EXTENDED TO MAY 16, 2022

Form **990**

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

		Go to www.irs.gov/Form990 for instructions and			Inspection
<u>A</u>	For th	e 2020 calendar year, or tax year beginning $$ JUL $1,$ 2020 $$ and e	ending J	UN 30, 2021	
В	Check if applicat	le:		D Employer identifi	cation number
	Addr	FAMILI LIFE MINISTRIES, INC.			
	Name	Doing business as		16-08639	14
	Initial return	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	or
	Final return	V 1.0. BOX 300		(607)776	
	termi			G Gross receipts \$	9,633,340.
	Amer	BAIN, NI 14810		H(a) Is this a group re	eturn
	Appli tion pend		JR.		? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or	r 💹 527	If "No," attach a	list. See instructions
		te: ► WWW.FAMILYLIFE.ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year o	of formation: 1957 N	A State of legal domicile: NY
Pa	art I	Summary			
8	1	Briefly describe the organization's mission or most significant activities: TO SU	PPORT	CHRISTIAN	YOUTH AND
Governance	_	FAMILY ACTIVITIES AND TO INFORM THE PUBLI			
Ver	2	Check this box if the organization discontinued its operations or dispose			
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10 78
iţie	6	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			1400
Activities &	1079	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C) line 12			21,723.
ĕ		Net unrelated business taxable income from Formes 1 Part I ir		7a 7b	0.
_		Net difference business taxable income from Formess	·····	Prior Year	Current Year
41	8	Contributions and grants (Part VIII, line 1h)		6,366,655.	8,295,707.
Revenue	1 HH25	Program service revenue (Part VIII, line 1h)		1,148,132.	880,935.
eve	142.33	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,008.	159,033.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,723.	21,723.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,540,518.	9,357,398.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,392,545.	3,642,086.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 363,76	8.		
Е		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,560,780.	2,447,867.
A		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,953,325.	6,089,953.
	19	Revenue less expenses. Subtract line 18 from line 12		1,587,193.	3,267,445.
Net Assets or Fund Balances				inning of Current Year	End of Year
agai	20	Total assets (Part X, line 16)		13,582,075.	15,911,733.
쨇	21	Total liabilities (Part X, line 26)		1,943,885.	992,828.
		Net assets or fund balances. Subtract line 21 from line 20		11,638,190.	14,918,905.
1000000	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer h		
o:		Signature of officer		Date	-22
Sign		RICHARD M. SNAVELY, JR., CEO		Date	
Here	,	Type or print name and title			
			Ina	ate Check	II PTIN
Paid		Print/Type preparer's name RICHARD J. DAVIS, CPA RICHARD J. DAVIS,		OHOVA	
Prep		Firm's name EFPR GROUP, CPAS, PLLC	, CFO	Firm's EIN >	
Use (Firm's address 8 DENISON PARKWAY E., SUITE 407		THILLS CHA	1 1320100
		CORNING, NY 14830		Phone no 60'	7-962-6891
Mav	the IR	S discuss this return with the preparer shown above? See instructions	a ne ususaana sana	Tritolie ilu. 0 0	X Yes No
					100 110

Form 990 (2020) FAMILY LIFE MINISTRIES, 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)?		٠,,	
2	If "Yes," complete Schedule A	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	Λ	
-	public office? If "Yes," complete Schedule C, Part I	3	No.	х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		х
J	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			87
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			The same
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	100		
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			х
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		. 19	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1129	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Х	
	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?		100	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		$\frac{x}{x}$
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	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		X
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			2
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		200	v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	4/4	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	g	-1	200	

	Did the second of the second o		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			x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		 ^
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	100		
	Schedule J	23		x
24:	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1970	
•	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
200	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			l v
,	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		Х
Ī	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	133	10.00	Y
	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	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	F
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		100	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1504	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			3600
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
0	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		Х
·	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	2.5		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	737		i i
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
25-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
, ,	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	051		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
	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?		14/15	
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance		- (A)	
	Check if Schedule O contains a response or note to any line in this Part V			
	Establishment of Burgara St. 1999 St. 1990 St. 1990 St. 1990 St. 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 47 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
0	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	(gambling) winnings to prize winners?	10	х	
032004	12-23-20	1c Form		2020
1985		· Onlin	-00 (2	-020)

