				_		C		$\langle \cdot \cap \rangle$	E(O /B 117. 5: 5: 10 47		
Form	<u>9</u> 9	0		Returr	of Organiz	ation Exe	ກະt Fron	Ince	ne Tax		2021		
			Under s	ection 501(c), 527, or 4947(a)(1) of the Internal	Revenue Code	(except pr	ivate found	ations)	2021		
Departn	nent of th	ne Treasury		Do not	enter social securi	ty numbers on tl	nis form as it m	ay be mad	le public.		Open to Public		
		e Service			o www.irs.gov/For	m990 for instruc					Inspection		
_		2021 calenda						1, and end			-30 ,2022		
		oplicable:		-	LIFESONG FOR	ORPHANS, IN	iC			D Emplo	over identification number		
	dress ch	-		g business as				- /			35-1902841		
	me char	•			or P.O. box if mail is not de	livered to street addres	s)	Room/s	Room/suite E Telephone number				
H	ial retur	n n/terminated		N WESTER						c Cross	(309)747-4527		
	nended r				province, country, and ZIF	or loreign postal code				G Gross	40,995,012		
H		n pending		LEY, IL	f principal officer: RODN	EV BRENNEMA	NT		H(a) is this a d		or subordinates? Yes X No		
	piloation	rpending		AS C AE					H(b) Are all s	-			
I Ta	x-exemp	ot status: X	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527				t. See instructions		
-	ebsite:				PHANS.ORG				H(c) Group e				
K Fo	rm of or	ganization: X			Association Other	•	L Year of for	mation: 19			al domicile: IN		
Par	: 1	Summary	/										
	1	Briefly describ	be the orga	anization's m	ission or most signifi	icant activities:	LIFESONG'S	MISSIC	ON IS TO	BRIN	JOY AND PURPOSE		
		TO ORPHAN	IS AND	VULNERAE	LE CHILDREN.	WE DO THIS	BY MOBILIZ	ING THE	CHURCH	TO CZ	ARE FOR THE		
JCe		ORPHAN, W	HERE E	ACH MEME	ER CAN PROVII	DE A UNIQUE	AND SPECIA	L SERVI	CE: SOME	E TO A	ADOPT, SOME TO		
Activities & Governance		CARE, SOM	E TO G	IVE.									
Iavo	2	Check this bo	x 🕨 🗌 if t	the organiza	tion discontinued its	operations or disp	osed of more th	an 25% of	its net asset	s.			
ğ	3	Number of vo	ting memb	ers of the g	overning body (Part	VI, line 1a)				3	8		
80 00	4	Number of ind	dependent	voting mem	pers of the governing	g body (Part VI, li	ne 1b)			4	8		
/itie	5	Total number	of individu	ials employe	d in calendar year 20	021 (Part V, line 2	a)			5	49		
\ctiv	6	Total number	of voluntee	ers (estimate	if necessary)					6	150		
٩	7a	Total unrelate	ed busines:	s revenue fro	om Part VIII, column	(C), line 12				7a	0		
	b	Net unrelated	l business	taxable inco	me from Form 990-1	, Part I, line 11 .				7b	0		
									Prior Year		Current Year		
			-	•	ne 1h)				27,804	,328	39,115,232		
une		-		•	line 2g)					,219	1,207,516		
Revenue					n (A), lines 3, 4, and					,288	458,235		
Å					, lines 5, 6d, 8c, 9c, 1					,585)	(25,346)		
					1 (must equal Part \				28,888		40,755,637		
					art IX, column (A), lin rt IX, column (A), line				7,514	,635	6,811,758		
					yee benefits (Part IX				E 202	0.07	0		
S		-			X, column (A), line 1		,		5,303	,82/	4,674,105		
Expenses			-		column (D), line 25)	,					0		
ă.					, lines 11a-11d, 11f-2				6,816	736	15,568,626		
ш		•			ust equal Part IX, co	,			19,635		27,054,489		
					ne 18 from line 12				9,253		13,701,148		
۲ <u>۶</u>			0,1000						inning of Curre		End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line	e16)					42,326		55,071,126		
Asse I Bal		,		,						,006	528,641		
Fund					act line 21 from line 2				41,898		54,542,485		
Par		Signatur							-	-			
					return, including accompain o officer) is based on all inf				wledge and beli	ef, it is			
true, o	mect, a	na complete. Deci		parer (other that	ronicer) is based on all ini	ormation of which prep		iye.					
		KORY	KAEB										
Sign		Signature	of officer							Dat	е		
Here			-	VP - OPE	RATIONS								
		<u> </u>	rint name and	l title									
_		Print/Type prep	arer's name		Preparer's signature		Date		Check	if	PTIN		
Paid		NATHAN I	о. косн						self-emp	oloyed	P00742216		
Prep		Firm's name	•	косн с	ONSULTANTS, I	JTD.			Firm's EIN 🕨				
Use	Only	Firm's address	•	PO BOX					Phone no.				
					T IL 61568						267-3796		
May tl	ne IRS	discuss this r	etum with	the prepare	shown above? See	instructions .					X Yes No		

	990 (2021) LIFESONG FOR ORPHANS, INC COPYOE OB1 (2841 3) (22
Pa	rt III Statement of Program Service Accomplishments
4	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LIFESONG'S MISSION IS TO BRING JOY AND PURPOSE TO ORPHANS AND VULNERABLE CHILDREN. WE DO THIS BY MOBILIZING THE CHURCH TO CARE FOR THE ORPHAN, WHERE EACH MEMBER CAN PROVIDE A UNIQUE AND SPECIAL
	SERVICE: SOME TO ADOPT, SOME TO CARE, SOME TO GIVE.
	SERVICE: SOME TO ADOPT, SOME TO CARE, SOME TO GIVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
5	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 14,165,429 including grants of \$ 614,000) (Revenue \$ 1,207,516)
4 a	VULNERABLE CHILDREN/ORPHAN CARE PROGRAM (INTERNATIONAL) - PROVIDE HUMANITARIAN ASSISTANCE,
	BIBLICAL TRAINING, EDUCATION AND JOB-SKILL TRAINING THROUGHOUT THE WORLD. SUSTAINABLE BUSINESS
	PROJECTS HAVE BEEN ESTABLISHED AT SEVERAL PROJECT LOCATIONS. APPROXIMATE NUMBER OF ORPHANS
	REACHED WITH THE GOSPEL OF JESUS CHRIST, EDUCATION AND TRAINING, AND BASIC LIVING NEEDS DURING
	THE YEAR WERE - RUSSIA REGION - 3,590; SUB-SAHARA AFRICA REGION - 4,186; SOUTH ASIA REGION - 110;
	SOUTH AMERICA REGION - 46; CENTRAL AMERICA REGION - 1,366; EAST ASIA REGION - 141; NORTH AMERICA
	REGION - 13
4b	(Code:) (Expenses \$ 5,913,516 including grants of \$ 4,787,423) (Revenue \$)
-10	ADOPTION GRANT/LOAN PROGRAM - PROVIDE GRANTS AND LOANS TO ASSIST IN THE ADOPTION OF ORPHANS BY
	CHRISTIAN FAMILIES. POST-ADOPTION ASSISTANCE IS ALSO PROVIDED. FINANCIAL ASSISTANCE IS PROVIDED
	TO OFFSET ONLY DOCUMENTED ADOPTION COSTS. COVENANT LOANS TO ADOPTIVE FAMILIES ARE ALSO PART OF
	THIS PROGRAM. LIFESONG HELPED FACILITATE THE ADOPTION/POST-ADOPTION SUPPORT OF 503
	INDIVIDUALS/FAMILIES DURING THE YEAR.
4c	(Code:) (Expenses \$ 4,248,190 including grants of \$ 1,752,584) (Revenue \$)
~	VULNERABLE CHILDREN/ORPHAN CARE PROGRAM (DOMESTIC) - LIFESONG PROVIDES ADMINISTRATIVE SUPPORT AND
	GRANTS TO OTHER CHARITABLE ORGANIZATIONS WHOSE MINISTRIES ARE FOCUSED ON AT-RISK CHILDREN.
	SEVERAL OF THE ORGANIZATIONS SUPPORTED ARE LISTED AT SCHEDULE I, PART II (AS REQUIRED). LIFESONG
	ALSO PROVIDES SUPPORT TO CHILDREN IN FOSTER CARE BY PROVIDING BACKPACKS WITH PERSONAL ITEMS TO
	CHILDREN WHEN THEY ARE BEING PLACED INTO FOSTER CARE, TRAINING MENTORS TO HELP FOSTER FAMILIES,
	AND PROVIDING TRAINING AND EDUCATIONAL RESOURCES TO FOSTER FAMILIES.
	The restriction of the second on the second of the second se
44	Other program capilicas (Describe on Schedule O.)
4d	
4e	
EEA	Total program service expenses 24,504,773 Form 990 (2021)

Form	1 990 (2021) LIFESONG FOR ORPHANS, INC COPY OF O3 - 19(234		N	
	1 990 (2021) LIFESONG FOR ORPHANS, INC 3;9(234 rt IV Checklist of Required Schedules	<u>+</u>		10 <u>- 2</u>
ra			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	NO
-	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а				
h.		11a	x	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	446		
-		11b	x	
C	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	110		v
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
u		11d		x
•		11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		<u> </u>
•		11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		~	
120		12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
		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	x	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form 990 (2021) LIFESONG FOR ORPHANS, INC COPY OF O3 - 9(234)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	L
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х	
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
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 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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? 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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	•••		x
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

COPY OF ORIGINAL 35-1902841 Page 5

Form	990 (2021) LIFESONG FOR ORPHANS, INC 35-1902		Ē	- Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		A
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	50		
4a		4a		
L	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	x	
b	If "Yes," enter the name of the foreign country D ZA LI GT ET			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U	sponsoring organization have excess business holdings at any time during the year?	8		v
•		0		x
9	Sponsoring organizations maintaining donor advised funds.	00		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		Λ
17	•			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Forr	n 990 (2021) LIFESONG FOR ORPHANS, INC COPY OF OB			
	In the second se			<u>x</u> <u></u>
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction A. Governing Body and Management			· 🗆
			Yes	No
a	Enter the number of voting members of the governing body at the end of the tax year			
<u> </u>	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b				
D	Enter the number of voting members included in line 1a, above, who are independent			
	any other officer, director, trustee, or key employee?	2	x	
	Did the organization delegate control over management duties customarily performed by or under the direct	2	~	
		2		v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	-		x
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
	Did the organization have members or stockholders?	6		х
3	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		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
	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	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
C	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
I	Did the organization have local chapters, branches, or affiliates?	10a		х
)	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		
I	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
C	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
1	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
;	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	
	Did the organization have a written whistleblower policy?	13	х	
	Did the organization have a written document retention and destruction policy?	14	х	
	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?			
a	The organization's CEO, Executive Director, or top management official	15a	x	
5	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
1	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
5	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			
		16b		
^	organization's exempt status with respect to such arrangements?	100		
0				
	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1022 (1024 or 1024 Å if applicable) 990, and 990 T (Section 501(c))			
	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) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			

LIFESONG	FOR	ORPHANS	(309)747-4527,	101	N	WESTERN	AVE,	GRIDLEY,	IL	61744	

Form 990 (2021) LIFESONG FOR ORPHANS, INC

Part VII	Compensation of Officers, Dire	ctors, Trustees	, Key Employees	, Highest Compo	ensated 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	•				nan one s both ar	<u> </u>	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	Individual trustee or director	Ins	Officer	Key	em Hig	Former	1099-MISC/	1099-MISC/	organization and
	related	lividu	titutio	icer	/ em	hest	mer	1099-NEC)	1099-NEC	related organizations
	organizations	tor tru	Institutional trustee		Key employee	e on				
	below	Jstee	trust		ee	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u> </u>				
(1) N. ANDREW LEHMAN	40.00									
VICE-PRESIDENT				х				204,048	0	7,560
(2) KORY KAEB	40.00									
VP - OPERATIONS				х				172,197	0	15,478
(3) TODD BLOCK	40.00									
ORPHAN CARE						х		116,880	0	37,199
(4) ANDREW GERBER	40.00									
DEVELOPMENT OFFICER						х		114,266	0	19,050
(5) RICHARD METCALFE	40.00									
PROGRAM DIRECTOR						х		125,715	0	2,800
(6) KYLE HANGARTNER	40.00									
CONTROLLER						х		102,022	0	10,420
(7) REED YACKLEY	40.00									
CREATIVE DIRECTOR						х		107,490	0	3,300
(8) ELIZABETH SHAW	1.00									
DIRECTOR		х						0	0	0
(9) TIMOTHY WALLEN	1.00									
DIRECTOR		х						0	0	0
(10)PHILLIP GOAD	1.00									
DIRECTOR		х						0	0	0
(11)GARY_RINGGER	30.00									
DIRECTOR		х						0	0	0
(12)ROBERT HOERR	1.00									
DIRECTOR		х						0	0	0
(13)JOEL CLOUSING	1.00									
DIRECTOR		х						0	0	0
(14)MARLA_RINGGER	15.00									
SECRETARY/TREASURER		х		х				0	0	0
EEA										Form 990 (2021)

