

THOMASON FINANCIAL RESOURCES
1009 HARDING TRACE CT.
NASHVILLE, TN 37221
615-479-4770

April 23, 2020

myLIFEspeaks
P.O. Box 100972
Nashville, TN 37224

Dear Client:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-E0 - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2019 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail your Federal return on or before July 15, 2020 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

Kim Thomason

	2019	2018	Diff
REVENUE			
Contributions and grants.....	1,064,284	1,124,232	-59,948
Program service revenue.....	0	452,809	-452,809
Investment income.....	50	50	0
Other revenue.....	634,796	254,953	379,843
Total revenue.....	1,699,130	1,832,044	-132,914
EXPENSES			
Salaries, other compen., emp. benefits...	394,109	317,062	77,047
Other expenses.....	887,219	1,068,857	-181,638
Total expenses.....	1,281,328	1,385,919	-104,591
NET ASSETS OR FUND BALANCES			
Revenue less expenses.....	417,802	446,125	-28,323
Total assets at end of year.....	2,224,934	1,947,587	277,347
Total liabilities at end of year.....	51,535	191,990	-140,455
Net assets/fund balances at end of year.	2,173,399	1,755,597	417,802

	2019	2018	Diff
REVENUE			
Gross receipts or sales.....	6,625	46,953	-40,328
Net sales.....	6,625	46,953	-40,328
Cost of goods sold.....	6,376	39,207	-32,831
Gross profit.....	249	7,746	-7,497
Total revenue.....	249	7,746	-7,497
DEDUCTIONS			
Salaries and wages.....	0	6,687	-6,687
Repairs and maintenance.....	0	5,063	-5,063
Total deductions.....	0	11,750	-11,750
UNRELATED BUSINESS TAXABLE INCOME			
Total unrelated business taxable income.....	0	-4,004	4,004
Unrelated business taxable income before.....	0	-4,004	4,004
Unrelated business taxable income.....	0	-4,004	4,004
TAX COMPUTATION			
Income tax.....	0	0	0
TAX AND PAYMENTS			
Total tax.....	0	0	0
Total payments and credits.....	0	0	0
REFUND OR AMOUNT DUE			
Tax due.....	0	0	0
Overpayment.....	0	0	0

Computation of Cost of Goods Sold (Form 990)

1. Inventory at start of year.....	0.
2. Purchases.....	6,376.
3. Cost of labor.....	0.
4. Additional 263A costs.....	0.
5. Other costs.....	0.
6. Total (Add lines 1 through 5).....	<u>6,376.</u>
7. Inventory at end of year.....	<u>0.</u>
8. Cost of goods sold (Subtract line 7 from line 6).....	<u><u>6,376.</u></u>

**Form 990, Part III, Line 4e
Program Services Totals**

	Program Services Total	Form 990	Source
Total Expenses	1,098,516.	1,098,516.	Part IX, Line 25, Col. B
Grants	0.	0.	Part IX, Lines 1-3, Col. B
Revenue	0.	0.	Part VIII, Line 2, Col. A

**Schedule A, Part III, Line 7a
Received From Disqualified Persons**

Persons	2015	2016	2017	2018	2019
Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Computation of Cost of Goods Sold (Form 990-T)

1. Inventory at start of year.....	0.
2. Purchases.....	6,376.
3. Cost of labor.....	0.
4. Additional 263A costs.....	0.
5. Other costs.....	0.
6. Total (Add lines 1 through 5).....	<u>6,376.</u>
7. Inventory at end of year.....	<u>0.</u>
8. Cost of goods sold (Subtract line 7 from line 6).....	<u><u>6,376.</u></u>

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2019**Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

myLIFEspeaks
Name and title of officer

45-2446194

Mike Wilson

CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b <u>1,699,130.</u>
2 a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Thomason Financial Resources to enter my PIN 11138 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

62864211138
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Kim Thomason

Date ▶

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

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.

2019**Open to Public
Inspection****A For the 2019 calendar year, or tax year beginning , 2019, and ending ,****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
myLIFEspeaks
P.O. Box 100972
Nashville, TN 37224**D** Employer identification number

45-2446194

E Telephone number

855 541-5433

G Gross receipts \$ 1,942,302.**F** Name and address of principal officer: **Mike Wilson**
Same As C Above**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ mylifespeaks.com**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2012**M** State of legal domicile: TN**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To develop a Christ-Centered community in Nepley, Haiti through orphan care & prevention, education and public health.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	15
	6	Total number of volunteers (estimate if necessary)	6	450
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	249.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,124,232.	1,064,284.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	452,809.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50.	50.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	254,953.	634,796.
			1,832,044.	1,699,130.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	317,062.	394,109.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 74,985.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,068,857.	887,219.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,385,919.	1,281,328.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	446,125.	417,802.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,947,587.	2,224,934.
	22	Net assets or fund balances. Subtract line 21 from line 20	191,990.	51,535.
		1,755,597.	2,173,399.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	<u>Mike Wilson</u> Type or print name and title	CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>Kim Thomason</u>	<u>Kim Thomason</u>			<u>P01382233</u>
	Firm's name	<u>Thomason Financial Resources</u>			Firm's EIN ▶ <u>33-1040094</u>
	Firm's address	<u>1009 Harding Trace Ct.</u> <u>Nashville, TN 37221</u>			Phone no. <u>615-479-4770</u>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No