,792. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 172,930. | 172,930. | | |
| 23 | Insurance | 45,427. | 45,427. | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | MISSION GROUP TRAVEL | 175,241. | 175,241. | | |
| b | REPAIRS AND MAINTENANCE | 84,892. | 84,892. | | |
| с | | 80,005. | 80,005. | | |
| d | | 66,101. | 66,101. | | |
| е | All other expenses SEE_SCH_O | 289,205. | 257,017. | 30,700. | 1,488. |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,493,870. | 2,141,083. | 279,987. | 72,800. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here Time if following SOP 98-2 (ASC 958-720) | | | | |

MISSION LAZARUS, INC. 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).

¹/5-3151070 Page 10

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Farm 000 (0010)

| | ~ ~ | ~ |
|------|-----|---|
| | | |

| | | | | | (A) Beginning of year | | (B) End of year |
|-----------------------------|-----|---|----------|---------------------------------------|---------------------------------|----------|---------------------------|
| | 1 | Cash - non-interest-bearing | | | 444,496. | 1 | 229,526. |
| | 2 | Savings and temporary cash investments | | | 111,1900 | 2 | 354,590. |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 459. | 4 | 2,190. |
| | 5 | Loans and other receivables from any current or | | | 1000 | | 271500 |
| | J | trustee, key employee, creator or founder, substa | | | | | |
| | | controlled entity or family member of any of these | | · · | | 5 | |
| | 6 | Loans and other receivables from other disqualifi | • | | | 5 | |
| | | under section 4958(f)(1)), and persons described | • | · · · | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | 6,971. | 8 | 4,662. |
| Ass | 9 | | | | 0,071. | 9 | 4,0020 |
| | | Land, buildings, and equipment: cost or other | I | | | 9 | |
| | 10a | basis. Complete Part VI of Schedule D | 102 | 4 091 242 | | | |
| | h | Less: accumulated depreciation | 10a | 1 457 001 | 2,487,814. | 10c | 2,634,241. |
| | 11 | Investments - publicly traded securities | | 1,10,1001. | 107,627. | 11 | 106,777. |
| | 12 | Investments - other securities. See Part IV, line 1 | 107,027. | 12 | 100,777. | | |
| | 12 | Investments - program-related. See Part IV, line 1 | | 13 | | | |
| | 14 | | | 14 | | | |
| | 14 | Intangible assets Other assets. See Part IV, line 11 | | 338,002. | 15 | 798,254. | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 3,385,369. | 16 | 4,130,240. |
| | 17 | Accounts payable and accrued expenses | | | 117,808. | 17 | 76,961. |
| | 18 | Grants payable | | | , | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability. Complete P | | 21 | | | |
| | 22 | Loans and other payables to any current or form | | l l l l l l l l l l l l l l l l l l l | | | |
| ties | | trustee, key employee, creator or founder, substa | | | | | |
| Liabilities | | controlled entity or family member of any of these | | r r | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelat | | | | 23 | 295,000. |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 117,808. | 26 | 371,961. |
| | | Organizations that follow FASB ASC 958, check | ck her | e 🕨 X | | | |
| ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | | | 3,267,561. | 27 | 3,403,689. |
| Bal | 28 | Net assets with donor restrictions | | | | 28 | 354,590. |
| pu | | Organizations that do not follow FASB ASC 95 | | | | | |
| Ŀ | | and complete lines 29 through 33. | | | | | |
| sor | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equ | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 3,267,561. | 32 | 3,758,279. |
| | 33 | Total liabilities and net assets/fund balances | <u></u> | | 3,385,369. | 33 | 4,130,240. |
| | | | | | | | Form 990 (2019) |

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

/5-31510/0 Page 11

| | 1990 (2019) MISSION LAZARUS, INC. | 72-3T | 51070 | Pag | ge 12 |
|----|---|-----------|------------|------|-------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,019 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,493 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 526 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,267 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -35 | ,28 | 86. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 3,758 | , 2' | 79. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | 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: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X 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 of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | . 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | | | |

Form **990** (2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

| OMB NO. 1545-0047 |
|------------------------------|
| 2019 |
| Open to Public Inspection |