Form 990 (2021) LIFESONG FOR ORPHANS, INC COPYOE 3 - 9(2341 3c - 3) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		(C) Position										
(A) Name and title	(B) Average hours per week	box	not che , unles cer and	eck m ss per	nore th rson is	(E) Reportable compensation from related organizations (W-2/	со	(F) nated am of other mpensati from the				
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	orga	anization d organiz	
15)rodney brenneman Chairman	1.00	x		x				0	0			0
16)								Ŭ				
17)												
18)												
19)												
20)												
21)												
22)												
23)												
24)												
25)												
1b Subtotal	ction A .											
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not lin reportable compensation from the organization 	nited to those I							942,618 ore than \$100,000	0 of		95,8	<u>807</u> 7
3 Did the organization list any former officer, dir						-					Yes	No
 employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the sum of organization and related organizations greater 	reportable con	mpens	ation	and	l oth	er com	npens	sation from the		3		x
 <i>individual</i> Did any person listed on line 1a receive or accru for services rendered to the organization? <i>If</i> "Y 	e compensatio	on from	any	unr		-				4 5	X	x
Section B. Independent Contractors	•										-	
1 Complete this table for your five highest compen												
compensation from the organization. Report cor	npensation for	the ca	enda	ar ye	ear e	ending	with	or within the organ	hization's tax year.	(0)		

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SOUTH SIDE CHRISTIAN ACADEMY, 3523 W HILL PEORIA IL 61605	PROGRAM SERVICES	1,846,000
THE FORGOTTEN INITIATIVE, 216 E GROVE ST BLOOMINGTON IL 6170	PROGRAM SERVICES	675,030
LIFELINE CHILDREN'S SERVICES, 200 MISSIONARY RIDGE DR BIRMING	PRAKRAM 352442CES	339,529
4 FAMILIES, 725 COOL SPRING BLVD FRANKLIN TN 37067	PROGRAM SERVICES	143,025
KIRSH AND KIRSH PC, 2930 E 96TH ST INDIANAPOLIS IN 46240	PROGRAM SERVICES	131,050
2 Total number of independent contractors (including but not limited to those listed above)) who	
received more than \$100,000 of compensation from the organization	8	

Form 9	90 (20	,	ONG FOR ORE	HAN	5, INC C	OPY	OF	<u>3;-19(2</u> 3	41
Part	VIII	Statement of Rev	venue			••••			
		Check if Schedule O co	ontains a respons	e or n	ote to any line in thi	s Part VIII			[
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
	С	Fundraising events		1c	885,121				
ů, G	d	Related organizations .		1d	154,511				
Gifts ar A	е	Government grants (conti	ributions)	1e					
ns, e imil	f	All other contributions, gif	-						
erS		and similar amounts not i		1f	38,075,600				
Gth	g	Noncash contributions inc							
Con and		lines 1a-1f		1g					
	h	Total. Add lines 1a-1f	• • • • • • • • •			39,115,232			
	20				Business Code	1 207 516	1 207 516		
8	b	AG/BUSINESS REVEN	NOR		111000	1,207,516	1,207,516		
Program Service Revenue	c								
ven	d								
grai Re	e								
Pro	f	All other program service	revenue						
	g	Total. Add lines 2a-2f .				1,207,516			
	3	Investment income (includ	ing dividends, inte	erest, a	and				
		other similar amounts) .			►	562,667			562,667
	4	Income from investment of	•	•					
	5	Royalties	•••••		ト				
		a	(i) Real		(ii) Personal				
		Gross rents	6a						
		Less: rental expenses Rental income or (loss)	6b 6c						
		Net rental income or (loss)			L				
					(ii) Other				
	/a	Gross amount from (i) Securities sales of assets							
		other than inventory	7a		41,501				
	b	Less: cost or other basis							
е		and sales expenses	7b 94	231	51,702				
ven	С	Gain or (loss)	7c (94)	231) (10,201)				
Re		Net gain or (loss)		• • •	· · · · · · ►	(104,432))		(104,432)
Other Revenue	8a	Gross income from fundra	•						
ð		events (not including \$.					
		of contributions reported of		0-	10.000				
	h	1c). See Part IV, line 18 Less: direct expenses .		8a 8b					
		Net income or (loss) from			93,442 · · · · · ►	(82,476)	\		(82,476)
		Gross income from gamin	•	· .	· · · · · · · · · ·	(02,170)			(02,1/0)
		activities, See Part IV, line	-	9a					
	b	Less: direct expenses .		9b					
	с	Net income or (loss) from	gaming activities	<u>.</u> .	· · · · · · •				
	10a	Gross sales of inventory, I	ess						
		returns and allowances .		10a					
		Less: cost of goods sold		10b					
	C	Net income or (loss) from	sales of inventory	/					
					Business Code				
Miscellanous Revenue		MISC			900099	57,130	57,130		
enu	b								
Scel	c d	All other revenue							
Mi		Total. Add lines 11a-11d			└ <u></u>	57,130			
		Total revenue. See instru				40,755,637	1,264,646	0	375,759

Form 990 (2021)

Part IX

LIFESONG FOR ORPHANS, INC **Statement of Functional Expenses**

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

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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.

(A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 1,750,000 1,750,000 . . . Grants and other assistance to domestic 2 5,061,758 5,061,758 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 Compensation of current officers, directors, 5 284,026 128,677 95,568 59,781 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 4,050,851 3,547,138 271,822 231,891 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 33,931 16,435 9,623 7,873 9 108,697 58,277 29,562 20,858 10 196,600 150,354 26,220 20,026 11 Fees for services (nonemployees): а b Legal..... 122,903 121,861 1,042 46,135 431 С 66,738 20,172 d Professional fundraising services. See Part IV, line 17 . е f Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 169,113 555,636 351,864 34,659 12 403,180 24,842 18,194 360,144 13 504,375 158,577 42,111 303,687 14 79,208 30,582 38,398 10,228 15 16 573,090 739,886 127,406 39,390 17 1,023,388 787,829 20,066 215,493 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 50,164 35,444 9,168 5,552 20 21 22 Depreciation, depletion, and amortization 1,664,857 1,609,692 35,041 20,124 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) a MINISTRY SUPPLIES/SERVICES 10,343,171 272,047 10,069,314 1,810 b MISCELLANEOUS 15,120 8,867 85 6,168 С d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 27,054,489 24,504,773 1,211,601 1,338,115 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ 🗌 if following SOP 98-2 (ASC 958-720) Form 990 (2021)

Form	990 (20	21) LIFESONG FOR ORPHANS, IN	IC.	COPY	OF G	R	
Par	<u>`</u>	Balance Sheet					
		Check if Schedule O contains a response or note to any	, line ir	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,016,632	1	851,590
	2	Savings and temporary cash investments			3,160,268	2	4,959,859
	3	Pledges and grants receivable, net			· · · · · ·	3	, ,
	4	Accounts receivable, net		F		4	
	5	Loans and other receivables from any current or former	officer.	director,			
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified pers		s defined			
		under section 4958(f)(1)), and persons described in sec				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ase	9	Prepaid expenses and deferred charges			275,720	9	443,526
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	28,986,429			
	b	Less: accumulated depreciation	10b	8,578,440	17,079,405	10c	20,407,989
	11	Investments - publicly traded securities			18,884,390	11	23,497,203
	12	Investments - other securities. See Part IV, line 11 .			1,000,000	12	4,000,000
	13	Investments - program-related. See Part IV, line 11 .			285,829	13	306,492
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			624,417	15	604,467
	16	Total assets. Add lines 1 through 15 (must equal line 3	33).		42,326,661	16	55,071,126
	17	Accounts payable and accrued expenses \ldots .			428,006	17	223,641
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete Part IV of				21	
es	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co		or, or 35%			
-iab		controlled entity or family member of any of these perso		•••••		22	
-	23	Secured mortgages and notes payable to unrelated thir				23	
	24	Unsecured notes and loans payable to unrelated third p		F		24	305,000
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).					
	~~	of Schedule D		F		25	
	26	Total liabilities. Add lines 17 through 25		· · · · · · · · · · · · · · · · · · ·	428,006	26	528,641
		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	× X			
es	27	Net assets without donor restrictions			24 620 761	27	20 110 201
anc	27				24,620,761	27	29,118,301
Bal	28	Organizations that do not follow FASB ASC 958, che		 re ▶ □	17,277,894	28	25,424,184
pur		and complete lines 29 through 33.	on lie				
гIJ	29	· · · · · · · · · · · · · · · · · · ·				29	
ts o	30	Paid-in or capital surplus, or land, building, or equipment				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or				31	
it A:	32	Total net assets or fund balances			41,898,655	32	54,542,485
ž	33	Total liabilities and net assets/fund balances			42,326,661	33	55,071,126
					,, , 0 2		,,,

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Form 990 (2021)

				IN.	IΛ
		- <u>15</u> 92 3	1	<u> </u>	gr <u>-11</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	• • • •			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,	755,	637
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,	054,	489
3	Revenue less expenses. Subtract line 2 from line 1	3	13,	701,	148
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,	898,	655
5	Net unrealized gains (losses) on investments	5	(1,	215,	318)
6	Donated services and use of facilities	6		158,	,000
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	54.	542,	485
Pa	rt XII Financial Statements and Reporting	-		,	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	x	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	••••	20	~	
	separate basis, consolidated basis, or both:				
-					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		0.		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • •	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
_	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		. 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2021)

SCHE	DULE	Α
(Form	990)	

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.

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-	EZ.
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charitable trust. anation. Employor identification number

54

O /B IN).

Name	of the	organization

vanie	01 11	le organization					Employer identification	inumber
LIFE	ISOI	NG FOR ORPHANS, INC					35-190284	1
Par		Reason for Public Cha	rity Status. (Al	I organizations mus	t comple	ete this p	art.) See instruction	ons.
The c	rgar	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check o	nly one bo	.) 	,	
1		A church, convention of churches,	or association of c	hurches described in se	ction 170	b)(1)(A)(i)		
2		A school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990)).)			
3	Π	A hospital or a cooperative hospita	l service organizat	ion described in section	170(b)(1)	(A)(iii).		
4	=	A medical research organization of	-				(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:	,					
5	Π	An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	a aovernme	ental unit described in	
		section 170(b)(1)(A)(iv). (Complete	•	, ,	,	0		
6		A federal, state, or local governme	,	l unit described in sectio	on 170(b)(1)(A)(v).		
7	=	An organization that normally receiv	-				rom the general public	
•		described in section 170(b)(1)(A)(ien die general paole	
8		A community trust described in sec						
9	Н	An agricultural research organization			perated in	coniunctio	n with a land-grant coll	eae
Ū		or university or a non-land-grant co				-	-	090
		university:	lege of agriculture		the nume,	ony, and o		
10		An organization that normally receiv	ves: (1) more than	33 1/3% of its support fr	om contribu	itions mer	mbershin fees and aros	e
		receipts from activities related to its	exempt functions,	subject to certain except	tions; and	(2) no mor	e than 33 1/3% of its	
		support from gross investment inco) from businesses	
11		acquired by the organization after . An organization organized and ope					n	
12		An organization organized and ope						es of
12		one or more publicly supported org						
		the box in lines 12a through 12d that						J. Oncek
а		Type I. A supporting organizat						vina
a		the supported organization(s) the				-		vilig
		supporting organization. You r						
h			-			poorted or	appization(a) by boyin	~
b		Type II. A supporting organiza				• •		-
		control or management of the s					i manage me supporte	u
_		organization(s). You must cor	-		onnotion	with and	functionally intograted	
С		Type III functionally integrate		•				with,
ام		its supported organization(s) (s		-				ion(o)
d		Type III non-functionally inte	• • • •	•••				
		that is not functionally integrate	-	• • •		•	ient and an attentivenes	S
_		requirement (see instructions).	-					
е		Check this box if the organization					т, туре п, туре п	
	-	functionally integrated, or Type	-	integrated supporting of	iganizatior	l .		
f		nter the number of supported organ		\cdots	• • • • •			•••
g		rovide the following information abo			<i>a</i> > 1 <i>a</i>			()) () ()
	(I) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum	• •	instructions)	instructions)
					Vac	Ne		
					Yes	No		
(A)								
(B)								
(C)								
								<u> </u>
(D)								
(E)								
Total								