	ort V Statements Regarding Other IRS Filings and Tax Compliance (continued)	914	P	age
2.00	Otatements riegarding other instrinings and rax compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	238	163	140
	filed for the calendar year ending with or within the year covered by this return 2a 78			
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 e-file (see instructions)	Deloy.	15-16	1000
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	х	PERMIT
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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 ▶	ha a		800
	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	1449	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1,100	TITO	
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	200	187
7	Organizations that may receive deductible contributions under section 170(c).	沙崖		
а	the state of the s	7a		Х
b	, and the same of the group of contract provinces, and the same of	7b		
C	o man in the required			100
	to file Form 8282?	7c		Х
d	· · · · · · · · · · · · · · · · · · ·			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	garage of the state of the stat	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		母人	
•	sponsoring organization have excess business holdings at any time during the year?	8	ROSILLINGS	
9	Sponsoring organizations maintaining donor advised funds.		THE REAL PROPERTY.	1000
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b	Section (c)	600.00
а				
b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
``a	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	THE STATE OF	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	EVA.	28
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	No. of	
	Note: See the instructions for additional information the organization must report on Schedule O.	100		Egy/a
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	3/8	
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.			

Form **990** (2020)

Form 990 (2020) FAMILY LIFE MINISTRIES, INC.

16-0863914 Page
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			
	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 10			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			17 E
	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	2	Х
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		Х
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:	7019	1882/	Y Sold
а	The governing body?	8a	х	-
b	Each committee with authority to act on behalf of the governing body?	8b	Х	9.
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12/23
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
_	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	21	Bulktur
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		AVE	
а	-	15a	х	
	Other officers or key employees of the organization	100 miles	21	Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	1023	71
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		40-	A COLUMN	х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	30585	Λ
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Mary.	
200	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed NY, PA			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
2.22	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finar	icial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RICHARD SNAVELY, JR 607-776-4151			
- 15	P.O. BOX 506, BATH, NY 14810			

032006 12-23-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(do	not o	Pos	C) sition	1 than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	erson	is bo	th an		compensation	amount of
	week (list any hours for related	trustee or director	stee			nsated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	organizations below line)	Individual trust	Institutional trustee	Officer	Key employee	Highest comperent of the property of the prope	Former	,		and related organizations
(1) RICHARD M. SNAVELY, JR. CEO	55.00	-		x			72.==	92,733.	0.	15,807.
(2) JEFFREY HARMON	55.00			x				91,033.	0.	1,805.
(3) NORB FUEST CHAIRMAN	1.00	x		x	i K			0.	0.	0.
(4) MIKE STUART	1.00	^		Λ	200			0.	0.	0.
VICE CHAIRMAN		х		х				0.	0.	0.
(5) JOHN FARRELL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DREW KLOTZBACH DIRECTOR	1.00	x					P	0.	0.	0.
(7) BRAD KELLETT	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) CLARK JOHNSON DIRECTOR	1.00	х						0.	0.	0.
(9) CHRISTINE BORGHI-CAVALLARO DIRECTOR	1.00	х				To the second	M	0.	0.	0.
(10) DIANE DERSCH DIRECTOR	1.00	х			II TOP			0.	0.	0.
(11) TJ KICZENSKI DIRECTOR	1.00	x						0.	0.	0.
(12) JON UNRUH DIRECTOR	1.00	x	V				M	0.	0.	0.
(13) TIM LANDERS	1.00					3 T		0.	0.	<u>.</u>
DIRECTOR		X						0.	0.	0.

032007 12-23-20

Porm 9	90 (2020) FAMILI L									16-0	863	114	Pa	age t
Part	VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ghe	st (
	(A) Name and title	(B) Average hours per week	box	, unle	Pos heck ss pe	erson	than dis both	h an	from	(E) Reportable compensation from related	on d	Esti amo	(F) imate ount other	
		(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)	organization (W-2/1099-MI	6521	orga	m the nizat relat	e ion ed
_														
					(2)1 (3) (4)									
-														i.
										*				
									102 766			4.5		
	ubtotalotal from continuation sheets to Part VI	I. Section A							183,766.		0.	1/	, 6:	0.
d To	otal (add lines 1b and 1c))	>	183,766.		0.	17	,63	
	otal number of individuals (including but nompensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100	,000 of reportab	le	- Is		0
	id the organization list any former officer, ne 1a? <i>If</i> "Yes," complete Schedule <i>J</i> for se											3	'es	No X
4 Fc	or any individual listed on line 1a, is the su nd related organizations greater than \$150	m of reportable	e co	mpe	nsa	tion	and	oth	ner compensation from t	he organization				х
5 Di	id any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or indivi	dual for services		4		
	ndered to the organization? If "Yes," comp n B. Independent Contractors	olete Schedule	J fo	r su	ch p	erso	on					5		Х
1 Co	omplete this table for your five highest cor										ipensa	tion fro	m	
th	e organization. Report compensation for t	he calendar ye	ar e	ndir	g wi	ith o	r wit	hin		ear.				
	(A) Name and business								(B) Description of se	ervices	Co	(C) mpens	ation	l
7342	GHANY CONSTRUCTION CO ALLEGHANY ROAD, BASC	M, NY 1						E	EXCAVATION			585	, 62	28.
	ERO ASSOCIATES DPC, 2 100, ROCHESTER, NY 14		М	ΑI	N	ST	,	A	ARCHITECTURE			157	,76	53.
-								1						
W 18-5-1								\perp				24X(1)		

