Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency	一
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September 25, 2019

Selfless Love Foundation Inc 1115 Hillsboro Mile Hillsboro Beach, FL 33062

Dear Ashley:

Enclosed are the original and one copy of the 2018 Exempt Organization return, as follows...

2018 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Kevin E. Reynolds, CPA, PA
Partner

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

December 31, 2018

Prepared for	Selfless Love Foundation Inc 1115 Hillsboro Mile Hillsboro Beach, FL 33062
Prepared by	Daszkal Bolton LLP 4455 N Military Trail, #201 Jupiter, FL 33458-4828
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2019.

** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

Α	For the	2018 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer identifi	cation number
Г	Addres change	SELFLESS LOVE FOUNDATION	ON INC			
Ē	Name change				47-4	544148
	Initial return Final return/	Number and street (or P.0. box if mail is not delived 1115 HILLSBORO MILE	vered to street address)	Room/suite	E Telephone numbe 954-	372-7760
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	1,601,420.
	Amend return	ed HILLSBORO BEACH, FL 33	3062		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: ASHI	LEY BROWN		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No
			(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		$_{e:} ightharpoonup$ SELFLESSLOVEFOUNDATION.	ORG		H(c) Group exemption	
			ociation Other >	L Year	of formation: 2015 N	1 State of legal domicile: \mathbf{FL}
P		Summary				
Governance	1 1	Briefly describe the organization's mission or most s	significant activities: SELF: CURRENT & FORM	LESS L ER FOS	OVE IS DEDI	CATED TO
na L	2	Check this box if the organization discont				ssets.
Š	3 1	Number of voting members of the governing body (I				6
Ğ	4 1	Number of independent voting members of the government				6
Activities &		Fotal number of individuals employed in calendar ye				3
įįį		Total number of volunteers (estimate if necessary)				15
Ė		Fotal unrelated business revenue from Part VIII, colu				0.
⋖		Net unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
Ð	8 (Contributions and grants (Part VIII, line 1h)			334,543.	1,515,458.
Revenue					0.	0.
ě	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		0.	0.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	-171,569.
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		334,543.	1,343,889.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		357,259.	175,157.
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)		0.	0.
es	15 3	Salaries, other compensation, employee benefits (P			17,941.	285,904.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), lir	ne 11e)		0.	0.
ğ	b ⁻	Total fundraising expenses (Part IX, column (D), line	25) ▶ 15,2	95.		
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d,			85,735.	222,637.
		Fotal expenses. Add lines 13-17 (must equal Part IX			460,935.	683,698.
. "	19	Revenue less expenses. Subtract line 18 from line 1	2		-126,392.	660,191.
Net Assets or				Ве	ginning of Current Year	End of Year
Sset	20				934,583.	769,774.
et A	21	, , , , , , , , , , , , , , , , , , , ,			875,000. 59,583.	650,000. 119,774.
	2 22 art	Net assets or fund balances. Subtract line 21 from I Signature Block	ine 20		39,303.	119,774.
_			naludina aggamnanyina aghadula	a and atatam	anta and to the heat of m	v knowledge and balisf it is
		ties of perjury, I declare that I have examined this return, in				y knowledge and bellet, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all illiorniation of wi	licii preparer	lias any knowledge.	
٥.		Signature of officer			I Date	
Sig		ASHLEY BROWN, PRESIDENT	·/CEO		Duto	
He	re	Type or print name and title	. / CEO			
		7 31 1	Preparer's signature	П	Date Check	II PTIN
Pai		KEVIN E. REYNOLDS	i ichaici o oiàiiainic		l if	
	- +	Firm's name DASZKAL BOLTON LI	,P		self-employ Firm's EIN ▶	65-0406502
	-	Firm's address 4455 N MILITARY 1			I IIIII S EIIV	03 0400304
550	· · · · · · ·	JUPITER, FL 33458			Phone no. (5	61) 367-1040
Ma	v the IR	S discuss this return with the preparer shown above			1 Holle Ho. (5	X Yes No

Form **990** (2018)

584,477.

including grants of \$

) (Revenue \$

SEE SCHEDULE O FOR CONTINUATION(S)

2

4d Other program services (Describe in Schedule O.)