			CO	PY (OF C		SINA
	ule A (Form 990) 2021 LIFESONG FC					35-190284	
Part	t II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	organizatior	failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, ple	ease complet	e Part III.)	
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") 2	0.918.652.2	1.141.814 2	5.258.822.2	7.804.328.3	9.115.232 1	34.238.848
2	Tax revenues levied for the						
_	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
4		0,918,652 2	1 1 4 1 0 1 4 2		7 904 339 3	0 115 222 1	24 220 040
5	The portion of total contributions by	0,910,052 2	1,141,014 2	5,256,622 2	7,004,320 3	9,115,252	.34,230,040
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
							0 450 150
~	shown on line 11, column (f)						2,470,170
<u>6</u>	Public support. Subtract line 5 from line 4.						31,768,678
	ion B. Total Support	() 0017	(1) 00 (0	() 00 (0	(1) 0000	() 000 ((0 T)
	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7		0,918,6522	1,141,814 2	5,258,822 2	7,804,328 3	9,115,232 1	.34,238,848
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	122,045	191,463	210,269	210,451	468,436	1,202,664
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10					1	35,441,512
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	4,330,275
13	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(d	c)(3)
	organization, check this box and stop her						
Sect							
	ion C. Computation of Public Support	I Fercentay	C				
14	ion C. Computation of Public Suppor Public support percentage for 2021 (line 6			1. column (f))		14	97.29 %
14 15	Public support percentage for 2021 (line 6	δ, column (f), di	ivided by line 1			14 15	
15	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch	6, column (f), di edule A, Part I	ivided by line 1 I, line 14	• • • • • • • • •		15	98.47 %
	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ	5, column (f), di edule A, Part I iization did not	ivided by line 1 I, line 14 . . check the box	on line 13, and	 d line 14 is 33	15 1/3% or more,	98.47 % check this
15 16a	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qua	5, column (f), di edule A, Part I ization did not lifies as a publi	ivided by line 1 I, line 14 check the box cly supported	on line 13, and organization .	 d line 14 is 33	15 1/3% or more,	98.47 % check this ► <u>x</u>
15	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qua 33 1/3% support test - 2020. If the organ	5, column (f), di edule A, Part I iization did not lifies as a publi iization did not	ivided by line 1 I, line 14 check the box cly supported check a box o	on line 13, and organization . n line 13 or 16a	d line 14 is 33 	15 1/3% or more, s 33 1/3% or m	98.47 % check this ► <u>x</u> nore, check
15 16a b	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qua 33 1/3% support test - 2020. If the organ this box and stop here. The organization	5, column (f), di edule A, Part I ization did not lifies as a publi ization did not qualifies as a p	ivided by line 1 I, line 14 check the box cly supported check a box o publicly suppor	on line 13, and organization . n line 13 or 16a ted organizatio		15 1/3% or more, 33 1/3% or m	98.47 % check this ► x nore, check ►
15 16a b	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qua 33 1/3% support test - 2020. If the organ this box and stop here. The organization 10%-facts-and-circumstances test - 202	5, column (f), di edule A, Part I iization did not lifies as a publi iization did not qualifies as a p 21. If the organ	ivided by line 1 I, line 14 check the box cly supported check a box of publicly suppor ization did not	on line 13, and organization . n line 13 or 16a ted organizatio check a box of		15 1/3% or more, 33 1/3% or m or 16b, and lin	98.47 % check this ► x nore, check ► e 14 is
15 16a b	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qua 33 1/3% support test - 2020. If the organ this box and stop here. The organization 10%-facts-and-circumstances test - 202 10% or more, and if the organization mee	5, column (f), di edule A, Part I iization did not lifies as a publi iization did not qualifies as a p 21. If the organ ts the facts-and	ivided by line 1 I, line 14 check the box cly supported check a box o publicly suppor ization did not d-circumstance	on line 13, and organization . n line 13 or 16a ted organizatio check a box of es test, check t		15 1/3% or more, s 33 1/3% or m or 16b, and lin op here. Expla	98.47 % check this ► x nore, check ► e 14 is in in
15 16a b	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qua 33 1/3% support test - 2020. If the organ this box and stop here. The organization 10%-facts-and-circumstances test - 202 10% or more, and if the organization mee Part VI how the organization meets the fa	5, column (f), di edule A, Part I iization did not lifies as a publi iization did not qualifies as a p 21. If the organ ts the facts-and cts-and-circum	ivided by line 1 I, line 14 check the box cly supported check a box of publicly suppor ization did not d-circumstance stances test. T	on line 13, and organization . n line 13 or 16a ted organizatio check a box of es test, check to The organizatio	d line 14 is 33 , , , and line 15 i on, , , , , , , , , , , , , , , , , , ,	15 1/3% or more, s 33 1/3% or m or 16b, and lin op here. Expla a publicly supp	98.47 % check this ► x nore, check ► e 14 is in in orted
15 16a b 17a	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qua 33 1/3% support test - 2020. If the organization this box and stop here. The organization 10%-facts-and-circumstances test - 202 10% or more, and if the organization mee Part VI how the organization meets the fa organization	5, column (f), di edule A, Part I iization did not lifies as a publi iization did not qualifies as a p 21. If the organ ts the facts-and cts-and-circum	ivided by line 1 I, line 14 check the box cly supported check a box of publicly support ization did not d-circumstance stances test. 1	on line 13, and organization . n line 13 or 16a ted organizatio check a box of es test, check to The organizatio	d line 14 is 33 a, and line 15 i on n line 13, 16a, his box and st n qualifies as a	15 1/3% or more, s 33 1/3% or m or 16b, and lin op here. Expla a publicly supp	98.47 % check this ► x nore, check ► e 14 is in in orted ►
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15 16a b 17a	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qua 33 1/3% support test - 2020. If the organ this box and stop here. The organization 10%-facts-and-circumstances test - 202 10% or more, and if the organization mee Part VI how the organization meets the fa organization	 column (f), diedule A, Part I edule A, Part I ization did not lifies as a publicization did not qualifies as a publicitation did not qualifies as a publicitation did not state facts-and cts-and-circum color and circum 	ivided by line 1 I, line 14 check the box cly supported check a box of bublicly suppor ization did not d-circumstance stances test. T ization did not ts-and-circums	on line 13, and organization . n line 13 or 16a ted organizatio check a box of es test, check the The organizatio 	d line 14 is 33 a, and line 15 i on n line 13, 16a, his box and st n qualifies as n line 13, 16a, heck this box a	15 1/3% or more, s 33 1/3% or more, or 16b, and lin op here. Explate a publicly supp	98.47 % check this ► more, check ► e 14 is in in orted ► nd line Explain
15 16a b 17a	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qua 33 1/3% support test - 2020. If the organi- this box and stop here. The organization 10%-facts-and-circumstances test - 202 . 10% or more, and if the organization mee Part VI how the organization meets the fa organization	 column (f), diedule A, Part I edule A, Part I ization did not lifies as a publicization did not qualifies as a publicitation did not qualifies as a publicitation did not state facts-and cts-and-circum color and circum 	ivided by line 1 I, line 14 check the box cly supported check a box of bublicly suppor ization did not d-circumstance stances test. T ization did not ts-and-circums	on line 13, and organization . n line 13 or 16a ted organizatio check a box of es test, check the The organizatio 	d line 14 is 33 a, and line 15 i on n line 13, 16a, his box and st n qualifies as n line 13, 16a, heck this box a	15 1/3% or more, s 33 1/3% or more, or 16b, and lin op here. Explate a publicly supp	98.47 % check this ► more, check ► e 14 is in in orted ► nd line Explain
15 16a b 17a	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qua 33 1/3% support test - 2020. If the organ this box and stop here. The organization 10%-facts-and-circumstances test - 202 10% or more, and if the organization mee Part VI how the organization meets the fa organization	 column (f), diedule A, Part I dization did not lifes as a publicitation did not qualifies as a publicitation did not qualifies as a publicitation did not qualifies as a publicitation did not state facts-and-circum content of the organ of the organ	vided by line 1 I, line 14 check the box cly supported check a box of publicly suppor ization did not d-circumstance stances test. T ization did not ts-and-circums umstances test	on line 13, and organization . n line 13 or 16a ted organizatio check a box of es test, check to The organizatio check a box of stances test, ch t. The organiza	d line 14 is 33 a, and line 15 i on n line 13, 16a, his box and st n qualifies as a n line 13, 16a, heck this box a tion qualifies a	15 1/3% or more, s 33 1/3% or m or 16b, and lin op here. Expla a publicly supp 16b, or 17a, and nd stop here. is a publicly su	98.47 % check this ► x nore, check ► c e 14 is in in orted ► c nd line Explain pported ► c
15 16a b 17a	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qua 33 1/3% support test - 2020. If the organ this box and stop here. The organization 10%-facts-and-circumstances test - 202 10% or more, and if the organization mee Part VI how the organization meets the fa organization	 column (f), diedule A, Part I dization did not lifes as a publicitation did not qualifies as a publicitation did not qualifies as a publicitation did not qualifies as a publicitation did not state facts-and-circum content of the organ of the organ	vided by line 1 I, line 14 check the box cly supported check a box of publicly suppor ization did not d-circumstance stances test. T ization did not ts-and-circums umstances test	on line 13, and organization . n line 13 or 16a ted organizatio check a box of es test, check to The organizatio check a box of stances test, ch t. The organiza	d line 14 is 33 a, and line 15 i on n line 13, 16a, his box and st n qualifies as a n line 13, 16a, heck this box a tion qualifies a	15 1/3% or more, s 33 1/3% or m or 16b, and lin op here. Expla a publicly supp 16b, or 17a, and nd stop here. is a publicly su	· · · · ► more, check · · · · ► e 14 is in in orted · · · · ► md line Explain pported · · · ► □

			CO	PY (OF C	ORIC	SINA
	e A (Form 990) 2021 LIFESONG FC			ion 500(a)(2)		35-190284	1 Page 3
Part	III Support Schedule for Organiza (Complete only if you checked th					to qualify up	dor Port II
	If the organization fails to qualify						uei Fait II.
Socti	on A. Public Support		SIS IISIEU DEIC	w, please co		•)	
	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	(u) 2011	(10) 2010		(4) 2020	(0) 2021	
•	received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, 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 organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
6	organization without charge						
6 73	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
1 d	received from disgualified persons .						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	1	T	1	
	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
b	royalties, and income from similar sources Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
1	Net income from unrelated business						
	activities not included on 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.)				<u> </u>		
14	First 5 years. If the Form 990 is for the or	•			•		
	organization, check this box and stop her						▶ []
	on C. Computation of Public Suppor	-		2 001000 (1)		15	
5	Public support percentage for 2021 (line 8		-			15	%
6 octi	Public support percentage from 2020 Schoon D. Computation of Investment Inc.					16	%
ecti 7	Investment income percentage for 2021 (li			w line 13 colu	mn (f))	17	%
8	Investment income percentage for 2021 (Investment income percentage from 2020)			-		17	<u>%</u> %
10 19a	33 1/3% support tests - 2021. If the organic						
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2020. If the organizati	-	-	-			
-	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization did	-	-			-	

Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I. complete Sections A and C. If you checked box 12c. Part I. complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 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. 1 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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. 6 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a b Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Ford determine whether the organization had excess business holdings.)

10b

COPY OF ORIGINA 35-1902841 Page 5

Yes

Yes

Yes

No

11a

11b

11c

1

2

1

No

No

antiv	Supporting	Organizations	(continuea))

11	Has the organization accepted a gift or contribution from any of the following persons?
----	-----------------------------------------------------------------------------------------

LIFESONG FOR ORPHANS,

- A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 A family member of a neuron described in line 14a share?
- **b** A family member of a person described in line 11a above?
- c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section C. Type II Supporting Organizations

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).

Section 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 line 2, above, 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		

Section 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 year (see instructions).
- a 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.*
- c [] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** 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? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990) 2021

2a

2b

3a

3b

Yes

No

Schedule A (Form 990) 2021 LIFESONG FOR ORPHANS, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on 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		
Secti	on 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Ilv int	egrated Type III suppo	rting organization

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

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Schedule A (Form 990) 2021

35-190284

	Schedule A	(Form	990)	2021
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LIFESONG FOR ORPHANS, INC

35-1902841 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	/ cappering crgan			Current Year
	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	 provide details in Part 	VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				
EEA					Schedule A (Form 990) 2021

	COPY OF ORIGINAL
Part VI	Form 990) 2021 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 D (Form 990)

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.

Departm	ent of the Treasury	 Attach to Form 990. 		Open to Public
	Revenue Service Go to www.irs.gov/Form	m990 for instructions and		Inspection
Name o	f the organization		Employer identifica	ation number
LIFES	ONG FOR ORPHANS, INC		35-19028	41
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Simil	ar Funds or Accounts.	
	Complete if the organization answered "Yes	<u>on Form 990, Part IV, I</u>	ine 6.	
		(a) Donor advise	ed funds (b) Funds	and other accounts
1	Total number at end of year			538
2	Aggregate value of contributions to (during year)			2,384,828
3	Aggregate value of grants from (during year)			1,348,489
4	Aggregate value at end of year			7,126,736
5	Did the organization inform all donors and donor advisors	in writing that the assets hel	d in donor advised	
	funds are the organization's property, subject to the organ	ization's exclusive legal con	trol?	X Yes 🗌 No
6	Did the organization inform all grantees, donors, and dono			
	only for charitable purposes and not for the benefit of the c			
	conferring impermissible private benefit?			🛛 Yes 🗌 No
Part				
	Complete if the organization answered "Yes		ine 7.	
1	Purpose(s) of conservation easements held by the organiz			
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a historically importa	
	Protection of natural habitat		Preservation of a certified historic str	ucture
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribu		
	easement on the last day of the tax year.			at the End of the Tax Year
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
с.	Number of conservation easements on a certified historic			
d	Number of conservation easements included in (c) acquire			
•	historic structure listed in the National Register			ul
3	Number of conservation easements modified, transferred,	released, extinguisned, or t	erminated by the organization during	the
4	tax year	accoment is leasted		
4 5	Number of states where property subject to conservation Does the organization have a written policy regarding the		en handling of	
5	violations, and enforcement of the conservation easement		•	🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting			
U		, nanuling of violations, and	entorching conservation easements u	uning the year
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enf	orcing conservation easements during	the year
,	► \$			
8	Does each conservation easement reported on line 2(d) a	hove satisfy the requiremen	ts of section $170(h)(4)(B)(i)$	
U	and section 170(h)(4)(B)(ii)?			🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports conserv			
•	balance sheet, and include, if applicable, the text of the foo		•	
	organization's accounting for conservation easements.			
Part		s of Art. Historical T	reasures, or Other Similar A	Assets.
	Complete if the organization answered "Yes			
1a	If the organization elected, as permitted under FASB ASC			rks
	of art, historical treasures, or other similar assets held for			
	service, provide in Part XIII the text of the footnote to its fi		•	
b	If the organization elected, as permitted under FASB ASC			of
	art, historical treasures, or other similar assets held for pul	•		
	provide the following amounts relating to these items:	, , . .		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·	
	(ii) Assets included in Form 990, Part X		-	
2	If the organization received or held works of art, historical			
-	following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	•		
b	Assets included in Form 990, Part X			