Form **990** (2020)

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

		(2020) FAMILY LIFE M	NISTRIE	S, INC.		16-0863	914 Page 9
Pa	rt VI						
		Check if Schedule O contains a response o	r note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
ce Contributions, Gifts, Grants and Other Similar Amounts	779	All other contributions, gifts, grants, and similar amounts not included above 11 7, 6 Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	573,730. 521,977. 520,337. Business Code 900099	8,295,707. 778,626.	778,626.	business revenue	sections 512 - 514
Program Service Revenue	b c d		900099	102,309.			
<u>~</u>	f g	All other program service revenue Total. Add lines 2a-2f		880,935.			
	3 4 5	Investment income (including dividends, interestother similar amounts) Income from investment of tax-exempt bond pro	oceeds	3,292.	3,292.		
	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal 21,723. 0. 21,723.	21,723.		21,723.	
	10000	Ret rental income or (loss) Gross amount from sales of assets other than inventory 7a 58,867.3	(ii) Other	21,723.		21,723.	
her Revenue	c d	Less: cost or other basis and sales expenses 7b 42,483.2 Gain or (loss) 7c 16,384.1		155,741.	155,741.		
Othe		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b					
á	c	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9b					
	c 10 a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	>				
Miscellaneous Revenue	11 a b c	Net income or (loss) from sales of inventory B All other revenue	usiness Code				
-		Total Add lines 11a-11d			三分(2) 国际ACCED (3)	CONTRACTOR	(SEE END OF OWN)

21,723.

Total revenue. See instructions

▶ 9,357,398.1,039,968.

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 responsion 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	201,378.		201,378.	
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	2,659,080.	2,274,277.	242,661.	142,142
8	Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)	44,152.	38,236.	3,526.	2,390
9	Other employee benefits	516,587.	424,444.	65,615.	26,528
10	Payroll taxes	220,889.	176,712.	33,133.	11,044
1	Fees for services (nonemployees):				
а	Management				
b	Legal	35,399.		31,859.	3,540
С	Accounting	15,000.		13,500.	1,500
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			高光的/ 景形态。	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	267,541.		240,787.	26,754
2	Advertising and promotion				
3	Office expenses	208,098.	187,288.	16,648.	4,162
4	Information technology				
5	Royalties				
6	Occupancy	284,371.	241,715.	28,437.	14,219
7	Travel	49,828.	39,863.	7,474.	2,491
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	14 000	14 000		
0	Interest	14,902.	14,902.		
1	Payments to affiliates	F02 F04	405 205		07 200
2	Depreciation, depletion, and amortization	582,594.	495,205.		87,389
3	Insurance Charge annual and account of				
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	RADIO TOWER SITE EXPENS	426,330.	426,330.		
b	PROGRAM EXPENSES	379,821.	379,821.		
С	MISCELLANEOUS	68,976.	51,732.		17,244
d	VEHICLE EXPENSE	42,403.	28,410.	10,601.	3,392
е	All other expenses	72,604.	51,631.	005 440	20,973
5_	Total functional expenses. Add lines 1 through 24e	6,089,953.	4,830,566.	895,619.	363,768
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