| Nan | | | | | | | | identification number | | |
|----------|-----------|---|-----------------------------|----------------------------|--------------------|--------------------|-----------------|-----------------------|----------------------------|--|
| | | | ION LAZARU | | | | | | 5-3151070 | |
| Pa | nrt I | Reason for Public (| Charity Status (| All organizations must co | omplete th | is part.) Se | e instructions | 3. | | |
| The | organ | ization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only | one box.) | | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | l in sectio | n 170(b) (1 | I)(A)(i). | | | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in so | ection 170 | (b)(1)(A)(ii | i). | | | |
| 4 | | A medical research organization | | | | | |)(iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owned | l or operate | ed by a go | vernmental u | nit describe | ed in | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | X | | - | | | | | ne general i | oublic described in | |
| • | | 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.) | | | | | | | | |
| 8 | | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | |
| 9 | \square | An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college | | | | | | | | |
| 5 | | or university or a non-land-g | | | | - | | - | - | |
| | | university: | grant concept of agrics | | | name, eny | , and state of | the conege | | |
| 10 | | An organization that normal | lly receives: (1) more | than 33 1/3% of its sup | oort from a | ontributio | ne momborsk | ain foos an | d gross receipts from | |
| 10 | | - | • | | | | | | • | |
| | | activities related to its exem | | | | | | | | |
| | | income and unrelated busin | | | | ses acqui | | janization a | | |
| 44 | | See section 509(a)(2). (Con | | volu to toot for public co | fatu Saa | nantian E(| O(a)(4) | | | |
| 11 12 | \square | An organization organized a | - | • | • | | | rn out the | nurnance of one or | |
| 12 | | An organization organized a | - | - | - | | | • | | |
| | | more publicly supported org | - | | | | | | | |
| _ | | lines 12a through 12d that | • • | | | | | - | ali da a | |
| а | | Type I. A supporting orga | | | • • • | - | | | | |
| | | the supported organization | | | majority o | of the aired | ctors or truste | es of the sl | ipporting | |
| | | organization. You must o | - | | | | | | | |
| b | | Type II. A supporting org | - | | | | - | | • | |
| | | control or management o | | | ame perso | ns that co | ntrol or manag | ge the supp | oorted | |
| | | organization(s). You mus | | | | | | | | |
| С | | J Type III functionally inte | | | | | | ly integrate | d with, | |
| | _ | its supported organization | | - | | | | | | |
| C | | Type III non-functionally | • • | | | | | • | | |
| | | that is not functionally int | | | • | | - | an attentiv | /eness | |
| | | requirement (see instructi | - | | | | | | | |
| e | | Check this box if the orga | | | | | Туре I, Туре | II, Type III | | |
| | | functionally integrated, or | | nally integrated supporti | ng organiz | ation. | | | | |
| f | | er the number of supported o | • | | | | | | | |
| <u>g</u> | | vide the following information i) Name of supported | about the supporte (ii) EIN | d organization(s). | (iv) Is the oroa | anization listed | (v) Amount of | monoton | (vi) Amount of other | |
| | (| organization | | (described on lines 1-10 | in your governi | ng document? | support (see ir | - | support (see instructions) | |
| | | organization | | above (see instructions)) | Yes | No | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| Tota | ai | | | | | | | | 1 | |

Schedule A (Form 990 or 990-EZ) 2019 MISSION LAZARUS, INC. Part II

----- -- -- --

/5-31510/0 Page 2

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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|----------------------|----------------------------------|---------------------|--------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1837991. | 1810493. | 2399803. | 2471569. | 2603036. | 11122892. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 1837991. | 1810493. | 2399803. | 2471569. | 2603036. | 11122892. |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 456,948. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 10665944. |
| | ction B. Total Support | | | | | | <u> </u> |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | 1837991. | 1810493. | 2399803. | 2471569. | 2603036. | 11122892. |
| | Gross income from interest, | 1037551. | 1010495. | 23330031 | 24713050 | 20030301 | |
| 0 | | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 727. | 4,758. | 30,336. | 715. | 64,706. | 101,242. |
| • | and income from similar sources | 121. | 4,/J0. | 50,550. | /13. | 04,700. | 101,242. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | 1 6 8 9 9 9 | | 1 - 1 | 1 65 004 | C1 4 0 4 5 |
| | assets (Explain in Part VI.) | 55,966. | 167,382. | 73,975. | 151,798. | | 614,345. |
| | Total support. Add lines 7 through 10 | | | | | | 11838479. |
| | Gross receipts from related activities, | | , | | | | <u>,254,117.</u> |
| 13 | First five years. If the Form 990 is for | r the organization's | first, second, third | d, fourth, or fifth ta | x year as a sectior | n 501(c)(3) | |
| _ | organization, check this box and stor | <u>here</u> | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| | Public support percentage for 2019 (I | | • | | | 14 | 90.10 % |
| | Public support percentage from 2018 | | | | | 15 | 95.28 % |
| 16a | 33 1/3% support test - 2019. If the o | organization did no | t check the box or | n line 13, and line ⁻ | 14 is 33 1/3% or m | ore, check this bo | |
| | $\ensuremath{ \text{stop} here.}$ The organization qualifies | as a publicly supp | orted organization | | | | ▶ X |
| b | 33 1/3% support test - 2018. If the c | organization did no | t check a box on li | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ition | | | |
| 17a | 10% -facts-and-circumstances test | - 2019. If the org | anization did not c | | | | or more, |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | test. The organizat | ion qualifies as a p | oublicly supported | organization | - | |
| b | 10% -facts-and-circumstances test | | | | | | |
| | more, and if the organization meets th | - | | | | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organizatio | | • | - | • • • • | | |
| | | | | | <u> </u> | | |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 MISSION LAZARUS, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