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

2021

Schedule	D (Form 990) 2021 LIFESONG FOR ORE	PHANS, INC	C.()P	YC)F	3;-1502	3.1	IN.	gr 2
Par	t III Organizations Maintaining C	Collections of	Art, Hist	torical T	reasures,	or Ot	her Similar As	sets (d	contin	ued)
3	Using the organization's acquisition, accessio collection items (check all that apply):	n, and other record	s, check ai	ny of the fo	blowing that ma	ake sig	nificant use of its			
а			d	🗌 Loan o	r exchange pro	oarams	5			
b	Scholarly research		e	Other	ge for	- <u>j</u>				
c	Preservation for future generations		-							
4	Provide a description of the organization's col	lections and explai	n how they	further the	e organization'	s exem	not ouroose in Part			
-	XIII.				o organization.	0 0/1011	pr parpooo in r arr			
5	During the year, did the organization solicit or	receive donations	of art histo	rical treas	ures or other s	similar				
•	assets to be sold to raise funds rather than to								es 🗌	No
Par										
	Complete if the organization a 990, Part X, line 21.		on Forn	n 990, P	art IV, line 9	9, or 1	eported an am	ount or	n Form	ו
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for cor	tributions	or other assets	s not				
								. 🗌 Ye	es 🗌	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tab	ole:						
			5				Am	ount		
с	Beginning balance					10				
d	Additions during the year									
е	Distributions during the year					16				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo								es	No
b	If "Yes," explain the arrangement in Part XIII.						-			
Par			•		•					
	Complete if the organization a	nswered "Yes"	on Forn	n 990, P	art IV, line	10.				
		(a) Current year	(b) Prio		(c) Two years b		(d) Three years back	(e) Fo	ur years b	ack
1a	Beginning of year balance	(2)	(,		(0)		(1)	(0) 10		
b	Contributions									
c	Net investment earnings, gains, and									
•	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
Ū	programs									
f	Administrative expenses									
q	End of year balance									
2	Provide the estimated percentage of the curre	nt vear end balanc	e (line 1a	column (a)) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c	Term endowment %									
•	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses		ation that a	are held ar	nd administered	d for the	9			
	organization by:	.							Yes	No
	(i) Unrelated organizations							. 3a(i)		
	(ii) Related organizations								·	
b	If "Yes" on line 3a(ii), are the related organiza								/	
4	Describe in Part XIII the intended uses of the	•								
Par										
	Complete if the organization a		on Forn	n 990. P	art IV. line ⁻	11a. S	See Form 990.	Part X.	line 1	0.
	Description of property	(a) Cost or othe			r other basis		Accumulated		ok value	
	···· · · · · · · · · · · · · · · · · ·	(investme			other)	• •	epreciation	(, 50		
1a	Land	•		3	411,205			3	411,	205
b	Buildings				724,834		1,918,896		805,9	
ř	Leasehold improvements				, _ 1 , 0 , 1		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	±0,	5557.	
d				10 9	822,537		5,870,437	4	952,	100
e	Other				027,853		789,107		238,	
	Add lines 1a through 1e. (Column (d) must ed		t X colum						407,	

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2021
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Part VII	Investments - Other Securities.		3)-15/023-1F-gf
Fail VII	Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11b. See Form 990. Part X. line 12
	· · ·		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial	derivatives		
	eld equity interests		
) Other			
(AINVEST	MENTS IN PARTNERSHIPS AND LLC	4,000,000	COST
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	► 4,000,000	
Part VIII	Investments - Program Related.	on Form 000 Dort IV/ lin	a 11a Saa Farm 000 Bart V lina 12
	Complete if the organization answered "Yes"	on Form 990, Part IV, IIn	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(11.Ecc m	HAN 5% OF TOTAL ASSETS	306,492	
(1) (2)	AAN 5% OF TOTAL ASSETS	500,492	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 13.)	> 306,492	
Part IX	Other Assets.		
		on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
	Complete if the organization answered "Yes"		
	Complete if the organization answered "Yes" (a) Description		(b) Book value
(1)	· · ·		(b) Book value
(2)	· · ·		(b) Book value
(2) (3)	· · ·		(b) Book value
(2) (3) (4)	· · ·		(b) Book value
(2) (3) (4) (5)	· · ·		(b) Book value
(2) (3) (4) (5) (6)	· · ·		(b) Book value
(2) (3) (4) (5) (6) (7)	· · ·		(b) Book value
(2) (3) (4) (5) (6) (7) (8)	· · ·		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	(a) Description (a) Description		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	(a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.).		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	(a) Description (a) Description		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	(a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes"		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	(a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, lin	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	(a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.). (b) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col.	on Form 990, Part IV, lin	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2)	(a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.). (b) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col.	on Form 990, Part IV, lin	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3)	(a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.). (b) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col. (B) line 15.). (c) must equal Form 990, Part X, col.	on Form 990, Part IV, lin	
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Schedule	D (Form 990) 2021 LIFESONG FOR ORPHANS, INC COPY OF C	3)-15	23.1 Page
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	_	
C	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		er Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	Other losses	_	
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)	_	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; Also complete this part to provide any additional information.

01. Footnote for uncertain tax position under FIN 48 (Part X)

MANAGEMENT HAS ANALYZED TAX POSITIONS TAKEN AND BELIEVES THAT INCOME TAX FILING POSITIONS WILL

MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT

WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON LIFESONG'S FINANCIAL POSITION, ACTIVITIES OR CASH

FLOWS. ACCORDINGLY, LIFESONG HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND

PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2022 OR 2021.

SCHEDULE F (Form 990)	Statement of Activities Outside the United States	2021
Department of the Treasury	 Attach to Form 990. 	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name of the organization		Employer identification number
LIFESONG FOR ORF	HANS, INC	35-1902841
Part I General	Information on Activities Outside the United States. Complete if the organization a	answered "Yes" on
Form 990	D, Part IV, line 14b.	
1 For grantmake	rs. Does the organization maintain records to substantiate the amount of its grants and	
other assistance	, the grantees' eligibility for the grants or assistance, and the selection criteria used to	
award the grants	or assistance?	🗴 🗙 Yes 🗌 No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
RUSSIA AND					
(1)NEIGHBORING STATES	4	700	PROGRAM SERVICES	CARE OF ORPHANS	2,988,249
(2)SUB-SAHARAN AFRICA	8	669	PROGRAM SERVICES	CARE OF ORPHANS	4,504,338
(3) SOUTH ASIA	2	30	PROGRAM SERVICES	CARE OF ORPHANS	227,921
(4) SOUTH AMERICA	1	30	PROGRAM SERVICES	CARE OF ORPHANS	335,371
CENTRAL AMERICA AND					
(5) THE CARIBBEAN	4	494	PROGRAM SERVICES	CARE OF ORPHANS	4,271,163
EAST ASIA AND THE					
(6) PACIFIC	4	51	PROGRAM SERVICES	CARE OF ORPHANS	379,270
NORTH AMERICA (NOT		_			
(7) THE UNITED STATES)	2	8	PROGRAM SERVICES	CARE OF ORPHANS	579,143
EUROPE (INCLUDING					
(8) ICELAND AND GREENLAND)	1		PROGRAM SERVICES	CARE/RELIEF	104,726
(9)					
<u>(</u> 10)					
<u>(11)</u>					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
(17) 3a Subtotal	26	1,982			13,390,181
b Total from continuation	20	1,302			13,330,101
sheets to Part I					
c Totals (add lines 3a and 3b)	26	1,982			13,390,181

Schedule F (Form 990) 2021

LIFESONG FOR ORPHANS, INC

35-1902841

							tion answered "Yes"	on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	e duplicated if additi (f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)		tions lists disk start de		itiaa huutha faasimaa				
exempt 501(c)(3) or	ganization by the IF	RS, or for which the g	rantee or counsel has pro	ovided a section 501	ountry, recognized as a ta (c)(3) equivalency letter.		· · · · ▶	
EEA		·- · · ·						Schedule F (Form 990) 2021

LIFESONG FOR ORPHANS, INC Schedule F (Form 990) 2021

		duals Outside	the United State	s. Complete if the	organization ans	wered "Yes" on Form 99	Pag 0, Part IV, line 1
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Schedule I	F (Form 990) 2021	LIFESONG FO	OR ORPHANS,	INC	CC)PY	OF	35-190.2	BII		ge 🗛
Part I	IV Forei	ign Forms									_
	the organizatio	ization a U.S. tran In may be required ee Instructions for	to file Form 926	, Return by	, a U.S. Transfer	ror of Property t	o a Foreign		Yes	X N	0
2	be required to a Receipt of Cert	zation have an inte separately file For tain Foreign Gifts, ee Instructions for	m 3520, Annual and/or Form 352	Return To I 0-A, Annua	Report Transacti al Information Re	ions With Foreig eturn of Foreign	gn Trusts and Trust With a		Yes	X N	lo
	the organizatio	zation have an own In may be required In Corporations (se	to file Form 547	1, Informat	tion Return of U.	S. Persons Witl	h Respect To		X Yes	N	lo

		-	03		0
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a				
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,				
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing				
	Fund (see Instructions for Form 8621)	Y	'es	XN	0
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"				
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain				
	Foreign Partnerships (see Instructions for Form 8865)	Y	es	X N	0
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If				
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see				

EEA

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

LIFESONG FOR ORPHANS, INC

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

01. Use of grant monitoring procedures (Part I, line 2)

AN INDIVIDUAL OR TEAM AT EACH NON-U.S.A. LOCATION PROVIDES A REGULAR ACCOUNTING OF

FINANCIAL ACTIVITY TO THE LIFESONG USA ACCOUNTING DEPARTMENT. THIS ACTIVITY IS RECONCILED

WITH CASH ADVANCES MADE DURING THE YEAR. SUPPORTING DOCUMENTATION (OVER A CERTAIN AMOUNT)

IS TO BE FORWARDED TO THE USA OFFICE - SUPPORTING THE ACTIVITIES REPORTED. TRANSLATIONS

(AS NEEDED) OF SUPPORTING DOCUMENTATION ARE OBTAINED BY THE USA OFFICE. ANNUAL BUDGETS FOR

EACH LOCATION ARE SET BY USA AND LOCAL MANAGEMENT AND APPROVED BY THE BOARD OF DIRECTORS

OF LIFESONG FOR ORPHANS. ALL NON-U.S.A. ACTIVITY REPORTS (AND SUPPORTING DOCUMENTS) ARE

MADE AVAILABLE TO AN INDEPENDENT AUDITOR DURING LIFESONG'S ANNUAL FINANCIAL STATEMENT

AUDIT. PERIODICALLY (GENERALLY ANNUAL), A TEAM COMPRISED OF BOARD MEMBERS, MANAGEMENT, AND

OTHER VOLUNTEERS VISITS EACH LOCATION. PROJECTS ARE INSPECTED AND PLANNING FOR FUTURE

EXPENDITURES IS DONE. THE VISITING TEAM REPORTS THEIR FINDINGS BACK TO THE BOARD OF

DIRECTORS. SEVERAL LOCATIONS ALSO GO THROUGH A LOCAL AUDIT WITH REQUIRED GOVERNMENTAL

REPORTING AT THE END OF EACH YEAR.

02. Method of accounting for expenditures (Part I, line 3, col f)

EACH NON-U.S.A. LOCATION PROVIDES A REGULAR ACCOUNTING OF FINANCIAL ACTIVITY TO THE

LIFESONG USA ACCOUNTING DEPARTMENT. ALL OF THIS ACTIVITY IS INCLUDED IN LIFESONG FOR

ORPHANS FINANCIAL STATEMENTS ON THE ACCRUAL BASIS OF ACCOUNTING. IN ADDITION TO THE

EXPENDITURES REPORTED IN PART I, LINE 3, THE FOLLOWING CAPITAL EXPENDITURES WERE ALSO

MADE: RUSSIA AND NEIGHBORING STATES - \$1,595,986; SUB-SAHARAN AFRICA - \$1,792,610; CENTRAL

AMERICA AND THE CARIBBEAN - \$1,601,045; EUROPE - \$15,207

03. General Explanation Attachment

AS DISCLOSED ON FORM 990, PART III, LINE 4A, ONE OF LIFESONG'S LARGEST CHARITABLE PROGRAMS

IS PROVIDING CARE TO VULNERABLE CHILDREN/ORPHANS THROUGHOUT THE WORLD. TO ACCOMPLISH THIS,

LIFESONG WORKS THROUGH VARIOUS INDIGENOUS NON-GOVERNMENT ORGANIZATIONS, ETC. AT EACH

NON-U.S.A. LOCATION. LIFESONG HAS AN ECONOMIC INTEREST IN AND EFFECTIVE CONTROL OVER THESE

12 341

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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NON-U.S.A. LOCATIONS THROUGH PROVISION OF OPERATING AND CAPITAL FUNDING. THUS, ALL SUCH

NON-U.S.A. ACTIVITY IS INCLUDED IN LIFESONG'S FINANCIAL STATEMENTS AND THIS FORM 990.