	rt X	Check if Schedule O contains a response or note to any line in this Part X			
		,,,,,,,,,,,,,,	(A) Beginning of year		(B) End of year
18	1	Cash - non-interest-bearing	210,670.	1	2,146
	2	Savings and temporary cash investments	894,303.	2	1,141,812
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	44,467.	4	27,959
	5	Loans and other receivables from any current or former officer, director,			
	100	trustee, key employee, creator or founder, substantial contributor, or 35%			
	N FW	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net	21,882.	7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	213,620.	9	241,383
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 12,475,829.			
	b	Less: accumulated depreciation 10b 5,253,072.	5,920,513.	10c	7,222,757
	11	Investments - publicly traded securities	15,560.	11	204,422
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,261,060.	15	7,071,254
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,582,075.	16	15,911,733
	17	Accounts payable and accrued expenses	167,262.	17	75,528
	18	Grants payable	110 000	18	
	19	Deferred revenue	117,770.	19	70,475
	20	Tax-exempt bond liabilities		20	
t	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	781111 - WOME - 1 - 1 - 1 - 1 - 1
		Loans and other payables to any current or former officer, director,			
	49-25-22	trustee, key employee, creator or founder, substantial contributor, or 35%	71 756		72 100
Liabilities		controlled entity or family member of any of these persons	71,756.	22	73,192
Year		Secured mortgages and notes payable to unrelated third parties	1 507 007	23	772 (22
		Unsecured notes and loans payable to unrelated third parties	1,587,097.	24	773,633
		Other liabilities (including federal income tax, payables to related third		15-11	
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	- 2000	Takal Bah Bahara Add Bara 47 Marrah 05	1,943,885.	25 26	992,828
		Organizations that follow FASB ASC 958, check here	1,545,005.	20	332,020
3		and complete lines 27, 28, 32, and 33.			
		Net assets without donor restrictions	11,638,190.	27	14,585,559.
		Net assets with donor restrictions	0.	28	333,346
		Organizations that do not follow FASB ASC 958, check here		20	MATERIAL STATE OF THE STATE OF
		and complete lines 29 through 33.			
		Capital stock or trust principal, or current funds		29	
		Paid-in or capital surplus, or land, building, or equipment fund		30	
		Retained earnings, endowment, accumulated income, or other funds		31	
200		Total net assets or fund balances	11,638,190.	32	14,918,905.
	33	Total liabilities and net assets/fund balances	13,582,075.	33	15,911,733.

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2020)

