2 , 000 T		EXTENDED TO M		•	'a Dt	. 1	ONED No. 1545 2047
Form 990-T	=	xempt Organization Bus and proxy tax und	sine	ess income i)	OMB No 1545-0047
Tue-	For cale	and proxy tax und andar year 2019 or other tax year beginning ${\sf JUL} \;\; 1,$			V000 202	ا ۱	2019
*	l For Cale	Go to www.irs.gov/Form990T for in				<u> </u>	2013
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN numbers on this form as it may				. I	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	1	Name of organization (Check box if name of				DEmpl	oyer identification number
address changed		(- 3	,			loyees' trust, see actions)
B Exempt under section	Print	FAMILY LIFE MINISTRIES	3, I	NC.		1	6-0863914
\mathbf{X} 501(c $\mathbf{W}3$)	or Type	Number, street, and room or suite no. If a P.O. bo	x, see i	nstructions.			ated business activity code nstructions)
408(e)220(e)	'ype	P.O. BOX 506					,
408A530(a)		City or town, state or province, country, and ZIP of	r foreig	n postal code		L	
529(a)	\perp	BATH, NY 14810				532	000
C Book value of all assets at end of year	.7.	F Group exemption number (See instructions.)	<u> </u>	. I Isoar V			
13,582,0		G Check organization type ► X 501(c) cor			401(a)		Other trust
	_	tion's unrelated trades or businesses. TOWER RENTAL	1		the only (or first) un		
		ce at the end of the previous sentence, complete Pa	orto I or		complete Parts I-V.		
business, then complete			ai is i ai	iu ii, complete a Schedule	IVI IOI EACH AGGILION	ai liaul	: OI
		oration a subsidiary in an affiliated group or a pare	nt-subs	udiary controlled group?		Υє	es X No
	-	ifying number of the parent corporation.	5055	natary controlled group			S CEL NO
		ICHARD SNAVELY, JR.		Telepho	one number 🕨 6	07-	776-4151
Part I Unrelate	d Trad	le or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	es						
b Less returns and allo	wances	c Balance ►	10				ا
2 Cost of goods sold (S	Schedule .	A, line 7)	2				
3 Gross profit. Subtrac	t line 2 fro	om line 1c	3				
4a Capital gain net incor	me (attach	n Schedule D)	4a				
b Net gain (loss) (Form	n 4797, Pa	art II, line 17) (attach Form 4797)	4b				
c Capital loss deductio	n for trust	ts	4c				
5 Income (loss) from a	a partnersi	hip or an S corporation (attach statement)	5				
6 Rent income (Schedu	ule C)		_6	13,723.	3,9	02.	9,821.
7 Unrelated debt-finance	ced incom	ne (Schedule E)	7				
	•	nd rents from a controlled organization (Schedule F)	8				
		n 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt act			10				
11 Advertising income (·	11				
12 Other income (See in		·	12	40 500		لــــ	
13 Total. Combine lines			13	13,723.	3,9	02.	9,821.
		t Taken Elsewhere (See instructions for edirectly connected with the unrelated busing					
14 Compensation of of	ficers, dire	ectors, and trustees (Schedule K)				14	
15 Salaries and wages	/				1	15	
16 Repairs and mainter	nance	RECEIVED				16	
17 Bad debts		1				17	
18 Interest (attach sche	eđule) (se					18	
19 Taxes and licenses		5 FEB 09 2021 8			ļ	19	250.
20 Depreciation (attach	Form 450	621 1		20			
21 Less depreciátion cl	aimed on	Schedule And disember on return		21a		21b	
ZZ Depiction						22	
23 Contributions to def		pensation plans				23	
24 Employee benefit pro		hadde 0			ļ	24	
25 Excess exempt expe		•			ļ	25	
26 Excess readership c		•			ļ	26	
27 Other deductions (at		•			ļ	27	250
28 Total deductions. A		=	41	0 for an large 40		28	250.
1		come before net operating loss deduction. Subtrac			ļ	29	9,571.
/	perating lo	ess arising in tax years beginning on or after Janua	ry 1, 20	שוט		-	^
(see instructions)	tovekle ::	nome Cubinet line 20 ferry Let 22				30	0.571
		come. Subtract line 30 from line 29				31	9,571.

τ	• (
Form 99	O-T (2918) FAMILY LIFE MINISTRIES, INC.			16-086	3914	Page 2
Part		·			_	
32/	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)	T	32	9,5	71.
33	Amounts paid for disallowed fringes		•	33		
34	Charitable contributions (see instructions for limitation rules)			3/4		0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		and 33	35		71.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	·	16	36	9,5	71.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	j	_	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	_	8	38	1,0	00.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37	7,				•
Down	enter the smaller of zero or line 37			39		0.