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- V
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			- V
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.415		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		122
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		10		122
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		x
20-2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_55		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

			T.,	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	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			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
24	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱,,
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	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			
	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?		-	
Pai	Note. All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a farth the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, 166 of the toe-standar year andiring with or within the year accorated by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to effect embractions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "and it the air form 990 Fro for this year? If VP to 16 ins 3b, provide an explanation in Schedule 0. 3c If Yes, "and the the rame of the foreign country." Busin account, excurtises account, or other financial account)? 4c If Yes, "and the the rame of the foreign country." Busin account, excurtises account, or other financial account)? 4c If Yes 1 in the rame of the foreign country. Busin account, excurtises account, or other financial accounts (FBAR). 5c If Yes 1 in the rame of the foreign country. Busin account, excurtises account, or other financial accounts (FBAR). 5c If Yes 1 in the rame of the foreign country. Busin account, excurtises account, or other financial accounts (FBAR). 5c If Yes 1 in the part of the granization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes 1 in the party or a prohibited tax shelter transaction and the granization solid any contributions that were not tax deductibles or exhibitations? 5c If Yes 2 in the organization have annual gross excepts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles or chiralizations? 6c If Yes 2 in the organization shelt weak or shertable contributions? 6d If Yes 2 in did the organization include with every solicitation and express statement that such contributions or grits were not tax deductibles an chartable contributions? 7c Organizations that many receive doductible contributions under section 170(c). 8d If Yes 2 in did the organization in expr				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines is and 2a is greater than 250, you may be required to e/fel (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 1 has it filed a Form 800 Tior this year? If 10°C 10 line 3b, provide an explanation in Schedule 0 3a At any time during the calendary ear, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (yeu has a baint account, securities account, or other financial account(?) 4a At any time the hanne of the free free free free free free free fr	2a				
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 3			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has tifled a Form 9907 for this year of "Wo" to fine 3b, promotive an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," either the name of the foreign country. 5c Was the organization in foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c Was the organization in foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization for foreign country. 5c Was the organization in the foreign country. 5c Was the organization the foreign country. 5c Was the organization the organization that it was or is a party to a prohibited tax shelter transaction? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 8c Was the organization receive a payment in excess of \$75 made party as a contribution and party for gods and services provided to the payor? 7c Varianization state any receive any funds directly or the value of the godd or services provided? 7c Was the organization and protify the donor of the value of the godd or services provided? 7c Was the organization and protify the donor of the value of the godd or services provided? 7d Was the organization received a contribution of qualified intellectual property, did the organization relieved to mostly the donor of the value of the godd or services provided? 8c Did the organization received a contribution of can,	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? A b If Yes, "enter the name of the foreign country; level has a bank account, securities account, or other financial accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886.77. 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization sevel a payment in excess 61% made party for goods and services provided? 7 the "yes," indicate the number of Forms 8282? Tied during the year 6 Did the organization neceive a payment in excess 61% made party as contribution and party for goods and services provided to the payor? 7 The ST A ST Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 8282? 7 The Old the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 899 as required? 7 If It was organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.C? 8 Sponsoring organization make any taxolided intellectual property, did the organization file of many and the paym		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, dot 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 accounts? b If "Yes," enter the name of the foreign country. Per security or the financial accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction? 5b Was the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to lie So or 5b, did the organization the from 88617 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible schariable contributions? 6b Were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization stell were precised eductible contributions under section 170(c). a Did the organization stell, any receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization stell, any receive deductible contributions under section 170(c). b If "Yes," inclinate the number of Forms 8222 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangitie personal property for which it was required to the Form 82827 c Did the organization, during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1984 or the organization received a contribution of can, boats, ariphanes, or other vertices, did the organization file a Form 1984 or the organization received and contribution of can, boats, ariphanes, or other ver	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
the interval of the contributions of the financial account, or other financial account)? b if 1'Yes, 'return the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6 Does the organization shall have not tax deductible as charitable contributions? 6 I 'Yes' to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat may receive deductible contributions under section 170(c). 8 If 'Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Tyes,' did the organization neceive aparement in excess of \$75 made party as a contribution of prometry for which it was required to file Form 8282? 10 If 'Yes,' find the organization of the value of the goods or services provided? 10 If 'Yes,' find the organization neceived a party as a contribution of the year? 10 If the organization received a contribution of underty, to pay premiums on a personal benefit contract? 7 Tyes,' did the organization received a contribution of underty, to pay premiums on a personal benefit contract? 7 If I bid the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 8009 as required? 10 If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 8009 as a party till, ine 12, for public use of club facilities 10 I be sponsoring organization make any taxable d			3b		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 14b 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 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 13c 15c 15c 15c 15c 15c 15c 15c 15c 15c 15	10	l I			
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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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a Is Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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? 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.					
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14a 15c	D				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	122		122		
Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Italia Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			ıza		
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c Enter the amount of reserves on hand 13c					
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excess parachute payment(s) during the year? 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? If "Yes," complete Form 4720, Schedule O.	b		14b		
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.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?	15		X
If "Yes," complete Form 4720, Schedule O.		·			
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	_	000	(00:10)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
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			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in 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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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.			
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonset{f FL}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 954-372-7760			
	1115 HILLSBORO MILE, HILLSBORO BEACH, FL 33062			