2c X

3a

X

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2020

Inspection Employer identification number

		FAM:	LY LIFE M	NISTRIES, IN	1C.			1	L6-086391 4
Pa	rt I	Reason for Public	Charity Status.	(All organizations must	complete t	this part.)	See instructions		
The	organ	ization is not a private foun							
1		A church, convention of ch					•		
2		A school described in sec							
3		A hospital or a cooperative					iii).		
4		A medical research organia						iii) Enter	the hospital's name
5		city, and state:	Lation operator in o	onjunotion man a noopia	ar accombe		on 110(b)(1)(A)(i	inji Littoi	the hospital s hame,
5		An organization operated t	for the benefit of a co	ollege or university owner	d or oper	ated by a c	rovoromental un	it dosori	had in
3		section 170(b)(1)(A)(iv). (ollege or university owner	u or opera	ateu by a g	joverninentai un	iit descri	bed III
						70/LV4VA	W.A		
7	X	A federal, state, or local go						5731242901	
	41	An organization that norma		antial part of its support	from a go	vernmenta	unit or from the	a genera	i public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describ			1.35				
9		An agricultural research or							
		or university or a non-land-	grant college of agri	culture (see instructions)	. Enter the	e name, cit	ly, and state of t	he collec	ge or
		university:				The second second			
10	_	An organization that norma							
		activities related to its exer							
		income and unrelated busi		(less section 511 tax) fi	rom busine	esses acqu	uired by the orga	anization	after June 30, 1975.
	\neg	See section 509(a)(2). (Co	A						
11	=	An organization organized							
12	_	An organization organized							
		more publicly supported or							Check the box in
		lines 12a through 12d that				1.5	1027	_	
а		Type I. A supporting orga							
		the supported organization			a majority	of the dire	ctors or trustee	s of the s	supporting
		organization. You must o							
b		Type II. A supporting org							
		control or management of	of the supporting org	anization vested in the s	same pers	ons that co	ontrol or manage	e the sup	oported
		organization(s). You mus							
C		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functionally	integrat	ed with,
		its supported organizatio							
d		Type III non-functionally	y integrated. A supp	oorting organization oper	rated in co	nnection v	with its supporte	ed organ	ization(s)
		that is not functionally int					2.5	an attent	tiveness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D	, and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II,	, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.			
		r the number of supported o	•						
g	Provi	ide the following information							
	(1)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of m		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)
						Samuel 1	Water Education		
						www.sci			
				ali unasu li			Abit Town		
- 8					100.7				
					C/E 55				
		Brah tr Salakani.		away ay dan sa	1000000.1				
					TO 100 TO	Residence and the second			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	(a) 2016	(b) 2017	(c) 2018	1.0040		
Gifts, grants, contributions, and	1-7		ICIZUIB I	(d) 2019	(e) 2020	(f) Total
200 0 000 0 0 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	77.00		(0) 2010	(4) 2010	(0) 2020	(i) rotal
Hembership rees received. (Do not 1		. tuw (12 - 13	Jan Barri	11.03		
nclude any "unusual grants.")	5,906,360.	5,322,863.	5,000,968.	6,366,655.	8,295,707.	30,892,553
Tax revenues levied for the organ-					.,,	,
zation's benefit and either paid to		1810 13810				
or expended on its behalf	100 100 130					
The value of services or facilities						
	V 1,	4.4.3 (1				
[H. 18]	5 906 360	5 322 863	5 000 968	6 366 655	8 295 707	30,892,553
		5,522,005.	3,000,300.	0,300,033.	0,233,707.	30,032,333
·						
			WEST STATES		道。"是	
saluman (A						256 401
						256,491.
	ACM E M 第 3 4					30,636,062
	(-) 0010	#10047	110010	40000		
HT 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						(f) Total
	5,900,360.	5,322,863.	5,000,968.	6,366,655.	8,295,707.	30,892,553.
	2 740	2 554	F 204	2 - 2 - 4		
	3,748.	3,751.	5,391.	3,504.	3,292.	19,686.
	0 004	0 504		40 500		
	8,984.	8,634.	8,923.	13,723.	21,723.	61,987.
지어야, 네이지, 그리아의 나라나는 어린이 아름이 있다. [편집] [편집] 사람이 있다면 그렇다는 그 사람이 있다.						
otal support. Add lines 7 through 10						30,974,226.
						566,735.
irst 5 years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax ye	ear as a section 50	01(c)(3)	
						▶□
ublic support percentage for 2020 (line	e 6, column (f), divi	ided by line 11, co	lumn (f))		14	98.91 %
						98.30 %
top here. The organization qualifies as	a publicly support	ted organization				►X
nd stop here. The organization qualifie	es as a publicly sup	oported organizati	on			▶□
nd if the organization meets the facts-a	and-circumstances	test, check this b	ox and stop here	. Explain in Part V	I how the organiza	tion
						ightharpoons
	irst 5 years. If the Form 990 is for the rganization, check this box and stop him on C. Computation of Public bublic support percentage for 2020 (linublic support percentage from 2019 States 3 1/3% support test - 2020. If the organization qualifies as 3 1/3% support test - 2019. If the organization qualifies as 3 1/3% support test - 2019. If the organization qualifies of the organization qualifies of the organization meets the facts and if the organization meets the facts and of the organization meets the rganization meets the rganization meets the rganization meets the racts and organization meets the rganization meets the racts and organization meets the rganization meets the racts and organization meets and organization meets the racts and organization meets and organ	Total. Add lines 1 through 3 5,906,360. 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) Public support. Subtract line 5 from line 4. Tion B. Total Support Tar year (or fiscal year beginning in) The amounts from line 4 5,906,360. The amo	Total. Add lines 1 through 3	The portion of total contributions by each person (other than a povernmental unit or publicly supported organization) included an line 1 that exceeds 2% of the amount shown on line 11, solumn (f) Public support. Subtract line 5 from line 4. Ton B. Total Support Tar year (or fiscal year beginning in) Amounts from line 4 Tosos income from interest, lividends, payments received on ecurities loans, rents, royalties, and income from unrelated business ctivities, whether or not the usiness is regularly carried on the susiness is regularly carried on 20ther income. Do not include gain r loss from the sale of capital sests (Explain in Part VI.) Total support. Add lines 7 through 10 arrows from test of Computation of Public Support Percentage Tublic support percentage from 2019 Schedule A, Part II, line 14 3 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 top here. The organization qualifies as a publicly supported organization. O% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13 and if the organization meets the facts-and-circumstances test, check this box and stop here eleets the facts-and-circumstances test. The organization qualifies as a publicly supported organization of the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The orga	frotal. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly pupported organization) included on line 1 that exceeds 2% of the amount shown on line 11, solumn (f) Sublic support. Subtract line 5 from line 4. Ion B. Total Support Sur year (or fiscal year beginning in) Syndia (a) 2016 Syndia (b) 2017 (c) 2018 (d) 2019 Syndia (d) 2019 Syndi	Total, Add lines 1 through 3 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, solumn (f) **Total Support** **Ion B. Total Support** **Ion B. Total Support** **Iar year (or fiscal year beginning in) (a) 2016