	Tax Computation Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	 		140		0.
40 41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	n line 20 from:		40		
41	Tax rate schedule or Schedule D (Form 1041)	11 11116 39 11 0111 <u>.</u>		41		
42	Proxy tax. See instructions			42		
43	Alternative minimum tax (trusts only)			43		
44	Tax on Noncompliant Facility Income. See Instructions			44		
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45		0.
Part	V Tax and Payments					
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a				
b	Other credits (see instructions)	46b] [
C	General business credit. Attach Form 3800	46c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d				
е	Total credits. Add lines 46a through 46d			46e		
47	Subtract line 46e from line 45			47		0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 Other (attach sch	redule)	48		
49	Total tax. Add lines 47 and 48 (see instructions)			49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	ea.		50		0.
	Payments A 2018 overpayment credited to 2019	51a				
	2019 estimated tax payments	51b				
	Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions)	51c 51d				
	Backup withholding (see instructions)	51e				
	Credit for small employer health insurance premiums (attach Form 8941)	51f	-			
	Other credits, adjustments, and payments: Form 2439					
•	☐ Form 4136 ☐ Other Total ▶	51g				
52	Total payments. Add lines 51a through 51g			52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached			53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		▶	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		>	55		
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	Refunded	•	56		
Part	VI Statements Regarding Certain Activities and Other Informati	on (see instructions)				
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of	•			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r	•				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	oreign country				
	here •					X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	nsferor to, a foreign trust?			\vdash	Х
F0	If "Yes," see instructions for other forms the organization may have to file.					
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perjury declare that I have examined this return, including accompanying schedules and	statements, and to the heat of	my know	uladae and belief it	is true	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer			vieuge and belief it	13 0 00	
Here	CEO			y the IRS discuss th		with
	Signature of officer Date Title			preparer shown be tructions)?		No
	Print/Type preparer's name Preparer's signature Da	te Check	ıf			
D -1	DICUARD I DAVIC BICUARD I DAVIC	self- em				
Paid		[/18/21 Sun uni	,	P00732	2051	
Prep	FERRICA DE LE PROPERTIE DE LA CONTRACTOR	Firm's E	EIN ►	47-452		0
USE	8 DENISON PARKWAY E., SUITE 40					
	Firm's address ► CORNING, NY 14830		no. 6	07-962-6	5891	
923711					90-T	2010

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/	A			
1 Inventory at beginning of year	1		6	Inventory at end of y	ear	-	6	
2 Purchases	2	<u>-</u>	7	Cost of goods sold.	Subtract	line 6		1
3 Cost of labor	3			from line 5. Enter he	re and in	Part I,		
4a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8	Do the rules of section	on 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		7	property produced o	r acquired	d for resale) apply to		
5 Total. Add lines 1 through 4b	5		7	the organization?		,		
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Propert	y Leas	ed With Real Pro	perl	ty)
(see instructions)							-	
Description of property								
(1) RADIO TOWER AND	LAND							
(2)								
(3)								
(4)								
		ed or accrued				2/8\Codustions discost		neted with the reason in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for ;	personal	onal property (if the perce property exceeds 50% or ed on profit or income)	ntage r if	3(a) Deductions directly columns 2(a) a SEE STAT	nd 2(b)	(attach schedule)
(1)				13,	723.			3,902.
(2)								
(3)								
(4)						1		
Total	0.	Total		13,	723.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -		13,	723.	(b) Total deductions. Enter here and on page 1, Part I, line 6 column (B)	•	3,902.
Schedule E - Unrelated Del		I Income (see	ınstru			<u> </u>		
			,	Gross income from		3. Deductions directly conto debt-finance	nected	with or allocable
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
					 	-	\perp	
(1)			<u> </u>				+	
(2)			<u> </u>		_		\bot	
(3)		<u></u>	<u> </u>	··- · ·	 -		1	
(4)	·		↓				\bot	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	,	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1 Part I, line 7, column (A)		Enter here and on page 1 Part I, line 7, column (B)
Totals				•	<u> </u>	0	•	0.
Total dividends-received deductions in	cluded in column	18				•	• 📘	0.
								Form 990-T (2019)

	Schedule F - Interest,	Annuities, Roy	alties, a					zatio	ns (see ins	struction	ons)
Commercial productions Constitutions Con				Exempt	Controlled O	. 					