Part VII 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.

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

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
1) ASHLEY BROWN	40.00	,,		٠,,				0	0	
RESIDENT & CEO	5.00	Х		Х				0.	0.	(
2) EDWARD BROWN	3.00	X		x				0.	0.	
CHAIR (3) SCOTT ZANKL	5.00	^		^				0.	0.	
VICE CHAIR	3.00	X		х				0.	0.	(
(4) HATEM DHIAB	5.00	123						· ·	•	
TREASURER		x		x				0.	0.	(
(5) SHANNON MCCOY	5.00							-		
EVENT CHAIR		Х						0.	0.	
(6) ELIZABETH WYNTER	40.00									
EXECUTIVE DIRECTOR		Х						200,000.	0.	(
		\vdash								

	t VII Section A. Officers, Directors, Tru-	(B)	<u> </u>		, u.i.		<u> </u>		(D)	(E)			(F)	
	Name and title	Average	1		Pos	itior			Reportable	Reportable		Ec	ור) stimate	-d
	Name and title	hours per					than		compensation	compensatio			nount	
		week					or/trus		from	from related			other	01
		(list any	tor						the	organization			pensa	ıtion
		hours for	dire				pa		organization	(W-2/1099-MIS			om th	
		related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
		organizations	altrus	nal tr		oyee	o mb						d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		iii ie)	n n	su	₽	Ke	를 를	훈						
			-											
			1											
								Ļ	200,000.		0.			
	Sub-total								200,000.		0.			0.
	Total from continuation sheets to Part V								200,000.		0.			0.
	Total (add lines 1b and 1c)									000 - f				<u> </u>
2	Total number of individuals (including but compensation from the organization	not limited to tr	iose	IISTE	ed ai	DOV	e) Wi	no r	eceived more than \$100	J,000 of reportable	ie			1
	<u> </u>												Yes	No
3	Did the organization list any former officer			•	•	•	•		•			•		Х
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s								har companation from			3		$\stackrel{f \wedge}{=}$
4	and related organizations greater than \$15	•							•	•		4	Х	
5	Did any person listed on line 1a receive or											•		
	rendered to the organization? If "Yes," cor	-				-			·····			5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest or	amponeated in	don	ando	nt c	ont	racti	ore t	that received more than	\$100,000 of com	none	ation t	from	
	the organization. Report compensation for										iperis	ation	10111	
	(A) Name and busines:	s address	N	ONE	7.				(B) Description of s	services	С	(C ompe) nsatio	n
				<u> </u>					2 22274					
		<i>*</i>												
2	Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
	,	<u>, </u>										Form	990 (2018)

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Form	990	(2018) SELFL	ESS LOVE	FOUNDAT	ION INC		47-4544	148 Page 9
	rt VII		nue					-
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
S S		Endoughod a sussidius	la-l			TOVETIGE	TOVOTIGO	312 - 314
ant	_	Federated campaigns						
윤일	b			1 040 605				
r, Ş,		Fundraising events		1,048,685.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations						
Sir		Government grants (contribut						
e ti	f	All other contributions, gifts, gran	· I I					
들튀		similar amounts not included above		466,773.				
a d	g	Noncash contributions included in lines	1a-1f: \$	330,044.				
<u>a</u>	h	Total. Add lines 1a-1f			1,515,458.			
				Business Code				
<u>e</u>	2 a	l						
e ⊈	b							
Program Service Revenue	С	:						
ev lev	d	l						
90 H	е	•						
₫	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory	(i) occurrico	(ii) Strici				
	h	Less: cost or other basis						
		and sales expenses						
	•	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
ا و ا	0 a	including \$ 1,048						
Ş		contributions reported on line						
Other Revenue		Part IV, line 18	•	85,962.				
her	h	Less: direct expenses						
ŏ∣		Net income or (loss) from fund			-171,569.			-171,569.
		Gross income from gaming ac			171,303.			171,303.
	Эа							
	L	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		······				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ļ	С	Net income or (loss) from sale						
		Miscellaneous Revenu	е	Business Code				
	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d						