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					NEW YORK	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		7				
2	Gross receipts from admissions,		7 V 2 3 1 1 2 1 2 1	1 - 12	11.5 × 11.11		998 THE 15
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose			2/17/2015			
3	Gross receipts from activities that		F. DOWNS DESIGN		THE SECTION		
_	are not an unrelated trade or bus-			13.34	2		
	iness under section 513		WE FEET WITH	law of the print	Mileson Year	to reserving	
4	Tax revenues levied for the organ-						Brook William
7	ization's benefit and either paid to						
	or expended on its behalf						
-							
5	The value of services or facilities					256 N 27 E	
	furnished by a governmental unit to the organization without charge						
_				The State of the S			
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
C	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			2010/10/20			
	Add lines 7a and 7b		2010/00/00/00				
	Public support. (Subtract line 7c from line 6.)	種類的主要媒體			中国各分型款款		
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on		at var				
	securities loans, rents, royalties.						
	and income from similar sources					1517600 C 750	
b	Unrelated business taxable income					- No.	
	(less section 511 taxes) from businesses				5-2		
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business			MINST & STATE			
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain					100	
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			MELLANDED		National Transport	A PERMIT
	First 5 years. If the Form 990 is for the	organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on.
						,,,,,	
	tion C. Computation of Public	Support Per	rcentage				
15	Public support percentage for 2020 (lin	e 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2019 S					16	%
Sec	tion D. Computation of Invest	ment Income	e Percentage			ESIL CONTRACTOR	
	Investment income percentage for 202			ne 13, column (fl)		17	%
	Investment income percentage from 20					18	%
	33 1/3% support tests - 2020. If the o						
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests - 2019. If the o						and
	line 18 is not more than 33 1/3%, chec						C2 10 000
	Private foundation. If the organization						
		ala not oncon a L	30A OII III O 14, 136	, or rob, orieon th	IIO DON AIRU DEC III	J. J	

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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.)

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	2		
	3a	大 经	
	Sa	15308	
	3b		
	N. L.	145	win.
	Зс		i e e
	4a		
	4b		
	40		
	4c	18.8	
	5a		
	5b	置数	
	5c	130	
	6		50501
18	7		
		/中華	
	8		
	9a		
	9b	lei.	
d			
91	9c		TV Seed
	10a		
	10b	对自己	
m 9	90 or 99	O-EZ)	2020

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.

1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructi
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Tools, S		人名英格兰斯 克斯克斯
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		DARK THAT WAS
	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		THE STREET STREET
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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			BY WELL BOTH
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function.		d Type III supporting are	enization (see

Schedule A (Form 990 or 990-EZ) 2020

ect	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt			NY -	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	A I To To State of the
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ins	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			.000	
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				h) to
а	From 2015				
b	From 2016			rates a M	
С	From 2017				7. 不可 证
d	From 2018				
е	From 2019	经 以外外各位金融的第			
f	Total of lines 3a through 3e		19. 表演及表演學家		
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount		公司有 公司		
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years	人,这是对于一个人的			
b	Applied to 2020 distributable amount	《 》《新聞》。 第二章		v.	
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017			Way B	
С	Excess from 2018				
d	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2	2020 FAMILY	PILE WI	NISTRIES,	INC.	16-0863914	Page 8
Part VI	Supplemental In Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6,	nformation. Pro es 1, 2, 3b, 3c, 4b, n D, lines 2 and 3; and 8; and Part V,	vide the explana , 4c, 5a, 6, 9a, 9 Part IV, Section Section E, lines	ations required by b, 9c, 11a, 11b, an E, lines 1c, 2a, 2b, 2, 5, and 6. Also c	Part II, line 10; Par Id 11c; Part IV, Se 3a, and 3b; Part \ omplete this part t	t II, line 17a or 17b; Part III, line 12; thin B, lines 1 and 2; Part IV, Sect J, line 1; Part V, Section B, line 1e; for any additional information.	ion C, Part V,
	(See instructions.)						
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			Long Jos				
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							Maria
e la company							

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number

Name of the organization

FAMILY LIFE MINISTRIES, INC.

16-0863914 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

		LIFE MINIS					1	6-08	63914	Page 2
Pa	rt III Organizations Maintaining (ıed)
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following th	at make	significant ι	use of its		
	collection items (check all that apply):									
a	Public exhibition				hange progi					
b		•	е Ш	Other						
C	Preservation for future generations									
4	Provide a description of the organization's c							se in Par	t XIII.	
5	During the year, did the organization solicit								٦	
Da	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's c	ollection?			<u>L</u>	Yes	∟ No
Га	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" or	1 Form 990,	Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		diant for	contribution	as or other a	ccetc no	t included			
la			Carlotte and Carlotte and Carlotte						Yes	□ No
b	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:			••••••		」 res	L NO
	ii 100, explain the untangement iii at XIII	and complete the it	Jilowing	table.				P 15 75	Amount	
С	Beginning balance						1c		ranount	
d										
е	Distributions during the year		•••••	•••••••	•••••		1e	NA GO		
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acc	ount liab	ility?		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanation	on has been	provided or	Part XII	l			
Pa	rt V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Par	t IV, line	10.	N TVI		
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance	W-18/18/19/19/19			TOTAL TOTAL					
b	Contributions					- K. K. N.				5.0L
С	Net investment earnings, gains, and losses									
d	Grants or scholarships							11.501		A
е	Other expenditures for facilities									
	and programs									
, ,	Administrative expenses									
2	End of year balance	rent year and belone	o /line 1	a solumn /	N hold oo:			A STATE OF THE STA		
a	Board designated or quasi-endowment		%	g, column (a	aj) neid as:					
b	Permanent endowment	%								
		 /\$								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	ered for t	he organiza	ition		
	by:	•							TY	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo								
Par	t VI Land, Buildings, and Equipm							100 200		
	Complete if the organization answered	d "Yes" on Form 990), Part I	/, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o		(b) Cost		200	ccumulated		(d) Book	value
		basis (investr	nent)	basis (de	preciation	20		
	Land				7,754.		100 05		1,017	
b	Buildings			2,92	6,389.	1,	480,95	8.	1,445	,431.
	Leasehold improvements			F 24	0 000		770 44		1 565	000
	Equipment				0,007.	3,	772,11		1,567	
	Other				1,679.		72		3,191	
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	x, colun	nn (B), line 1	UC.)				7,222	, 15/.

