## **Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

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

2018

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990PF for instructions and the latest information.

Fo	r calend	dar yeår 2018 or tax year beginning	02-01 , 2018	and endin	g	01	-31 ,2019	-
		foundation A MISSION FOR HEALING FOUNDATION			A Employer	identification number		-
		A MISSION FOR HEALING FOUNDATION			82-2837	027		
	Number a	and street (or PO box number if mail is not delivered to street address)		Room/suite	B Telephone	number (see instructions	s)	-
:	1208 [	DAFFODIL AVE NE			(253) 82	0-3242		1
_		wn, state or province, country, and ZIP or foreign postal code				on application is pending	check here	И
	-	g, WA 98360-7489			O il exempti	on application is pending	, uncon there	
_			of a former public cha	ırıty	D 1. Foreigi	n organizations, check he	ere ▶	
		Final return Amended re	•	•		*	_	
2		Address change Name change				n organizations meeting t here and attach computa		
ÍН	Check t	type of organization X Section 501(c)(3) exempt priv	<del>-</del>	ارد		·	_	
7 [	_		taxable private founda	$_{\text{tion}} U4$	section 50	oundation status was ter )7(b)(1)(A), check here	minated under	
1		arket value of all assets at J Accounting method		Accrual	1		<del>_</del>	
•		year (from Part II, col (c), Other (specify)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		dation is in a 60-month to tion 507(b)(1)(B), check		
	line 16)	·	e on cash hasis )		under see			
ΓË	Part I	Analysis of Revenue and Expenses (The total of		1			(d) Dichuracmenta	-
Ŀ		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable	
		the amounts in column (a) (see instructions) )	expenses per books		come	income	purposes (cash basis only)	
_	1	Contributions, gifts, grants, etc , received (attach schedule)	20.00	5			(SSSI SOSIS CITY)	-Z
	2	Check ► X if the foundation is not required to attach Sch B · ·	20,88	<u> </u>				-
	3	<del>_</del>				· · · · · · · · · · · · · · · · · · ·	-	-
	1 .	Interest on savings and temporary cash investments			-		-	-
	4 5-	Dividends and interest from securities						-
	5a			-				-
	C=	Net rental income or (loss)			<del></del>			
9	ր 6a Տ .	Net gain or (loss) from sale of assets not on line 10 · · · ·	<del>_</del>		*		- <del> </del>	-
	5 b	Gross sales price for all assets on line 6a			'			-
Š	7   و	Capital gain net income (from Part IV, line 2)	ļ <del></del>					-
U	_   _	Net short-term capital gain		+	-,-			-
	9	Income modifications	<u> </u>	+;,	, v			-
	10a	Gross sales less returns and allowances	<u> </u>		<del> </del>			-
	b	Less Cost of goods sold · · · · · · ·	*,*	<del> </del>			<del></del>	-
		Gross profit or (loss) (attach schedule)					<u>-</u>	_
	11	Other income (attach schedule)		1-			<del> </del>	_
	12		EIVE 30,88	5	0		<u> </u>	-
(	13	Compensation of officers, directors, trustees, etc	<u></u>	-				-
9	14	Other employee salaries and wages	S 0				<del>-</del>	_
Š	15	Pension plans, employee benefits	1 0 2020 O	<del></del>				_
		Legariees (attach schedule)		0				_
9	b	Accounting tees (attach schedule)	EN, UT a	-	. —		-	_
	≧ _ c	Other professional fees (attach schedule)					<u> </u>	_
JUN 1 6 2020	S 17	Interest	6	3	<del></del>			_
202	2 18	Taxes (attach schedule) (see instructions)			<u>.</u>			_
9	19	Depreciation (attach schedule) and depletion · · · · STM126	9	5				_
₹	20	Occupancy						_
<u>z</u> ;	21	Travel, conferences, and meetings	10,93	9			1	_
3	ਹ 22	Printing and publications · · · · · · · · · · · · · · · · · · ·						_
SCANNED	23	Other expenses (attach schedule) · · · STM103 · · · ·	7,28	0				_
	24	Total operating and administrative expenses.						
Z	2	Add lines 13 through 23 · · · · · · · · · · · · · · · · · ·	18,44		0		0	_
3	25	Contributions, gifts, grants paid		0		•	0	_
$\ddot{c}$	26	Total expenses and disbursements. Add lines 24 and 25	18,44	7	0		0	_
S	27	Subtract line 26 from line 12						_
	а	Excess of revenue over expenses and disbursements · ·	2,43	8				_
	b	Net investment income (if negative, enter -0-)			0			-
		Adjusted net income (if negative enter -0-)	.4				0	-