1,343,889

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	175 157	175 157		
	and domestic governments. See Part IV, line 21	175,157.	175,157.		
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,	200,000.	180,000.	10,000.	10,000
^	trustees, and key employees	200,000.	100,000.	10,000.	10,000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	69,740.	62,766.	3,487.	3,487
7	Other salaries and wages Pension plan accruals and contributions (include	0,,,40.	02,700•	3, ±0/•	3,407
8	section 401(k) and 403(b) employer contributions)				
n					
9 10	Other employee benefits	16,164.	14,548.	808.	808
11	Payroll taxes Fees for services (non-employees):	10,101.	11,510.	000.	- 000
		10,242.	4,872.	5,370.	
a		12,260.	5,832.	6,428.	
b		22,739.	10,817.	11,922.	
q		22,733.	10,017.	11,522.	
u e	Lobbying				
f	Investment management fees				
g	// //				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	32,699.	32,442.	257.	
13	Office expenses	14,009.	3,726.	10,283.	
14	Information technology	17,750.	9,684.	8,066.	
15	Royalties		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,000	
16	Occupancy				
17	Travel	5,463.	5,413.	50.	
18	Payments of travel or entertainment expenses		7,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,394.	21,197.	197.	
20	Interest	,	, =		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,817.		3,817.	
24	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	55,128.	55,128.		
b	BANK SERVICE CHARGES	18,231.		18,231.	
С	POSTAGE AND SHIPPING	4,137.	384.	3,753.	
d	EQUIPMENT RENTAL	3,768.	2,511.	1,257.	
е	All other expenses	1,000.	-	-	1,000
25	Total functional expenses. Add lines 1 through 24e	683,698.	584,477.	83,926.	15,295
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

rai	πх	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
		Cook non interest heaving	59,583.	1	737,534.
	1	Cash - non-interest-bearing	37,303.	2	737,334.
	2	Savings and temporary cash investments	875,000.	3	0.
	3	Pledges and grants receivable, net	075,000.	4	4,184
	4	Accounts receivable, net		4	4,104
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		5	
	6	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under		3	
	"	· · · · · · · · · · · · · · · · · · ·			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
,		employers and sponsoring organizations of section 501(c)(9) voluntary		6	
Assets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ASS	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	28,056
	9	Prepaid expenses and deferred charges		9	20,030
	10a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D 10a 10a		40	
		Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	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	934,583.	15	769,774
	16	Total assets. Add lines 1 through 15 (must equal line 34)	334,303.	16	103,114
	17	Accounts payable and accrued expenses	875,000.	17	500,000
	18	Grants payable	673,000.	18	150,000
	19	Deferred revenue		19	130,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
<u> </u>		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		05	
		Schedule D	875,000.	25	650,000
	26	Total liabilities. Add lines 17 through 25	673,000.	26	030,000
		Organizations that follow SFAS 117 (ASC 958), check here X and			
Fund Balances	07	complete lines 27 through 29, and lines 33 and 34.	59,583.	27	119,774
<u>=</u>	27	Unrestricted net assets	37,303.	28	110,114
29	28	Temporarily restricted net assets		29	
ב ב	29	Permanently restricted net assets		29	
Į I		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.		200	
5 ภู	20			30	
sets of	30	Capital stock or trust principal, or current funds		~	
. Assets of	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	l		59,583.	31 32 33	119,774.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
					_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2				98.
3	Revenue less expenses. Subtract line 2 from line 1	3	6			91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>59</u>	, 5	83.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	-6	00	, 0	00.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1	19	, 7	74.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
				١	es/	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	С		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?		3	a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b L		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Name of the organization Employer identification number SELFLESS LOVE FOUNDATION INC 47-4544148 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	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.						
		(-) 004.4	(h) 0045	(-) 0040	(-1) 0047	(-) 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
۵	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor		•				• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2018 (column (f))		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	this box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2017. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	d stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	<u>ns</u>
					Sch	edule A (Form 990	0 or 990-EZ) 2018