Schedule D (Form 990) 2020

	MINISTRIES,	INC.	16-0863914 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	F 000 B-+ IV II-	- 111 O F 000 D1 V	V 45
Complete if the organization answered "Yes"	Description	e 11d. See Form 990, Part X	, line 15. (b) Book value
DDOLDOLOMING DIGUMA	Description		6,982,347.
COORDINATE			88,907
			88,307.
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		7,071,254.
Part X Other Liabilities.	o 10.j		.,,0,1,231
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11a or 11f See Form 990	Part Y line 25
1. (a) Description of liability	OTT OTT 550, Tare IV, IIII	e 11e 01 111. Oce 1 01111 330,	(b) Book value
(1) Federal income taxes			(2) 2000, 200
(2)			
(3)			
(4)			
(5)			
(6)			
(v)			

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

Schedule D (Form 990) 2020

(8)

Sche	dule D (Form 990) 2020 FAMILY LIFE MINISTRIES, I	INC.		16-0	0863914	Page 4
-	t XI Reconciliation of Revenue per Audited Financial State	ments With Rev	enue per R	eturn		1992
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	9,370	,668.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Services of Control Servic	Section (Section Section Secti	A Shirt		
а	Net unrealized gains (losses) on investments	2a	13,270.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	iver of the SAL			o agont library
е	Add lines 2a through 2d			2e		,270.
3	Subtract line 2e from line 1			3	9,357	,398.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b		500		
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,357	,398.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Ex	penses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total expenses and losses per audited financial statements			1	6,089	,953.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses					
d	Other (Describe in Part XIII.)	2d				•
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	6,089	,953.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			FE (
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				•
	Add lines 4a and 4b			4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,089	,953.
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			4; Part	X, line 2; Part	XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information	٦.			
DAT	m v IINE 2.					
PAR	T X, LINE 2:					-
EAR	TIV TIER MINICHDIES INC IS AN EVENDO C	DCANT7ATT	M IIMDED	CEC	TON	
FAR	ILY LIFE MINISTRIES, INC. IS AN EXEMPT O	RGANIZATIO	Madno M	DEC	CITON	
E 0 1	(C)(3) OF THE INTERNAL REVENUE CODE. HOW	TEVED THE	ME EDOM	CEL	ואד בייים	
501	(C)(3) OF THE INTERNAL REVENUE CODE. HOW	VEVER, INCO	ME FROM	CEI	KIAIN	
200	VIVITIES NOT DIRECTLY RELATED TO THE ORGA	MTZATTON'	TAY FY	гмог	r DIIRDO	SE.
AC.	TVITLES NOT DIRECTLY RELATED TO THE ORGA	MIZATION	HA BA	BMP.	FURFU	212
та	SUBJECT TO TAXATION AS UNRELATED BUSINES	C TNCOME				
12	SUBJECT TO TAXATION AS UNKELLED BUSINES	D INCOME.		-		
_						
TAT	ACCORDANCE WITH ACC 740 10 50 MUE ODCAN	ITTAMTON DI	COCNITE	c m	AY BENEI	eTTQ
TIM	ACCORDANCE WITH ASC 740-10-50, THE ORGAN	IZATION KI	COGNIZE	5 12	AV DEME	.115
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Chedule D (Form 990) 2020 FAMILY LIFE MINISTRIES, INC. Part XIII Supplemental Information (continued)	16-0863914 Page
'art XIII Supplemental Information (continued)	
HE ORGANIZATION'S FINANCIAL STATEMENTS.	