SCHEDULE G	Supplement	al Information	n Regard	ng Fund <i>r</i> a	ising or Gumi			O /B IN). 5/ 5-\(47
Form 990)		f the organization a	nswered "Yes	s" on Form 99	0, Part IV, line 17, 18			2021
organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Attach to Form 990 or Form 990-EZ.							-	Open to Public
ternal Revenue Service		Go to www.irs.gov/	Form990 for in	nstructions ar	d the latest informat	tion.		Inspection
ame of the organization							Employer identifica	
IFESONG FOR ORP		Complete if th	o organiza	tion onour	arad "Vaa" an F		35-190	
	Sing Activities. EZ filers are not i	•	-		ered res on F	-orm	990, Part IV, I	ine 17.
	the organization rai				ies. Check all that a	apply.		
a 🗌 Mail solicitatio	ons		e	Solicitation	of non-government	t grants	5	
b Internet and e	mail solicitations		f] Solicitation	of government gran	nts		
c 🗌 Phone solicita	ations		g	Special fun	draising events			
d 🗌 In-person soli	citations							
2a Did the organiza	tion have a written o	r oral agreement w	ith any indivi	idual (includir	g officers, directors	s, truste	es,	
or key employee	s listed in Form 990,	Part VII) or entity	in connectior	n with profess	sional fundraising se	ervices	?	🗌 Yes 🗌 No
b If "Yes," list the 1	0 highest paid indivi	duals or entities (fu	undraisers) p	oursuant to ag	reements under wh	nich the	fundraiser is to b	e
compensated at	least \$5,000 by the	organization.						
(i) Name and addres	ss of individual			ndraiser have	(iv) Gross receipts		Amount paid to or retained by)	(vi) Amount paid to
or entity (fun		(ii) Activity		or control of butions?	from activity		draiser listed in	(or retained by) organization
			Vaa	Na			col. (i)	
			Yes	No	-			
2								
-								
3								
•								
4								
-								
5								
5								
7								
3								
9								
D								
otal	•••••		•••••	· · · · >				
3 List all states in v registration or lic	which the organization ensing.	on is registered or l	licensed to so	olicit contribu	tions or has been n	otified	it is exempt from	

Schedule	G (F	orm 9	990)	2021

Part II

LIFESONG FOR ORPHANS, INC

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 groater than \$5,000

3

		gross receipts greater than	\$5,000.			
			(a) Event #1 BANQUET (event type)	(b) Event #2 BANQUET (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
		-	(eveni type)	(event type)	(lotal humber)	
Revenue	1	Gross receipts	384,133	299,512	212,442	896,087
_	2	Less: Contributions	384,133	299,512	201,476	885,121
	3	Gross income (line 1 minus				
	-	line 2)			10,966	10,966
						_0,200
	4	Cash prizes				
	5	Noncash prizes				
səsue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	40,259	30,165	23,018	93,442
	10	Direct expense summary. Add line	es 4 through 9 in column (c	d) (b		93,442
	11	Net income summary. Subtract lir				(82,476)
Pa	rt III	Gaming. Complete if the or				
		\$15,000 on Form 990-EZ, li	•			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (c))
/en		-				
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Expen:	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	☐ Yes %	
	6	Volunteer labor	□ Tes /₀ □ No	□ Tes /₀ □ No	□ Tes /₀ □ No	
	7	Direct expense summary. Add line	es 2 through 5 in column (c	d)		
	8	Net gaming income summary. Su	btract line 7 from line 1, co	lumn (d)		
~	-		- the second set of the set	5.20		
9		nter the state(s) in which the organiz				<u> </u>
		the organization licensed to conduc				Yes No
	b lf'	"No," explain:				
10	a W	ere any of the organization's gaming	g licenses revoked, suspen	nded, or terminated during t	he tax year?	🗌 Yes 🗌 No
	b lf'	"Yes," explain:				

SCHEDULE I	I	Gr	ants and Othe	r Assistance to	o Organization	S,	1	OMB No. 1545-0047			
(Form 990)		Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury		Complet		nswered "Yes" on Fo ► Attach to Form 990.		or 22.	C	pen to Public			
Internal Revenue Service				gov/Form990 for the				Inspection			
Name of the organization							Employer identificat	ion number			
LIFESONG FOR ORP	HANS, INC	Cropto and Appi	atanaa				35-1902841				
				atonoo the grantage' al	icibility for the grapte or	angiatanan and					
-			ount of the grants or assi	-				. 🕱 Yes 🗌 No			
	•		g the use of grant funds		•••••	• • • • • • • • • • • • • •	•••••				
					nts. Complete if the c	organization answered	"Yes" on Form 99	 ງ			
			nore than \$5,000. Pa			0		,			
1 (a) Name and addre		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant			
or gover			(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance			
(1)LIFESONG INC											
101 N WESTERN AV	E							GENERAL			
GRIDLEY IL 61744		85-4292925	501C3	1,750,000				SUPPORT			
(2)											
(3)											
(4)											
(4)											
(5)											
.,											
(6)											
(7)											
(0)											
(8)											
(9)											
(10)											
			zations listed in the line	1 table			· · · · · · • _	1			
3 Enter total number	of other organizations	listed in the line 1 tabl	e				•••••				

Schedule I (Form 990) (2021) LIFESONG FOR ORPHANS, INC Part III

35-1902841 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ADOPTION/POST-ADOPTION ASSISTANCE					
1 GRANTS	503	4,663,673			
2 EDUCATION AND MISC OTHER GRANTS	86	398,085			
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	e the information re	equired in Part I, line	e 2; Part III, colum	n (b); and any other addi	tional information.
1. Monitoring procedures (Pa	rt I, line	2)			
ART II - LIFESONG MANAGEMENT RESEARCHI	S ORGANIZATION	S BEFORE PROVID	ING RESOURCES T	O THEM TO ASSIST WIT	H THEIR CHARITABLE
ORK. EACH ORGANIZATION SUPPORTED IS A	501C3 ORGANIZA	TION. LIFESONG N	ANAGEMENT BELI	EVES SUPPORTING THES	E ORGANIZATIONS IS IN
URTHERANCE OF LIFESONG'S CHARITABLE M	SSTON AND DOES	NOT BELIEVE FUE	THER MONTTORIN	G OF THESE ORGANIZAT	TONS IS NECESSARY.
ART III - LIFESONG MANAGEMENT AND VOLU	JNTEERS DO EXTEI	NSIVE SCREENING	OF FAMILIES/IN	DIVIDUALS BEFORE APP	ROVING ASSISTANCE.
			,		
NFORMATION SCRUTINIZED MAY INCLUDE FIN	NANCIAL POSITIO	N OF THE FAMILY	INDIVIDUAL AS	WELL AS OTHER AVENUE	S OF ASSISTANCE
VAILABLE (CHURCHES, ETC.).					

		COPY OF O	RIC	112			
	EDULE J	Compensation Information	OMB No	o. 1545-0	047		
(Fori	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20	2021			
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		to Publ	ic		
Internal	nent of the Treasury Revenue Service	 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	Insp	ection			
	f the organization	Employer identif					
Part	SONG FOR ORP	PHANS, INC 35-19 ns Regarding Compensation	<u>JZ841</u>				
	I			Yes	No		
	990, Part VII, Se First-class or Travel for co Tax indemnit Discretionary	fication and gross-up payments Health or social club dues or initiation fees y spending account Personal services (such as maid, chauffeur, ch 	tems. se ce ef)				
	or reimbursemer	es on line 1a are checked, did the organization follow a written policy regarding paymer nt or provision of all of the expenses described above? If "No," complete Part III to	nt 1 1	b			
	directors, trustee	ation require substantiation prior to reimbursing or allowing expenses incurred by all es, and officers, including the CEO/Executive Director, regarding the items checked on	line 2				
	organization's C related organiza Compensatio Independent	f any, of the following the organization used to establish the compensation of the EO/Executive Director. Check all that apply. Do not check any boxes for methods used tion to establish compensation of the CEO/Executive Director, but explain in Part III. on committee UV written employment contract Compensation consultant Compensation survey or study Approval by the board or compensation commi					
	organization or a	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing a related organization:	J				
b c	Participate in or Participate in or	ance payment or change-of-control payment?	40	b	X X X		
5	Only section 50 For persons liste	f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the revenues of:					
b	Any related orga	n?			x		
	compensation co	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the net earnings of:					
b	Any related orga	n?			x x		
	payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed on lines 5 and 6? If "Yes," describe in Part III			x		
	to the initial cont	tract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			x		
	Regulations sec	3, did the organization also follow the rebuttable presumption procedure described in tion 53.4958-6(c)?	9				
For Pa	aperwork Reducti		Schedule J (Fo	orm 990) 2021		

	aper work recaudion Addition	
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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.

				1099-NEC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
N. ANDREW LEHMAN	(i)	180,076	23,972	0	6,127	1,433	211,608	0
1 VICE-PRESIDENT	(ii)	0	0	0	0	0	0	0
KORY KAEB	(i)	150,377	21,820	0	4,811	10,667	187,675	0
2 VP - OPERATIONS	(ii)	0	0	0	0	0	0	0
TODD BLOCK	(i)	116,880	0	0	3,506	33,693	154,079	0
3 ORPHAN CARE	(ii)	0	0	0	0	0	0	c
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
-	(i)							
16	(ii)							
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Schedule J (Form 990) 2021

35-1902841

Page 2

EEA
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.

01. Compensation contingent on revenues (Part I, line 5)

THE BOARD OF DIRECTORS APPROVED A BONUS PACKAGE BASED ON A VARIETY OF MINISTRY FACTORS INCLUDING OVERALL GROWTH, ADVOCATES

35-1902841

SERVED, SERVICE VOLUME, ETC.

SCHEDULE	L
(Form 990)	

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,

28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for instructions and the latest information 2021

Open To Public Inspection

		Employer identification	number		

LIFE	SONG FOR ORPHANS,	INC						35-1902	841			
Part	I Excess Benefit	Transactions	(section 501(d	c)(3), sec	ction 50	01(c)(4), and see	ction 501(c)(29) orga	nizatio	ons only	′).	
	Complete if the c	organization an	swered "Yes"	on Form	n 990, I	Part IV, line 25a	or 25b, or	Form 990	-EZ, P	art V, li	ne 40b.	
4			(b) Relationship betw	ween disqual	ified perso	on and	() 5				(d) Co	prrected?
1	(a) Name of disqualified perso	n	or	ganization			(c) Description of transaction				Yes	No
(1)												
(2)												
(3)												
	Enter the amount of tax incu under section 4958	, ,	0		•				. ► 9	\$		
3	Enter the amount of tax, if a	ny, on line 2, abo	ove, reimbursed	by the org	janizatio	on		• • • • •	. ► 3	\$		
Part	Loans to and/or Complete if the c organization repo	organization an	swered "Yes"	on Form			8a or Form	n 990, Pa	t IV, lir	ne 26; c	or if the	
(a)	Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	(d) Loan from t organiza	the	(e) Original principal amount	(f) Balance	due (g) I	n default?	(h) Appr by boar committ	d or agre	Vritten ement?
				То	From			Ye	s No	Yes	No Yes	No

Total	•••••••••••••••••••••••••••••••••••••••	\$
Part III	Grants or Assistance Benefiting Interested Persons.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

Schedule L (Form 990) 2021

EEA

(1)

(2)

(3)

(4)

(5) Total

COPY OF ORIGINAL 35-1902841 Page 2

	FOR ORPHANS, INC		35-190284	1 1	Page 2
	Involving Interested Persons.				
Complete if the organizati	ion answered "Yes" on Form 990), Part IV, line 28a,	28b, or 28c.		
(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sha	aring of
	interested person and the	transaction		organiz	zation's
	organization			reven	iues?
				Yes	No
(1) ANDREW GERBER	FAMILY OF OFFICER	114,266	PAYROLL		x
(2) JAMI KAEB	FAMILY OF OFFICER	33,276	PAYROLL		x
(3)					
(4)					
					1
(5)					
Part V Supplemental Informatio	<u>n.</u>		L		<u> </u>
	tion for responses to questions o	n Schedule I. (see	instructions)		

SCHEDULE M (Form 990)

Noncash Contributions

•	Complete if the organizations answered	"Yes"	on Form 99	0, Part IV,	lines	29 or 3	30.
				,			

Attach to Form 990. ►

►

Open to Public Inspection

2021

OMB No

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

3	5-	1	9	٥	2	8	4	1

	SONG FOR ORPHANS, INC				35-1902	2841			
Par	I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part V	ted on	Method noncash cor			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods	x			17,861	MGMT EST			
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 ► (FARM/PROGRAM EQ)	x	5		70,877	MGMT EST			
26	Other ► ()								
27	Other ► ()								
28	Other ► ()								
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	tions for					
	which the organization completed Form	8283, Part V	, Donee Acknowledgement			29			
								Yes	No
30a	During the year, did the organization rece	-			-				
	28, that it must hold for at least three year			d which isn't require	ed				
	to be used for exempt purposes for the e	-	period?	••••			30a		х
b	If "Yes," describe the arrangement in Pa								
31	Does the organization have a gift accept	ance policy t	hat requires the review of any n	onstandard					
							31	х	
32a	Does the organization hire or use third p		•						
							32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount	nt in column	(c) for a type of property for whi	ch column (a) is ch	ecked,				
	describe in Part II.	• . •							
For Pa	aperwork Reduction Act Notice, see the	e Instruction	s for Form 990.			Schedule	VI (Fori	m 990) 2021

SCHEDULE O (Form 990)

Supplemental Information of crim 990 cr 90 -EZ	1 0 (B IN). 5- 5- (47
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2021
► Attach to Form 990 or Form 990-EZ.	Open to Public
Go to www.irs.gov/Form990 for the latest information.	Inspection

Employer identification number

35-1902841

Department of the Treasury Internal Revenue Service Name of the organization

LIFESONG FOR ORPHANS, INC

01. Officer, directors, etc. family relationship (Part VI, line 2)

GARY RINGGER, MARLA RINGGER, KORY KAEB - FAMILY RELATIONSHIP

02. Form 990 governing body review (Part VI, line 11)

A COPY OF FORM 990 IS AVAILABLE TO BOARD MEMBERS PRIOR TO FILING. VP-OPERATIONS REVIEWS

DETAILS OF FORM 990 (PREPARED BY THIRD-PARTY ACCOUNTANT) AND APPROVES FOR FILING.