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		,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		30,111.	378,347.	334,543.	1,515,458.	2,258,459.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		30,111.	378,347.	334,543.	1,515,458.	2,258,459.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons		20,010.	370,000.	290,610.	926,977.	1,607,597.
ŀ	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						0.
(Add lines 7a and 7b		20,010.	370,000.	290,610.	926,977.	1,607,597.
	Public support. (Subtract line 7c from line 6.)					-	650,862.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	` '	30,111.	378,347.	334,543.	1,515,458.	2,258,459.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				-		
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		30,111.	378,347.	334,543.	1,515,458.	2,258,459.
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	
							►X
	ction C. Computation of Publ						
15	Public support percentage for 2018 (line 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2017					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				_
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	9a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
ŀ	more than 33 1/3%, check this box a 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation If the organization	n did not chack a	hay an line 1/ 10	or 10h chack th	ie hay and eag ing	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
3	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

Pa	t IV Supporting Organizations (continued)			
	(oonsingod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		İ
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	١.		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	S).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		i .

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	rt v Type III Non-Functionally Integrated 50)9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	n the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	,	(i)	(ii)	(iii)
Secti	cion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

David M.	(1 cm 600 cm 600 22/2010 m = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =				
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,				
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.				
	(See instructions.)				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number

SELFLESS LOVE FOUNDATION INC 47-4544148 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SELFLESS LOVE FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1	Name, address, and ZiF + +	\$ 11,450. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$S,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$S,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 28,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)

SELFLESS LOVE FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	- Training duding to grant 2 in 1 in 1	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$2,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Nume, dudirece, direction 1.1	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

SELFLESS LOVE FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 27,917.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$8,199.	Person X Payroll

SELFLESS LOVE FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	- Training additions and En 1 1	\$ 12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SELFLESS LOVE FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
25		\$ 30,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
26		\$ 8,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
27		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
28		\$ 6,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
29		\$ 105,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
30		\$ 6,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

SELFLESS LOVE FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31		\$ 32,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
34	Name, address, and ZIF + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SELFLESS LOVE FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.
(a)	(b)	(c) (d)
37	Name, address, and ZIP + 4	\$ 12,393. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
38		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
39		\$ 26,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
40		\$ 8,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
41		\$ 12,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
42		\$ 145,000. Person Payroll Noncash X (Complete Part II for noncash contributions.)

SELFLESS LOVE FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
43		\$ 5,700. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
44		\$		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
45		\$ 46,667. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
46	Nume, address, and Zn ++	\$ 362,310. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
47		\$\$ Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
48		\$ 8,000. Person Payroll Noncash X (Complete Part II for noncash contributions.)		

SELFLESS LOVE FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,303.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$ 11,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	rume, address, and 2n ++	\$ 33,950.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$9,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

SELFLESS LOVE FOUNDATION INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	GOLF FOURSOME		
8			
		\$8,000.	_04/21/18_
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncastr property given	(See instructions.)	Date received
12	DRIVING EXPERIENCE		
		\$3,000.	04/21/18
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	AUTO RACING EXPERIENCE		
12			
		\$6,000.	04/21/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	EXOTIC CAR FOR THE WEEKEND		
		\$10,000.	04/21/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	NBA EXPERIENCE		
		\$\$	10/27/18
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
42	HACIENDA		
		\$80,000.	_04/21/18_

SELFLESS LOVE FOUNDATION INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
42	RAIL CAR EXPERIENCE	_	
			04/21/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
47	WINE EXPERIENCE	_	
			04/21/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
48	ART PIECE	_	
			04/21/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
49	GIFT CARD	_	
			04/21/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
50	HAIR CARE PRODUCTS	_	
			04/21/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
51	CAR EXPERIENCE PACKAGE	_	
			04/21/18

SELFLESS LOVE FOUNDATION INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	EARRINGS		
52			
		\$32,000.	_04/21/18_
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
52	HANDBAG		
		\$1,950.	10/27/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Faiti	ART PIECE		
53			
		\$9,000.	04/21/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
54	MENS AND LADIES TIMEPIECE		
		\$50,000.	04/21/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

47-4544148 SELFLESS LOVE FOUNDATION INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Name of the organization