Continue Controlled Organizations S. Net unstalled screen feets) S. Total of stocked payments Total is income S. Net unstalled screen feets) S. Total of stocked payments Total is not continue feet in the street end on page 1, Part I. Intel S. Column (8) O. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) S. Total organization (see instructions) S. Construction (see instructions	 Name of controlled organized 	ıdent	ification					includ	ed in the cont	trolling	connected with income
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(d) Add columns 5 and 10 Enter here and on page 1. Part I. Iller 8 column (8) Totals Add columns 5 and 10 Enter here and on page 1. Part I. Iller 8 column (8) 3. Deductions (see instructions) 1. Describtion of income 2. Amount of income 2. Amount of income 3. Deductions carefully income	7. Idadio noono			3 , 75a.			in the controll	ing organ	nization's		
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Add columns 5 and 10 Enter have and 00 page 1. Part 1, line 6, column (A) O . O .		+		†							
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Totals Totals	_(4)		-	<u> </u>			Add solup	200 5 20	d 10	_	Add columns 6 and 11
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(1) (2) (3) (4) Enter here and on page 1 Part I, line 9, column (A)	1. Des	scription of income			2. Amount of	income					
(2) (3) (4) Enter here and on page 1 Part I, line 9, column (A) Part I line 10, column	(1)				 		(41.23.1.33)	2.0,			(cor o plas cor 4)
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(2) (3) (4) Enter here and on page 1, Part I, line 10 col (A) O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodical Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising solvertising income advertising costs of through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) O. O. Consolidated Basis 7. Excess readership costs (column 5, but not more than column 4) Totals (carry to Part II, line (5)) O. O. O. O. O. O. O. O. O.	(1)										
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(4) Enter here and on page 1, Part I, line 10 col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs (a) 3 if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0. 0. 0. 0.		+	+		 	 					-
Enter here and on page 1, Part 1, Inne 10 col (A) Totals D. O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs (col 2 minus col 3) if a gain, compute col 3) if a gain, compute col 3 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. O. O. Enter here and on page 1, Part II, line 25 4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 5. Circulation income 6 Readership costs (column 6 minus column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4)		 	+		 	 			- -		
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income Inc		page 1, Part I, line 10 col (A)	page 10	I, Part I, col (B)							on page 1, Part II line 25
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) A. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6 Readership costs (column 6 minus column 4) 7. Excess readership costs (column 5, but not more than column 4) 7. Excess readership costs (column 5, but not more than column 4)					L						0.
1. Name of periodical 2. Gross advertising and or (loss) (col 2 minus cols 5 through 7 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5)) A. Advertising gain or (loss) (col 2 minus col 2 minus column 6 Readership costs (column 6 minus column 6 minus column 7) 5. Circulation income 6 Readership costs (column 5, but not more than column 4) 7. Excess readership costs (column 5, but not more than column 4) 7. Excess readership costs (column 5, but not more than column 4)					12.4 4 4						
1. Name of periodical advertising advertising costs advertising costs advertising costs cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) A cross advertising costs advertising costs advertising costs cols 5 through 7 or (loss) (col 2 minus color income income income costs column 5, but not more than column 4) Totals (carry to Part II, line (5))	Part I Income From	Periodicals Re	ported o	n a Con	solidated	Basis					
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.	1. Name of periodical	advertising			or (loss) (co	ol 2 minus ain, comput					costs (column 6 minus column 5, but not mare
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.	(1)						1				
(4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.	(2)	-			┪						╡ .
(4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.	(3)		 -		┨						1
Totals (carry to Part II, line (5)) ▶ 0. 0.	(4)	+	+		┨		 				1
	(7)		<u> </u>		+		+				
	Totals (carry to Part II, line (5))	•	0.	0							0 . Form 990-T (2019)

Form 990-T (2019) FAMILY LIFE MINISTRIES, INC. 16-08639 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11 col (B)		•		Enter here and on page 1, Part II line 26
Totals, Part II (lines 1-5)	•	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990- T	NET	OPERATING LOSS D	EDUCTION	STATEMENT
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/05	18,227.	18,227.	0.	0.
06/30/06	13,949.	13,009.	940.	940.
06/30/07	15,589.	0.	15,589.	15,589.
06/30/08	7,395.	0.	7,395.	7,395.
06/30/10	896.	0.	896.	896.
06/30/11	383.	0.	383.	383.
06/30/12	3,020.	0.	3,020.	3,020.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	28,223.	28,223.
FORM 990-T	DEDUCTIONS	CONNECTED WITH REI	NTAL INCOME	STATEMENT 2
		ACTI		
DESCRIPTION	1	NUM	SER AMOUNT	TOTAL
	-		3,902	•
DESCRIPTION RENTAL EXPE	-	NUMI - SUBTOTAL -		