| Sec | ction A. Public Support | | | | | | |
|-------------|--|---------------------------|------------------------|--------------------------|----------------------|------------------------------------|--------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| Ŭ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| 12 | | | | | | | |
| r | 3 received from disqualified persons Amounts included on lines 2 and 3 received | | | | | | |
| Ľ | from other than disgualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | _ |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | 1 | 1 | 1 | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | 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 | | | | | | |
| 12 | assets (Explain in Part VI.) | | | | | | |
| | First five years. If the Form 990 is for | the organization' | l first second thir | l d fourth or fifth t | | $1 = 501(0)(2) \text{ or } \alpha$ | |
| 17 | • | the organization s | | | an year as a section | 11 30 1(c)(3) 01g | |
| Sec | check this box and stop here | c Support Per | centage | | | | |
| | • • • • • • • • • • • • • • • • • • • | | | a aluman (fi) | | 45 | 0/ |
| | Public support percentage for 2019 (li | | | | | 15 | % |
| _ | Public support percentage from 2018 | | | | | 16 | % |
| | ction D. Computation of Inves | | | 10 1 (0) | | | 0/ |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| | Investment income percentage from 2 | | | | | 18 | % |
| 19 a | 33 1/3% support tests - 2019. If the | | | | | | ne 17 is not |
| | more than 33 1/3%, check this box an | | | | | | ▶∟ |
| k | 33 1/3% support tests - 2018. If the | - | | | | | |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies | as a publicly suppo | orted organizat | ion ▶∐ |
| 20 | Private foundation. If the organizatio | n did not check a | box on line 14, 19 | a, or 19b, check tl | his box and see ins | structions | ▶∟ |

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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.)

| | | | Yes | No |
|--------|--|------------|-----|-----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 110 | | |
| h | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b 11c | | |
| | 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. tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 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. | 2 | | |
| Sec | tion 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 Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| - | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| - | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| Sec | supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | • | | |
| a b | | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructiona | | |
| 2 | Activities Test. Answer (a) and (b) below. | luctions | Yes | No |
| a | | | 100 | 110 |
| u | 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. | 2a | | |
| b | | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | 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? <i>Provide details in</i> Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard | 3b | | |

| Sche | dule A (Form 990 or 990 EZ) 2019 MISSION LAZARUS, INC. | | | /5-31510/0 Page 6 |
|------|---|----------|-----------------------------|---------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orga | nizations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust or | n Nov. 20, 1970 (explain in | Part VI). See instructions. All |
| | other Type III non-functionally integrated supporting organizations must cor | nplete S | ections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | _ | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 | | |
| Sect | ion 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 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

emergency temporary reduction (see instructions).

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

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (Form | 990 or 990 | D-EZ) 201 | MISSION | LAZARUS, | TNC |
|------------------|------------|-----------|---------|----------|-----|
| Death M | | _ | | | |

| Pa | rt V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | nizations (continued) | - |
|------|---|-------------------------------|--------------------------------|----------------------------------|
| Sect | ion D - Distributions | | · · · | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 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 | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | - | | |
| | | (i) | (ii) | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| _1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| c | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| с | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A | (Form 990 or 990-EZ | 2019 MISSIC | N LAZARUS | , INC. | | /5-31510/0 Page 8 |
|------------|---|--|--|--|---|--|
| Part VI | Supplemental Part IV, Section A, I line 1; Part IV, Secti | Information. Pro ines 1, 2, 3b, 3c, 4b ion D, lines 2 and 3; | ovide the explanation, 4c, 5a, 6, 9a, 9b, Part IV, Section E, | ons required by Par 9c, 11a, 11b, and 1 lines 1c, 2a, 2b, 3a | : II, line 10; Part II, line 17a or 17 1c; Part IV, Section B, lines 1 ar and 3b; Part V, line 1; Part V, S olete this part for any additional | ′b; Part III, line 12; Id 2; Part IV, Section C, Section B, line 1e; Part V, |
| | (See Instructions.) | | | | | |
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| Contributor's Name | Total Contributions | Excess Contributions |
|---------------------------|------------------------|-------------------------|
| LISA AND MICHAEL HENKELY | 294,656. | 57,886 |
| ZACH AND COURTNEY CROWELL | 332,602. | 95,832 |
| CAROLYN KING LEGACY TRUST | 540,000. | 303,230 |
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