SELFLESS LOVE FOUNDATION INC

Employer identification number 47-4544148

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	-	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
_			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements.	(Ast Illiatorical Transcomers	Nils and O'res'll and A and all
Pai	T III Organizations Maintaining Collections o	-	otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	,, ,	•
	historical treasures, or other similar assets held for public exl		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1		•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🗲 💲

832051 10-29-18

Schedule D (Form 990) 2018

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

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t are a si	gnificant	use of its	collection	items	
	(check all that apply):										
а	Public exhibition	d	ı	_oan or exc	hange progra	ıms					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	asures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he orgar	nization's c	ollection?			<u></u>	Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered "	'Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	ns or other as	sets not	included	_	_		
	on Form 990, Part X?							L	Yes	Ш	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:							
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for 6	escrow or c	ustodial acco	unt liabili	ity?	L	Yes	Ш	No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatic	n has beer	n provided on	Part XIII					
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on F	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two year	s back ((d) Three y	/ears back	(e) Four	years ba	ıck
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses		ation tha	t are held a	and administe	red for th	ne organiz	zation			
	by:	_					_			Yes N	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on S	chedule R?)				3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	l "Yes" on Form 990), Part IV	/, line 11a. \$	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book	value	
	,	basis (investn	nent)		(other)		reciation		` ,		
1a	Land										
	Buildings										_
	Leasehold improvements							$\overline{}$			
d	Equipment							-			
	Other							-+			
	Add lines 1a through 1a (Column (d) must ea		V colun	an (D) line	100)						Λ.

Schedule D (Form 990) 2018

Sched	ule D (Form 990) 2018	SELFLESS LO	VE FOUNDAT	ION INC	47-	4544148	Page
	VII Investments - Oth	ner Securities.					
	Complete if the organiz	ation answered "Yes"	on Form 990, Part IV	V, line 11b. See Form 99			
(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of	f valuation: Cost or end-	of-year market v	/alue
(1) Fin	nancial derivatives						
(2) Cld	osely-held equity interests						
(3) Ot	her						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	Col. (b) must equal Form 990, Par						
Part	VIII Investments - Pro	-					
				/, line 11c. See Form 99		of voor market v	rolu o
	(a) Description of inve	estment	(b) Book value	(c) Method of	f valuation: Cost or end-	or-year market v	/alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
<u>(7)</u> (8)							
(9)							
	Col. (b) must equal Form 990, Pai	t X col (B) line 13)					
Part		(7), con (b) into 101)					
		ation answered "Yes"	on Form 990. Part IV	V, line 11d. See Form 99	0. Part X. line 15.		
			Description	,	· ·	(b) Book va	lue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(Column (b) must equal Form	990, Part X, col. (B) lin	e 15.)		>		
Part							
			on Form 990, Part IV	/, line 11e or 11f. See Fo	orm 990, Part X, line 25.		
<u>1. </u>	(a) Descri	ption of liability		(b) Book value			
(1)	Federal income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

(8)

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue	per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total r	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		eries of prior year grants			
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3	Subtra	act line 2e from line 1		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents With Expense	es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ed services and use of facilities			
b	Prior y	rear adjustments	2b		
С		losses			
d		(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
_		nes 4a and 4b			
5 Do		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
		Supplemental Information.	V Bass die saal Oles Deu	tal Base As David V. Base	0. D+ VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I		t V, line 4; Part X, line	2; Part XI,
ines	zu anu	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	lional information.		
PAI	א ידא	, LINE 2:			
1 7 3 1	22	, 1111 2.			
тні	TO	UNDATION HAS BEEN RECOGNIZED BY THE INT	ERNAL REVEN	HE SERVICES	3
		ONDITION INTO BEEN MECOCITIED DI INC.		OL BLILVIOLS	
(":	IRS") AS AN ORGANIZATION THAT IS EXEMPT FRO	M FEDERAL I	NCOME TAXES	UNDER
•		,	<u> </u>		<u> </u>
IN'	rern.	AL REVENUE CODE ("IRC") SECTION 501(C)	(3). FUTHERM	ORE, IT HAS	BEEN
DE'	TERM	INED THAT THE FOUNDATION IS NOT A PRIVE	ATE FOUNDATI	ON. NO PROV	/ISION
HAS	S BE	EN MADE FOR INCOME TAXES IN THE FINANCE	AL STATEMEN	TS.	