03. Conflict of interest policy compliance (Part VI, line 12c)

GOVERNANCE POLICY REQUIRES AN ANNUAL CONFLICT STATEMENT TO BE FILED BY ALL BOARD MEMBERS

AND EMPLOYEES

04. CEO, executive director, top management comp (Part VI, line 15a)

BOARD MEMBERS ARE FAMILIAR WITH COMPENSATION RANGES IN THE GEOGRAPHIC AREA OF CENTRAL IL.

BOARD MEMBERS REVIEW SUCH INFORMATION AND MAKE OFFERS TO EMPLOYEES THAT THEY BELIEVE ARE

COMPETITIVE AND REASONABLE

05. Other officer or key employee compensation (Part VI, line 15b

BOARD MEMBERS ARE FAMILIAR WITH COMPENSATION RANGES IN THE GEOGRAPHIC AREA OF CENTRAL IL.

BOARD MEMBERS REVIEW SUCH INFORMATION AND MAKE OFFERS TO EMPLOYEES THAT THEY BELIEVE ARE

COMPETITIVE AND REASONABLE

06. Governing documents, etc, available to public (Part VI, line 19)

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

07. Part V, response or note to any other line in Part V

PART V, LINE 4B - ADDITIONAL FOREIGN COUNTRIES - HA

SCHEDULE R (Form 990)	(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990										
Department of the Treasury Internal Revenue Service	► Go to wv	vw.irs.gov/F	orm990 for ins	structions and the	latest information.			Open to Po Inspecti			
Name of the organization			Employer identificat								
LIFESONG FOR OR							35-1902841				
Part I Identific	cation of Disregarded Entities. Comple	ete if the or	ganization a					(7)			
Nam	(a) e, address, and EIN (if applicable) of disregarded entity		Prima	(b) ary activity	(C) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct con ent	trolling ity		
(1)											
(2)											
(3)											
(4)											
(5)											
	cation of Related Tax-Exempt Organiz			e organization a	answered "Yes" or	n Form 990, Part	IV, line 34 bec	ause it ha	d		
	(a) e, address, and EIN of related organization		(b) ary activity	(C) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controllin entity	g control	(g) 12(b)(13) led entity?		
(1) TMG FOUNDATION	N. 01-0750822	SUPPORTT	NG ORG OF	of foreign country)				Yes	No		
101 N WESTERN		NAT CHRI									
GRIDLEY IL 61	744	FOUNDATI	ON	IL	501C3	12A	NONE		x		
(2) LIFESONG INC,	85-4292925	PROMOTE	GOSPEL OF								
101 N WESTERN	AVE	JESUS CH	RIST								
GRIDLEY IL 61	744	THROUGH	CARING	IN	501C3	7	YES	х			
(3)											
(4)											
(5)											

35-1902841

Part III Identification of F													
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	Fredom income (i unrela excluded tax u	ninant Sh related, ated, d from	(f) are of total income	(g) Share of end year asset	s alloca) ortionate tions?	(i) Code V-UBI amount in box 2 of Schedule K-1 (Form 1065)	part	ral or aging ner?	(k) Percentage ownership
(1)		country)		sections 5				Yes	No		Yes	No	
(')													
(2)													
(3)													
(4)													
(5)													
Part IV Identification of F line 34, because it									wered	d "Yes" on F	orm 990), Par	rt IV,
(a) Name, address, and EIN of related or		(b) Primary activity	(C) Legal dor (state or foreign	nicile	(d) Direct controlling entity	(е Туре о	e)	(f) Share of tota income		(g) Share of J-of-year assets	(h) Percentage ownership		(i) ion 512(b)(13) controlled entity?
(1)												Ye	s No
()													
(2)													
(3)													
(4)													

Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x
b Gift, grant, or capital contribution to related organization(s)	1b	x	
c Gift, grant, or capital contribution from related organization(s)	1c	x	
d Loans or loan guarantees to or for related organization(s)	1d		x
e Loans or loan guarantees by related organization(s)	1e		x
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)	1g		x
h Purchase of assets from related organization(s)	1h		x
i Exchange of assets with related organization(s)	1i		x
j Lease of facilities, equipment, or other assets to related organization(s)	1j		x
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)	11	x	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	x	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
o Sharing of paid employees with related organization(s)	10	x	
p Reimbursement paid to related organization(s) for expenses	1p		x
q Reimbursement paid by related organization(s) for expenses	1q		x
r Other transfer of cash or property to related organization(s)	1r		x
s Other transfer of cash or property from related organization(s)	1s		x

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a)	(b)	(c)	(d)
Name of related organization	Transaction	Amount involved	Method of determining amount involved
	type (a-s)		
			ACCRUAL BASIS OF
(1)LIFESONG INC	В	1,750,000	ACCOUNTING
			ACCRUAL BASIS (AMT
(2)LIFESONG INC	M	1,560,862	INCLUDES PAYROLL)
			ACCRUAL BASIS (INCL ABOVE
(3)LIFESONG INC	0	1,544,063	ALSO)
(4)			
(5)			
 EEA			Schedule R (Form 990) 2021
EEA			Schedule R (Form 990) 2021

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Na	me, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	man par	eral or aging tner?	Percentago ownership
				,	Yes No			Yes	No		Yes	No	
(1)													
2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
1)													
2)													

5171	Infor	mation R	eturn_o	f J.S.	Pers	n: Wi h	R == pe	ect R	G	
Form 5471		to Cer	tain Foi	reign (Jorpo	orations				
(Rev. December 2021)		to www.irs.go								
Department of the Treasury	Information furnis		• •			01			Attachme	nt No. 121
Internal Revenue Service	section 898) (see	e instructions) be	ginning	07-01		, and ending	, 	-30 ,20 22	Sequence	
Name of person filing this re	turn					entifying numk 1902841	ber			
LIFESONG FOR ORF	HANS, INC				55-	1902041				
Number, street, and room of		x number if mail is	not delivered t	to street add	ress) B Ca	ategory of filer (See instruction	ns. Check app	licable box(es	i).):
101 N WESTERN AV	'E				1a 🛛	1b 🗌 1c 🗌	2 3	4 🗴 5a 🗴	5b 🗌 5c 🗌]
City or town, state, and ZIP	code				С	Enter the total p	ercentage of	the foreign cor	poration's vot	ting
GRIDLEY IL 61744	:					stock you owne	d at the end c	of its annual ac	counting perio	od 100.0%
Filer's tax year beginning		07-01 , 20 2	1, and er	nding		06-3	30 , 20 22			
D Check box if this is a fina	al Form 5471 for the fo	oreign corporation								
E Check if any excepted sp	pecified foreign financ	ial assets are repo	orted on this for	rm (see instr	uctions)					
F Check the box if this For	m 5471 has been con	npleted using "Alte	rnative Informa	ation" under	Rev. Proc	. 2019-40				🗌
G If the box on line F is che	ecked, enter the corre	sponding code for	"Alternative Int	formation" (s	see instruc	tions)			•	
H Person(s) on whose beh	alf this information ret	turn is filed:								
(1) Nam			(2) Ac	dross		(3) Identif	ying number	(4) Ch	eck applicabl	e box(es)
(1) Nan	e		(2) AU	101633			ying number	Shareholder	Officer	Director
Important: Fill in all	applicable lines a	and schedules	. All informa	ation mus	st be in l	English. All a	amounts m	ust be stat	ed in U.S.	dollars
	therwise indicate	d.								
1a Name and address of for	reign corporation						b(1) Emp	oloyer identifica	ation number,	if any
LIFESONG FARMS U	GANDA SMC LI	MITED					b(2) Refe	erence ID num	ber (see instru	uctions)
PLOT 23 LUMUMBA	AVENUE						01			
PO BOX 36011 KAM	IPALA UG						c Cou	ntry under who	ose laws incor	porated
	T						UGANDA			
d Date of incorporation	e Principal place of	business	f Principal b code numb		vity	g Principal bus	iness activity	h F	unctional cur	rency code
02-14-2021	UGANDA		111300		E	ARMING		UGX		
2 Provide the following info	ormation for the foreig	in corporation's acc	counting period	d stated abo	ve.					
a Name, address, and ider	ntifying number of bra	nch office or agent	t (if any) in the	b lf	a U.S. inc	ome tax return	was filed, ente	er:		
United States					(i) Taxa	able income or (loss)		S. income tax	
							·	(at	fter all credits)
c Name and address of for	reign corporation's sta	atutory or resident a	agent in countr		ame and	address (includion the custody of th	ng corporate o	department, if a	applicable) of	person (or
of incorporation						of such books a			oreign corpor	alion, and
Schedule A Stoc	k of the Foreig	gn Corporati	ion							
						(b) Numb	er of shares is	ssued and outs	standing	
(a) Description of each	class of stock				eginning of annu			ii) End of ann	
					ac	counting period		a	ccounting per	iod
ORDINARY							7,537			7,537

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2021)

COPY OF ORIGINAI

(a) Name, address, and identifying number of shareholder. shareholder. Note: This description description description description description description accounting period shares held at match the corresponding description accounting period shares held at description should match the corresponding description accounting period shares held at accounting period shares held at accounting period of subpart f income (enter a percentage) 35-1902841 ORDINARY 7,537 7,537 LIFESONG FOR ORPHANS INC ORDINARY 7,537 7,537 GRIDLEY IL 61744 Image: accounting period 100.0000 GRIDLEY IL 61744 Image: accounting period 100.0000 Image: accounting period Image: accounting period Image: accounting period 100.0000 Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: accounting period Image: ac	Part I U.S. Shareholders of Foreign Corporation (see inside the second state of	f stock held by ription should escription olumn (a).	(e) Pro rata share of subpart F income (enter as a percentage)
(a) Name, address, and identifying number of sharesheld in Schedule A, column (a). (b) Number of sharesheld in Schedule A, column (a). (c) Number of sharesheld in a column (a). (c) Number of sharesheld i	(a) Name, address, and identifying number of shareholder (b) Description of each class of shareholder. Note: This description of shareholder. Note: This description of shareholder. Note: This description of each class of each class of the each class of t	f stock held by ription should escription olumn (a).	of subpart F income (enter as
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LIFESONG FOR ORPHANS INC Image: control of the second state	LIFESONG FOR ORPHANS INC 101 N WESTERN AVE	7,537 7,537	
101 N WESTERN AVE GRIDLEY IL 61744 100.0000 GRIDLEY IL 61744 100.0000 Image: Strate	101 N WESTERN AVE		
GRIDLEY IL 61744 100.0000 GRIDLEY IL 61744 100.0000 Image: Structure of the struc			
Part II Direct Shareholders of Foreign Corporation (see instructions) (a) Name, address, and identifying number of shareholder. Also include country of incorporation or formation, if applicable. (b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a). (c) Number of shares held at accounting period accounting period 35-19028411 ORDINARY 7,537 7,5 101 N WESTERN AVE ORDINARY 17,537 7,5	GRIDLEY IL 61744		
(a) Name, address, and identifying number of shareholder. Also include country of incorporation or formation, if applicable. (b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a). (c) Number of shares held at beginning of annual accounting period (d) Number of shares held at beginning of annual accounting period 35-1902841 LIFESONG FOR ORPHANS INC 101 N WESTERN AVE ORDINARY 7,537 7,5			100.0000
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LIFESONG FOR ORPHANS INC 101 N WESTERN AVE	Also include country of incorporation Note: This descript	tion should match the corresponding shares held at beginning of annua	(d) Number of shares held at end of annual accounting period
LIFESONG FOR ORPHANS INC 101 N WESTERN AVE	35-1902841 ORDINARY	7,537	7,537
	LIFESONG FOR ORPHANS INC		
GRIDLEY IL 61744 Image: Constraint of the second secon	101 N WESTERN AVE		
	GRIDLEY IL 61744		
Image: second			