Schedule D (Form 990) 2020

SCHEDULE L

(Form 990 or 990-EZ)

Name of the organization

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2020

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

Employer identification number

OMB No. 1545-0047

	FAMIL	LIFE MINISTRIES, INC.	16-086	3914	
Part I	Excess Benefit Tran	sactions (section 501(c)(3), section 501(c)	(4), and section 501(c)(29) organizations only).	1-7
	Complete if the organization	on answered "Yes" on Form 990, Part IV, line	25a or 25b, or Form 990-EZ, Part V, line 40b.		
1 (a) Name of disqualified person		(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rected
		person and organization	(c) Description of transaction	Yes	No

 (a) Name of disqualified person 	(b) Holation only both containing	(c) Description of transaction	(d) Contouted.		
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No	
2 Enter the amount of tax incurred b	ay the erganization managers or disqualified no	roops during the year under	27 E 118		

~	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under		
	section 4958	>	\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶	\$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved by board or (b) Relationship (d) Loan to or (a) Name of (c) Purpose (i) Written (e) Original (f) Balance due (g) In from the interested person with organization of loan principal amount default? agreement? organization? committee? From Yes Yes Yes To No No No JACQUELINE SNAVEMPLOYEETO FURTH X 68,000 73,192 X X X

Total \$ 73,192.

| Part III | Grants or Assistance Benefiting Interested Persons.

				115	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2020 FAMILY LIFE MINISTRIES, 16-0863914 Page 2 INC. Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? No FORMER BOARD MEMBER GARY PASSERO 157,763.GARY PASSER X DREW KLOTZBACH BOARD MEMBER 585,628 DREW KLOTZB X Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: JACQUELINE SNAVELY (B) RELATIONSHIP WITH ORGANIZATION: EMPLOYEE OF ORGANIZATION AND MOTHER OF CEO (C) PURPOSE OF LOAN: TO FURTHER AND ENHANCE RADIO OUTREACH AND DELIVERY OF CHRISTIAN SERVICES SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: GARY PASSERO (D) DESCRIPTION OF TRANSACTION: GARY PASSERO IS THE FOUNDER AND RETIRED OWNER OF PASSERO ASSOCIATES. THE ORGANIZATION CONTRACTED WITH PASSERO ASSOCIATES FOR ARCHITECTURE SERVICES FOR THE CONSTRUCTION AND RENOVATION OF A NEW FACILITY. (A) NAME OF PERSON: DREW KLOTZBACH

(D) DESCRIPTION OF TRANSACTION: DREW KLOTZBACH IS THE FOUNDER/OWNER OF ALLEGHANY CONSTRUCTION CORPORATION. THE ORGANIZATION CONTRACTED WITH ALLEGHANY CONSTRUCTION CORPORATION FOR EXCAVATION SERVICES FOR THE CONSTRUCTION OF A NEW FACILITY.

Schedule M	(Form 990) 2020	FAMILY	LIFE	MINIS	TRIES,	INC.			16-08	63914	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information Inform	On. Provide the number nation.	e the inforn er of contrib	nation requir outions, the r	ed by Part number of i	I, lines 30b, items receiv	32b, and 33, ed, or a com	and whethe bination of bo	r the organ oth. Also co	ization omplete
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Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2020 Open to Public

OMB No. 1545-0047

Inspection
Employer identification number

16-0863914

Name of the organization

FAMILY LIFE MINISTRIES, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH VARIOUS RADIO BROADCASTS

FORM 990, PART VI, SECTION B, LINE 11B:

THE BUSINESS MANAGER REVIEWED FORM 990 IN DETAIL. THEN A DRAFT COPY OF FORM 990 WAS SUBMITTED TO THE BOARD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY IS SIGNED BY EACH
BOARD MEMBER WHEN THEY JOIN. FURTHER, THIS POLICY IS REVIEWED ANNUALLY
WITH THE BOARD MEMBERS TO ENSURE ALL MEMBERS ARE IN COMPLIANCE WITH THE
POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD GIVES THE CEO A REVIEW EACH YEAR. EACH BOARD MEMBER SUBMITS

THEIR COMMENTS AND THE CHAIRMAN DELIVERS THOSE COMMENTS TO THE CEO IN A

PERSONAL MEETING. THE BOARD SETS THE CEO'S COMPENSATION BASED ON THE

ORGANIZATION'S BUDGET AND THE COMPENSATION OF OTHERS IN THE ORGANIZATION.

THE BOARD APPROVES ALL EMPLOYEES' COMPENSATION PACKAGES BASED UPON REVIEW

BY THEIR SUPERVISOR AND RECOMMENDATION FROM THE CEO AND THE BUDGET

COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

FORM 990, PART XII, LINE 2C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020