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service	▶ Go	to www.irs.	gov/Form990 for inst	ructior	ıs and	the latest informat	ion.		Inspection
Name of the organization									ntification number
	SELFLES	S LOVE	FOUNDATION	INC				47-4544	148
Part I Fundraisi	ng Activities.	Complete if	the organization answ	ered "\	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
required to c	omplete this part	t							
1 Indicate whether the	organization rais	ed funds thr	ough any of the follow	ing acti	vities.	Check all that apply			
a Mail solicitation	ons		e Solicita	ation of	non-g	overnment grants			
b Internet and e	email solicitations				-	nment grants			
c Phone solicita	ations		g L Specia	l fundra	aising	events			
d In-person soli	citations								
2 a Did the organization		J	•	`	U	,		· —	
, , ,	•	,	tity in connection with	•		J		└── Yes	
b If "Yes," list the 10 h	•		` , ,	uant to	agree	ements under which	the fu	ındraiser is to l	oe
compensated at lea	st \$5,000 by the	organization	1.						
(i) Name and address or entity (fundr			(ii) Activity	fund have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
				+					

ιοτ	otal P			
3	3 List all states in which the organization is registered or licensed to solicit contributions or h or licensing.	has been notified	it is exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 SELFLESS LOVE FOUNDATION INC 47-4544148 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through ${ t GALA}$ ${ t HALLOWEEN}$ col. (c)) (event type) (event type) (total number) 1,010,984 1,134,647. 123,663. 1 Gross receipts 946,934 101,751. 1,048,685. 2 Less: Contributions 64,050 21,912. 85,962. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 14,700. 4,068. 18,768. 6 Rent/facility costs 62,038. 16,898. 78,936. 7 Food and beverages 55,466. 10,100. 65,566. 8 Entertainment 94,261. 72,025. Other direct expenses 22,236. 257,531. 10 Direct expense summary. Add lines 4 through 9 in column (d) -171,569. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

а	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:	Yes	□ No
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No No

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 SELFLESS LOVE FOUNDATION INC 47-6	4544148	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
		13a	0/
	The organization's facility		<u>%</u>
	An outside facility	13b	<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	old "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
	the res, entername and address of the third party.		
	Name ▶		
	Address ►		
	Addicss P		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	daming manager compensation > \$\psi		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	— 100	
L	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III is a provided by Part I, line 2b, columns (iii) and (v); and Part II is a provided by Part II, line 2b, columns (iii) and (v); and Part II is a provided by Part II.	art III. lings 0	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ait iii, iii ies 3	, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	SELFLESS LOV	E FOUNDATION	INC	47-4544148 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
	• • •	(
			<u> </u>		
					·

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Name of the organization Employer identification number 47-4544148 SELFLESS LOVE FOUNDATION INC Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) LAUNCH OF FAMILY-MATCH FAMILY-MATCH ADOPTION SHARE, INC ADOPTIVE MATCHING 1027 EGMONT ST TECHNOLOGY PROGRAM FOR CURRENT FOSTER YOUTH BRUNSWICK, GA 31520 46-4041847 501(C)(3) 175,157. 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SELFLESS LOVE FOUNDATION INC

Employer identification number 47-4544148

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	_		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Independent compensation consultant Written employment contract Compensation survey or study			
	Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	_ ອ		

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

Schedule J (Form 990) 2018

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

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

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

	(B	B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	С	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficits	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) ELIZABETH WYNTER)	200,000.	0.	0.	0.	0.	200,000.	0.	
EXECUTIVE DIRECTOR (i	_	0.	0.	0.	0.	0.	0.	0.	
(1))								
(i									
(1))								
(i									
(1)								
(i									
(1)									
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Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization SELFLESS LOVE FOUNDATION INC Employer identification number 47 - 4544148

Pai	rt I Types of Property								
		(a) Check if	(b) Number of	(c) Noncash contrib	ution	(c Method of		ina	
		applicable	contributions or	amounts reporte	d on	noncash contril		•	S
			items contributed	Form 990, Part VIII,	line 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other • (EVENT AUCTION)	X	30	330,	044.	FMV			
26	Other • ()								
27	Other (
28	Other (
29	Number of Forms 8283 received by the organization	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement	29				
	•			_	•			Yes	No
30a	During the year, did the organization receive by	y contributio	on any property re	oorted in Part I, lines	1 throug	h 28, that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?	?	•	•			30a		Х
b	If "Yes," describe the arrangement in Part II.								
31		oolicy that re	equires the review	of any nonstandard	contribut	tions?	31		Х
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						-		
							32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	v for which column (a) is chec	ked.			
	describe in Part II.	(5) 10	-71 3. 6. 5 501	,	, 550	,			
		the Instruc	tions for Form 90	0		Schedule	M (Form	n 000)	2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