Form 5471 (Rev. 12-2021) LIFESONG FOR ORPHANS, INC

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

				Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a	103,698,787	28,863
	b	Returns and allowances	1b		
	С	Subtract line 1b from line 1a	1c	103,698,787	28,863
	2	Cost of goods sold	2	15,756,920	4,386
	3	Gross profit (subtract line 2 from line 1c)	3	87,941,867	24,477
	4	Dividends	4		
ae	5	Interest	5		
Income	6a	Gross rents	6a		
7	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8a	Foreign currency transaction gain or loss - unrealized	8a		
	b	Foreign currency transaction gain or loss - realized	8b		
	9	Other income (attach statement)	9		
	10	Total income (add lines 3 through 9)	10	87,941,867	24,477
	11	Compensation not deducted elsewhere	11	62,064,955	17,275
	12a	Rents	12a	24,396,000	6,790
	b	Royalties and license fees	12b		
Deductions	13	Interest	13		
Ictio	14	Depreciation not deducted elsewhere	14	5,851,449	1,629
edt	15	Depletion	15		
Δ	16	Taxes (exclude income tax expense (benefit))	16		
	17	Other deductions (attach statement - exclude income tax expense (benefit))	17	241,365,916	67,181
	18	Total deductions (add lines 11 through 17)	18	333,678,320	92,875
	19	Net income or (loss) before unusual or infrequently occurring items, and			
ē		income tax expense (benefit) (subtract line 18 from line 10)	19	(245,736,453)	(68,397)
Net Income	20	Unusual or infrequently occurring items	20		
lnc	21a	Income tax expense (benefit) - current	21a		
Per	b	Income tax expense (benefit) - deferred	21b		
	22	Current year net income or (loss) per books (combine lines 19 through 21b)	22	(245,736,453)	(68,397)
é	23a	Foreign currency translation adjustments	23a	(5,059,820)	(1,408)
ar Susi	b	Other	23b		
Other prehen Income	с	Income tax expense (benefit) related to other comprehensive income	23c		
Other Comprehensive Income	24	Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
		line 23c)	24	(5,059,820)	(1,408)
FEA				For	5471 (Rev. 12-2021)

EEA

Form 5471 (Rev. 12-2021)

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(I End of a accounting		
1	Cash	1	97		1	.07
2a	Trade notes and accounts receivable	2a				
b	Less allowance for bad debts	2b	()()
3	Derivatives	3				
4	Inventories	4				
5	Other current assets (attach statement)	5				
6	Loans to shareholders and other related persons	6				
7	Investment in subsidiaries (attach statement)	7				
8	Other investments (attach statement)	8				
9a	Buildings and other depreciable assets	9a			32,3	62
b	Less accumulated depreciation	9b	()(1,6	29)
10a	Depletable assets	10a				
b	Less accumulated depletion	10b	()()
11	Land (net of any amortization)	11				;
12	Intangible assets:					
а	Goodwill	12a				
b	Organization costs	12b				_
С	Patents, trademarks, and other intangible assets	12c				
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	()()
13	Other assets (attach statement)	13				
14	Total assets	14	97		30,8	40
	Liabilities and Shareholders' Equity					
15		15				
16	Other current liabilities (attach statement)	16				
17	Derivatives	17				
18	Loans from shareholders and other related persons	18				
19	Other liabilities (attach statement)	19				
20	Capital stock:	10				
20 a	Preferred stock	20a				
b	Common stock	20a	1,409	1	.01,9	57
21	Paid-in or capital surplus (attach reconciliation)	200	1,409	Ŧ	.01,9	57
22	Retained earnings	22	(1 212)	(71 1	17)
22		22	(1,312)		71,1	<u></u>
		23				
24 Scho	Total liabilities and shareholders' equity	24	97		30,8	40
SCILE					Yes	Ne
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly,	in on	foreign	ł	res	No
I	partnership?		0			
	If "Yes," see the instructions for required statement.	•••				x
~						
2						х
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as					
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporati		, ,			
	branches (see instructions)?			•••		х
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instruction	,				
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d)		0			
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect					
		• • •		· · ·		х
	If "Yes," complete lines 4b and 4c.					
b	Enter the total amount of the base erosion payments	• • •	· · ▶ \$			
С	Enter the total amount of the base erosion tax benefit	• • •	▶\$			
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the	ie dedu	iction is not			
	allowed we der as sting 2074.2					

: 5-19).84]

	171 (Rev. 12-2021) LIFESONG FOR ORPHANS, INC		? <u>10</u> .5
Sche	edule G Other Information (continued)		
		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with		
	respect to any amounts listed on Schedule M?		x
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived		
	deduction eligible income (FDDEI) (see instructions)		
С	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer		
	included in its computation of FDDEI (see instructions)		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included		
_	in its computation of FDDEI (see instructions)		
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		x
	If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in		
-	which the foreign corporation was a participant during the tax year.		
8	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
00	section 1.358-6(b)(2))?		x
9a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		x
b	If "Yes," go to line 9b. Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)		
b	$(2)(B) for the tax year \cdots $		
10	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section ψ_{-}		
10	1.7874-12(a)(9)?		x
	If "Yes," see instructions and attach statement.		
11	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
	section 1.6011-4?		x
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
12	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		x
13	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		x
14	Did you answer "Yes" to any of the questions in the instructions for line 14?		х
	If "Yes," enter the corresponding code(s) from the instructions and attach statement		
15	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		х
	If "Yes," enter the amount		
16	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to		
	the current tax year (see instructions)?		x
	If "Yes," enter the amount		
17a	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year		
	(see instructions)?		x
b	If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated		
	as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18	Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of		
	Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interactivity the set is being a set in a $400 P(x)/P(x)/P(x)$ ($400P(x)/P(x)/P(x)/P(x)/P(x)/P(x)/P(x)/P(x)/$		
	interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B) (100% to 130% of the AFR for the		
100	relevant term)?		x
19a	1.385-3) during the period including the tax year and the preceding three tax years, or, during the period beginning		
	36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the		
	reporting corporation issue or refinance indebtedness owed to a related party?		x
b	If the answer to question 19a is "Yes," provide the following.		•
U U	(1) The amount of such distribution(s) and acquisition(s)		
	(2) The amount of such related party indebtedness		
	· · · · · · · · · · · · · · · · · · ·		

Form 5471 (Rev. 12-2021) LIFESONG FOR ORPHANS, INC

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name	of U.S. shareholder►LIFESONG FOR ORPHANS, INC Identifying number ►		35-1	90284	1
1a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation				
	(see instructions)	1a			
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions)	1b			
С	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception				
	under section 954(c)(6)	1c			
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception				
	under section 954(c)(6)	1d			
е	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	1e			
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f			
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g			
h	Other subpart F income (enter result from Worksheet A)	1h			
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2			
3	Reserved for future use	3			
4	Factoring income	4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax returm.				
5a	Section 245A eligible dividends (see instructions)	5a			
b	Extraordinary disposition amounts (see instructions)	5b			
c	Extraordinary reduction amounts (see instructions)	5c			
d	Section 245A(e) dividends (see instructions)	5d			
е	Dividends not reported on line 5a, 5b, 5c, or 5d	5e			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6			
				Yes	No
7a	Was any income of the foreign corporation blocked?				х
b	Did any such income become unblocked during the tax year (see section 964(b))?				
If the a	inswer to either question is "Yes," attach an explanation.				
8a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at				
	any time during the tax year (see instructions)?				х
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year				
	\$ and at the end of the tax year \$ Provide an attachment detailing any cha	anges	from the	÷	
	beginning to the ending balances.				
С	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year				
	\$ and at the end of the tax year \$ Provide an attachment detailing any cha	anges	from the	÷	
	beginning to the ending balances.				
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$				
EEA		Form	5471	(Rev. 12	2-2021)

Form **5471** (Rev. 12-2021)

5-19)/84]

(Form (Rev. De Departm	EDULE E 5471) accember 2021) uent of the Treasury Revenue Service	Income,		-	 Attach 	n to Form 547	1.	xes Paid or	Accrued		0	MB No. 1545-0123
Name of	person filing Form 5471									Identifyii	ng num	ber
LIFES	ONG FOR ORPHANS, 1	INC								35-190	02841	
Name of	foreign corporation							EIN (if any)		Reference	e ID nu	mber (see instructions)
LIFES	ONG FARMS UGANDA S	SMC LIMITED								01		
	Separate Category (Ent		,								GEN	
	If code 901j is entered o		•			• •	,					
	If one of the RBT codes				he treaty	y country (se	e instructio	ons)		►		
Part		n a Foreign Tax C										
Sectio	on 1 - Taxes Paid or Acc	rued Directly by Fo	oreign Corporatio					(-1)				
	1	(a) Name of Payor Entity		(t EIN or R ID Nu of Payo	eference mber	(c) Unsuspended Taxes	to V Enter c	(d) y or U.S. Possession Vhich Tax Is Paid code-see instructions. eparate line for each.)	(e) Foreign Tax Yea Entity to Which T (Year/Mon	ax Relates		(f) Tax Year of Payor Entity o Which Tax Relates (Year/Month/Day)
1	LIFESONG FARMS UG	ANDA SMC LIMITE	D	01				UG	2022-0	6-30		2022-06-30
2												
3												
4											<u> </u>	
	Income Subject to Tax If taxes are paid on Local Currency in Tax Paid or Accrued Conversion Rate (dividual column (i)) In Function										(m) Functional Currency Foreign Corporation	
1			UGX									
2												
3												
4											<u> </u>	
	Total (combine lines 1 th	•						•••••				
	Total (combine lines 1 th									🕨		
Sectio	n 2 - Taxes Deemed Pa	id by Foreign Corp	oration		-)							I
	Name of Lower-	(a) Tier Distributing Foreign C	Corporation	(k EIN or Ref Number of Distributing Corpo	ference ID Lower-Tier			(c) ssession to Which Tax Is F ions. Use a separate line f		(d) PTEP Group (enter code)		(e) Annual PTEP Account (enter year)
1												
2												
3												
4												
	(f) PTEP Distri (enter amount in funct		Total Amount of F (in funct)	(g) PTEP in the F tional current		qu	Total Amour With Resp	(h) nt of the PTEP Group Tax pect to PTEP Group (USD) to	PTEP and no	ot Previc	Properly Attributable ously Deemed Paid x column (h)) (USD)
1												
2												
3												
4			//// A1									
5	Total (combine lines 1 th	nrough 4 of column (Also report am 	ount on S	schedule	e E-1, line 6			. •			

Schedule E (Form 5471) (Rev. 12-2021) LIFESONG FOR ORPHANS, INC		35-1902841	Page 2
Name of foreign corporation	EIN (if any)	Reference ID number (see in	nstructions)
LIFESONG FARMS UGANDA SMC LIMITED		01	
a Separate Category (Enter code-see instructions.)		🕨 GEN	
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)			
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instruction	s)		

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.) (b) (d) Section 901(k) (g) EIN or Reference (c) Section 901(j) **(i)** Total (a) Name of Payor Entity (e) Section 901(m) (f) U.S. Taxes (h) Other Suspended ID Number Taxes and (I) of Payor Entity 1 2 **3** In functional currency (combine lines 1 and 2) ► 4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) ►

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

IMD	DRTANT: Enter amounts in U.S. dollars.		Taxes re	elated to:	-
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-	-0-	-0-	
b	Beginning balance adjustments (attach statement)				
С	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (I)				
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)				
7	Other adjustments (attach statement)				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c				
	through 7)				
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement)				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))				
14	Reserved for future use				
15	Reduction for other taxes not deemed paid				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b),				
	and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of				
	columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to				
	zero. For the remaining columns, combine lines 8 through 12	-0-	-0-	-0-	

Schedule	e E (Form 5471) (Rev.	12-2021) LIFESO	NG FOR ORPHAN	S, INC				35-1902	841	Page 3
Name of foreign corporation EIN (if any)									Reference ID num	ber (see instructions)
LIFES	ONG FARMS UG	ANDA SMC LIMI	TED						01	
а	Separate Catego	ory (Enter code-se	ee instructions.)						🕨 <u>GEN</u>	
			enter the country co							
C	If one of the RBT	codes is entered	d on line a, enter th	ne country code for	or the treaty coun	try (see instructio	ns)		►	
Sche	dule E-1 Ta	axes Paid, Acc	rued, or Deeme	d Paid on Acc	umulated Earn	ings and Profit	s (E&P) of For	eign Corporatio	on (continued)	
				(e) Taxes	related to previo	usly taxed E&P	(see instructions)		
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
С										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
EEA									Schedule E (For	m 5471) (Rev. 12-2021)

SCHEDULE H (Form 5471) (Rev. December 2021)

Current Earnings and Profits

► Attach to Form 5471.

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of person filing Form 5471

Name of person filing Form 5471		Identifying number
LIFESONG FOR ORPHANS, INC		35-1902841
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
LIFESONG FARMS UGANDA SMC LIMITED		01

IMPORTANT: Enter the amounts on lines 1 through 5c in functional currency.

1	Current year net income or (loss) per foreign books of account $\ . \ .$. <u></u>			1	(245,736,453)
2	Net adjustments made to line 1 to determine current					
	earnings and profits according to U.S. financial and tax					
	accounting standards (see instructions):	Net Add	itions	Net Subtractions		
а	Capital gains or losses	a				
b	Depreciation and amortization 2k	b				
С	Depletion	c				
d	Investment or incentive allowance 20	d				
е	Charges to statutory reserves	9				
f	Inventory adjustments	F				
g	Income taxes (see Schedule E, Part I, Section 1, line 6,					
	column (m), and Part III, line 3, column (i))	g				
h	Foreign currency gains or losses	h				
i	Other (attach statement)					
3	Total net additions					
4	Total net subtractions					
5 a	Current earnings and profits (line 1 plus line 3 minus line 4)				5a	(245,736,453)
b	DASTM gain or (loss) for foreign corporations that use DASTM (see in	structions) .			5b	
С	Combine lines 5a and 5b and enter the result on line 5c. Then enter on	lines 5c(i), 5c(ii), and 5c(i	ii)(A)		
	through 5c(iii)(D) the portion of the line 5c amount with respect to the ca	ategories of in	come show	n		
	on those lines		•••••		5c	(245,736,453)
	(i) General category (enter amount on applicable Schedule J, Part I,					
	line 3, column (a))		5c(i)	(245,736,453)		
	(ii) Passive category (enter amount on applicable Schedule J, Part I,					
	line 3, column (a))		5c(ii)			
	(iii) Section 901(j) category:					
	(A) Enter the country code of the sanctioned country ►					
	and enter the line 5c amount with respect to the sanctioned					
	country on this line 5c(iii)(A) and on the applicable Schedule J,					
	Part I, line 3, column (a)		5c(iii)(A)			
	(B) Enter the country code of the sanctioned country ►					
	and enter the line 5c amount with respect to the sanctioned					
	country on this line 5c(iii)(B) and on the applicable Schedule J,					
	Part I, line 3, column (a)		5c(iii)(B)			
	(C) Enter the country code of the sanctioned country					
	and enter the line 5c amount with respect to the sanctioned					
	country on this line 5c(iii)(C) and on the applicable Schedule J,					
	Part I, line 3, column (a)		5c(iii)(C)			
	(D) Enter the country code of the sanctioned country ►					
	and enter the line 5c amount with respect to the sanctioned					
	country on this line 5c(iii)(D) and on the applicable Schedule J,					
	Part I, line 3, column (a)		5c(iii)(D)			
d	Current earnings and profits in U.S. dollars (line 5c translated at the av	-	-			
	defined in section 989(b)(3) and the related regulations (see instruction		Г	•••••	5d	(68,397)
е	Enter exchange rate used for line 5d		►	3,592.7900		

				CC)P	Y OF		IGINAL
SCHE	DULE I-1			· · ·	-		<u> </u>	
(Form	n 5471)	Information for (Global In	tangib	le Lo	w-Taxed in	come	
•	ecember 2021)			J				OMB No. 1545-0123
	nent of the Treasury		► Attach t	o Form 547	'1 .			
	Revenue Service	► Go to www.irs.ge	ov/Form5471 f	or instruct	ions an	d the latest informa	ation.	
Name c	of person filing Form 5						Identifying nur	nber
LIFE	SONG FOR ORPI	HANS, INC					35-19028	41
Name c	of foreign corporation			EIN (if an	y)		Reference ID num	nber (see instructions)
LIFE	SONG FARMS U	GANDA SMC LIMITED					01	
	Separate Catego	ory (Enter code - see instructions.)						GEN
	· · ·					Functional	Conversion	
						Currency	Rate	U.S. Dollars
1	Gross income (see instructions if cost of goo	ds sold excee	ed aross				
•				•	1	o		
2		nstructions if cost of goods sold ex						
а		nected income	2a	• •				
b	•	me	2b					
c	-	tion income per section						
Ŭ	• .		2c					
d		ividends	2d					
e		gas extraction income	2e					
3	•	s (combine lines 2a through 2	· · · · · · · · · · · · · · · · · · ·		3			
4		ess total exclusions (line 1 mi	,					
					4	o		
5		perty allocable to amount on I			5			
6	•	(loss) (line 4 minus line 5) (se			6			
7		income taxes			7			
8	•	ess asset investment (QBAI)			8			
9a		se included on line 5	9a					
b	-	st expense · · · · · · · ·	9b		1			
C D		Al amount	9c					
d		expense (line 9a minus the s		and line				
u		ess, enter -0- \cdots			9d			
10a	,	included in line 4	1 1					
b		st income						
c		income (line 10a minus line 1		r less.				
-					10c			

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

EEA

	EDULE J n 5471)	Accumulated Earn	ings & Profit	s (E&P) of Co	ontrolled I	Foreign Corpora	ation		1545-0123
(Rev. I	December 2020)	ecember 2020) ► Attach to Form 5471.							
	ment of the Treasury	► Go to		471 for instructions a	nd the latest in	formation.			
	I Revenue Service		3						
Name of	person filing Form 5471						Identifyin	g number	
	SONG FOR ORPHANS	, INC					35-190		
Name of	foreign corporation				EIN	(if any)	Reference	e ID number (see	instructions)
LIFES	SONG FARMS UGAND	A SMC LIMITED					01		
а		nter code - see instructions.)						GEN	
b		on line a, enter the country code for the		e instructions)					
Part	I Accumulate	d E&P of Controlled Foreign	Corporation						
	Check the box if person f	iling retum does not have all U.S. share	holders' information to	complete an amount in	column (e) (see	instructions).			
Impor	tant: Enter amounts in fu	unctional currency.	(a)	(b)	(c)	(d)	(e) Previous	ly Taxed E&P (see	e instructions)
			Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	Pre-1987 E&P N Previously Taxe (pre-1987 section 959(c)(3) balance	ed Deduction for on Suspended Taxes	<i>(i)</i> Reclassified s 965(a) PT	1	eclassified section 965(b) PTEP
1a		of year (as reported on prior							
b	·	ustments (attach statement)							
C	, , ,	ance (combine lines 1a and 1b)							
2a		suspended under anti-splitter rules							
b		or taxes suspended under							
3		leficit in E&P) (enter amount							
	from applicable line 5c	of Schedule H)	(245,736,453)						
4		tributions of previously taxed							
	E&P from lower-tier for	eign corporation							
5a	E&P carried over in no	onrecognition transaction							
b	Reclassify deficit in E&	P as hovering deficit after							
	nonrecognition transac	tion							
6	Other adjustments (atta	ach statement)							
7	Total current and accur	mulated E&P (combine lines							
	1c through 6)		(245,736,453)						
8		o section 959(c)(2) E&P from	· · · · ·						
	section 959(c)(3) E&P	• • • • • • • • • • • • • • • • • • • •							
9									
10		o section 959(c)(1) E&P from							
		•••••							
11		arnings invested in U.S. property							
		tion 959(c)(1) E&P (see instructions)							
12		ach statement)					1		
13	Hovering deficit offset	1							
13	transaction E&P (see in								
14	``	,					+		
14	Balance at beginning of ne	ext year (combine lines 7 through 13) · ·	(245,736,453)						

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

		LIFESONG				
Part I	Accumulated F&P	of Control	led F	oreian Col	noration	(continued)

			Foreign Corporation (continued)	Accumulated E&P of Controlle	Part I
		E&P (see instructions)			
(vii) Section 965(b) PTEP	(vi) Section 965(a) PTEP	d section 245A(d) PTEP		(iii) General section 959(c)(1) PTEP (iv)	
					1a
					b
					С
					2a
					b
					3
					4
					5a
					b
					6
					7
					8
					9
					10
					11
					12
					13
(6)					14
(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))	ction 951(a)(1)(A) PTEP		(e) Previously Taxed E&P (see instruction) (ix) Section 245A(d) PTEP	(viii) Section 951A PTEP	
					1a
					b
					с
					2a
					b
(245,736,453)					3
					4
					5a
					b
					6
(245,736,453)					7
					8
					9
					10
					11
					12
					13
(245,736,453)					14

Page 2

35-1902841

		-1902841	Page 3
Par	II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))		
Impo	tant: Enter amounts in functional currency.		
1	Balance at beginning of year	1	
2	Additions (amounts subject to future recapture)	2	
3	Subtractions (amounts recaptured in current year)	3	
_4	Balance at end of year (combine lines 1 through 3)	4	
EEA		Schedule J (For	m 5471) (Rev. 12-2020)

SCHEDULE M (Form 5471) (Rev. December 2021)

Department of the Treasury Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

► Attach to Form 5471.

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471	Identifying number			
LIFESONG FOR ORPHANS, INC	35-1902841			
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)		
LIFESONG FARMS UGANDA SMC LIMITED		01		

Important: Complete a **separate** Schedule *M* for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule > UGX 3592.7900

	(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1	Sales of stock in trade (inventory)					
2	Sales of tangible property other than stock in trade					
3	Sales of property rights (patents, trademarks, etc.)					
4	Platform contribution transaction payments received					
5	Cost sharing transaction payments received					
6	Compensation received for technical, managerial, engineering, construction, or like services					
7	Commissions received					
8	Rents, royalties, and license fees received					
9	Hybrid dividends received (see instructions)					
10	Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income) .					
11	Interest received					
12	Premiums received for insurance or reinsurance					
13	Loan guarantee fees received					
14	Other amounts received (attach statement)					
15	Add lines 1 through 14					
16	Purchases of stock in trade (inventory) .					
	Purchases of tangible property other than stock in trade					
18	Purchases of property rights (patents, trademarks, etc.)					
	Platform contribution transaction payments paid					
20	Cost sharing transaction payments paid .					
21	Compensation paid for technical, managerial, engineering, construction, or like services					
22	Commissions paid					
23	Rents, royalties, and license fees paid .					
24	Hybrid dividends paid (see instructions) .					
25	1 (, 1 ,					
26	Interest paid					
27	Premiums paid for insurance or reinsurance					
28	Loan guarantee fees paid					
29	Other amounts paid (attach statement) .					
30	Add lines 16 through 29					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

COPY OF ORIGINAL

Schedule M (Form 5471) (Rev. 12-2021)

Name of person filing Form 5471

Identifying number

LIF	ESONG FOR ORPHANS, INC					35-1902841	
	(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	co co thar	0% or more U.S. shareholder of ontrolled foreign rporation (other in the U.S. person ling this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31	Accounts Payable						
32	Amounts borrowed (enter the maximum loan						
	balance during the year)-see instructions						
33	Accounts Receivable						
34	Amounts loaned (enter the maximum loan						
	balance during the year)-see instructions						

EEA

Schedule M (Form 5471) (Rev. 12-2021)

	DULE P	Previously Taxed Earnings and Profits of U	.S. Shareholder						
(Form	5471) ecember 2020)	of Certain Foreign Corporatior	of Certain Foreign Corporations						
Departn	nent of the Treasury	► Attach to Form 5471.				OMB No. 1545-0123			
	Revenue Service	► Go to www.irs.gov/Form5471 for instructions and the lates	t information.						
	person filing Form 5471 ONG FOR ORPHANS	, INC			ntifying nu 1902841				
	U.S. shareholder				ntifying nu				
	ONG FOR ORPHANS		EIN (if any)		1902841	L			
	foreign corporation ONG FARMS UGAND		EIN (II any)	01	erence ID r	number (see instructions)			
as	Separate Category (I	Enter code - see instructions.)			► GEN				
		ed on line a, enter the country code for the sanctioned country (see instructions)			•				
Part I	Previously Ta	xed E&P in Functional Currency (see instructions)				· · · ·			
			(a) Reclassified section 965(a) PTEP	(b) Reclassified s 965(b) P		(c) General section 959(c)(1) PTEP			
1a	Balance at beginni	ng of year (see instructions)							
b	Beginning balance	adjustments (attach statement)							
С	Adjusted beginning	balance (combine lines 1a and 1b)							
2	Reduction for taxes	s unsuspended under anti-splitter rules							
3	Previously taxed E&P	attributable to distributions of previously taxed E&P from lower-tier foreign corporation							
4	Previously taxed E	&P carried over in nonrecognition transaction							
5	Other adjustments	(attach statement)							
6	Total previously tax	xed E&P (combine lines 1c through 5)							
7	Amounts reclassifie	ed to section 959(c)(2) E&P from section 959(c)(3) E&P							
8	Actual distributions	of previously taxed E&P							
9		ed to section 959(c)(1) E&P from section 959(c)(2) E&P							
10		as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see							
11	Other adjustments	(attach statement)							
12	Balance at beginni	ng of next year (combine lines 6 through 11)							

rt I	P (Form 5471) (Rev. 12-20	ad EQD in Eurotic	FOR ORPHANS, INC	instructions) (section	und)		35-1902841	Р
πι				instructions) (contin		(h)	(1)	
	(d) Reclassified section 951A PTEP	(i) Reclassified section 245A(d) PTEP	(j) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d)) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
a								
b								
c								
2								
3								
4								
5								
6								
7								
B								
9								
b								
2								

	P (Form 5471) (Rev. 12-2020) LIFESONG FOR ORPHANS, INC		35-1902841	Pag
art I	Previously Taxed E&P in U.S. Dollars	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
с	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
B	Actual distributions of previously taxed E&P			
Ð	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
0	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
1	Other adjustments (attach statement)			
2	Balance at beginning of next year (combine lines 6 through 11)			

	P (Form 5471) (Rev. 12-20		OR ORPHANS, INC				35-1902841	
rt I	(d) Reclassified section 951A PTEP	ed E&P in U.S. Do (i) Reclassified section 245A(d) PTEP	(j) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d)) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
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b								
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SCHEDULE R (Form 5471)

Department of the Treasury

Internal Revenue Service

(December 2020)

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Distributions From	a	Fo	reig	тСо	por	atic	
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-1	OMB No.	15	45-0)12	3	

►

► Go to www.irs.gov/Form5471 for instructions and the latest information.

	of person filing Form 5471	Identifying number				
LIFE	ESONG FOR ORPHANS, INC		35-1902841 Reference ID number (see instructions)			
	of foreign corporation	EIN (if any)		(see instructions)		
LIFI	ESONG FARMS UGANDA SMC LIMITED (a) Description of distribution	(b) Date of distribution	01 (c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency		
1	No distributions		0	0		
2						
3						
4						
5						
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9						
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11						
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