OMB No. 1545-0047

Inspection

Name of the organization

SELFLESS LOVE FOUNDATION INC

Employer identification number 47-4544148

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ADVOCATED FOR CHANGES TO POLICY TO IMPROVE THE ADOPTIONS PROCESS FOR CHILDREN AND FAMILIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: FOSTERING DREAMS SLF OFFERS FORMER FOSTER YOUTH WITH "ONCE IN A LIFETIME" EXPERIENCES THROUGH A COLLABORATION WITH CORPORATE PARTNERS AND CHILD WELFARE AGENCIES. THESE ACTIVITIES GIVE YOUTH A CHANCE TO TEST THEIR WINGS AND EXPLORE CAREER OPPORTUNITIES. DREAMER OUTCOMES: PROVIDED DALE CARNEGIE TRAINING COURSES TEACHING INTERPERSONAL, COMMUNICATION AND LEADERSHIP SKILLS. HOSTED DREAM TANK EVENTS-YOUTH OFFERED UNIQUE OPPORTUNITIES TO GET IN FRONT OF SUCCESSFUL PEOPLE WITHIN THEIR COMMUNITIES AND SHARE DREAMS AND ASPIRATIONS FOR THEIR FUTURE. CONDUCTED LUNCH AND LEARNS, PHOTO SHOOTS, CAREER PANELS, MENTORSHIP, ETC. FORM 990, PART VI, SECTION A, LINE 2: ASHLEY BROWN AND EDWARD BROWN ARE MARRIED.

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

THE SECRETARY DISTRIBUTES THE FORM 990 TO THE OTHER MEMBERS OF THE BOARD

FOR THEIR APPROVAL PRIOR TO FILING.

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

Schedule O (Form 990 or 990-EZ) (2018)

SELFLESS LOVE FOUNDATION INC	47-4544148
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES DIRECTORS TO READ AND SIGN THE	CONFLICT OF
INTEREST POLICY ON AN ANNUAL BASIS AND REQUIRES THEM TO N	OTIFY THE
ORGANIZATION WHEN CONFLICTS ARISE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS ENGAGED IN MARKET RESEARCH AND REV	'IEWED
COMPARABILITY DATA TO DETERMINE/APPROVE THE SALARIES OF T	HE EXECUTIVE
DIRECTOR AND OTHER KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART XI, LINE 8:	
THE ORGANIZATION RECORDED AN UNCONDITIONAL PROMISE TO GIVE	E AS THE
PAYMENTS WERE MADE INSTEAD OF RECORDING THE ENTIRE GRANT	
PROMISE WAS MADE.	

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying	number		
Type o	Name of exempt organization or other filer, see instr	Employer identification number (EIN) or						
print					45 454			
File by the	SELFLESS LOVE FOUNDATION INC			47-4544148				
due date filing your return. Se	late for Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)			
instructio								
Enter th	ne Return Code for the return that this application is for (file a separa	te application for each return)			0 1		
Application Return Application					Return			
Is For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A		08			
Form 4	720 (individual)	03	Form 4720 (other than individual)	09				
Form 9	90-PF	04	Form 5227	10				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11				
Form 9	90-T (trust other than above) THE ORGANIZAT]	06	Form 8870			12		
• If the box • If	request an automatic 6-month extension of time until _ ne_organization named above. The extension is for the or	it Group Exe	emption Number (GEN) In the control of the	f this is fo f all memb	r the whole grou pers the extension	on is for.		
•	► X calendar year 2018 or ► ax year beginning							
	the tax year entered in line 1 is for less than 12 months, Change in accounting period	CHECK TEAS	on initial return	i marretur				
3a If	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less					•		
_	any nonrefundable credits. See instructions.					0.		
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0		
_	stimated tax payments made. Include any prior year ove	3b	\$	0.				
	dalance due. Subtract line 3b from line 3a. Include your	,	, , , , , , , , , , , , , , , , , , ,			0.		
	sing EFTPS (Electronic Federal Tax Payment System). S n: If you are going to make an electronic funds withdraw			3c	\$			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

instructions.