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
=		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		3,658	3,658
	2	Savings and temporary cash investments			-
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable · · · · · · · · · · · · · · · · · · ·		-	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
ssets	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations (attach schedule)			
	ь	Investments - corporate stock (attach schedule)			
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			_
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans · · · · · · · · · · · · · · · · · · ·			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ 945			<del> </del>
	1	Less accumulated depreciation (attach schedule) > 95	· · · · · · · · · · · · · · · · · · ·	850	
	15	Other assets (describe > )			
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	0	4,508	3,658
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
==	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)		-	
	22	Other liabilities (describe ► )			ŀ
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here · · · · · ▶ X			
es		and complete lines 24 through 26, and lines 30 and 31.			
alances	24	Unrestricted		4,508	
ala	25	Temporarily restricted			
8	26	Permanently restricted			
ĭ		Foundations that do not follow SFAS 117, check here · · ▶			
or Fund B		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
tΑ	3014	Total net assets or fund balances (see instructions)	0	4,508	
Š	312	Total liabilities and net assets/fund balances (see			
	10	instructions)	0	4,508	
Pa	art II	Analysis of Changes in Net Assets or Fund Balance	es		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30 (must agree with		
		of-year figure reported on prior year's return)	· ·	1	
		amount from Part I, line 27a			2,438
		r increases not included in line 2 (itemize) STM115		3	2,070
		ines 1, 2, and 3		4	4,508
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30 · · · · ·	6	4,508

2-story brick war	ribe the kin rehouse, o	nd(s) of property sold (for example or common stock, 200 shs MLC (	real estate, co)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr)
1a `						
b						-
<u>c</u>						-
<u>d</u>						<del>  -                                   </del>
<u>e</u>	<del>-</del>	<del></del>	<del> </del>		<del></del>	<u> </u>
(e) Gross sales price		(f) Depreciation allowed (or allowable)		other basis ense of sale		ain or (loss) s (f) minus (g))
<u>b</u>	-					
	1	<del></del>			<del></del>	<del></del>
e d						
<del></del>		n in column (h) and owned by	the foundation on	12/21/60		
Complete only for assets sho	wing gan	n in column (h) and owned by			(I) Gains (C	ol (h) gain minus ot less than -0-) or
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any		(from col (h))
a						
b						
С					<u></u>	
đ						
е	L .				· · · · · · · · · · · · · · · · · · ·	
2 Capital gain net income or (n	et capital	lloss)	so enter in Part I, li enter -0- in Part I, li	<b>→</b> 1	2	
3 Net short-term capital gain or	r (loss) as	, ,	•		-	
	• •	imn (c) See instructions If (lo	• •	,		
· ·			**	}	3	
		Section 4940(e) for Re		Net Investme	-	1.0
(For optional use by domestic prin						
If section 4940(d)(2) applies, leav	مم مبطة مد	بامعاط احد				
in section 4940(d)(2) applies, leav	e uns pa	iit Dialik				
Was the foundation liable for the	section 4	1942 tax on the distributable a	mount of any year	in the base period?		Yes No
If "Yes," the foundation doesn't qu	<u> </u>		•			
1 Enter the appropriate amoun	t in each	column for each year, see the	e instructions befor	e making any entrie	s	(4)
(a) Base period years Calendar year (or tax year beginni	ing in)	(b) Adjusted qualifying distribution	s Net value o	(c) f noncharitable-use as		(d) stribution ratio ) divided by col (c))
2017	-		- ,			
2016						
2015		••		<u> </u>		·
2014						
2013						
2 Total of line 1, column (d)					2	
3 Average distribution ratio for					-	
-	-	as been in existence if less that	•	-	3	
the number of years the four	idation ne	as been in existence in less the	an o years			
4 Enter the net value of noncha	arıtable-u	ise assets for 2018 from Part	X, line 5		4	
5 Multiply line 4 by line 3 · ·					5	_ 0
6 Enter 1% of net investment in	ncome (1	% of Part I, line 27b) · · ·	• • • • • • • • •	• • • • • • • • •	6	<del></del>
7 Add lines 5 and 6						
					7	Λ
					7	0
8 Enter qualifying distributions						0

•					
Form	990-PF (2018) A MISSION FOR HEALING FOUNDATION	82-2	837027		Page 4
	T VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948				1 age 4
1a			1	-	i
	Date of rulmg or determination letter (attach copy of letter if necessary-see instructions)		,		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		·····	
	here ▶ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		,		!
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			0
3	Add lines 1 and 2	3			<u></u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		•	
6	Credits/Payments				1
а	2018 estimated tax payments and 2017 overpayment credited to 2018   6a				
b	Exempt foreign organizations - tax withheld at source 6b	1			1
С	Tax paid with application for extension of time to file (Form 8868) 6c	1			ļ
d	Backup withholding erroneously withheld 6d	1			İ
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶	11			
Pai	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Ye	s No
	participate or intervene in any political campaign?		∟1	а	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition		· ·   1	b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities			_ -	
С	Did the foundation file Form 1120-POL for this year?		· ·   1	c _	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				,
	(1) On the foundation   \$ (2) On foundation managers   \$			1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			İ	
	on foundation managers   \$			_	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		• •   2	2	X
	If "Yes," attach a detailed description of the activities		]		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				_
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes · · · ·			_	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			а	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		<u> </u>	b	<del></del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	• • •	· ·   <u>- :</u>	5	X
	If "Yes." attach the statement required by General Instruction T		1	- 1	1 1

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

8a Enter the states to which the foundation reports or with which it is registered. See instructions ▶

(or designate) of each state as required by General Instruction G? If "No," attach explanation

By state legislation that effectively amends the governing instrument so that no mandatory directions that

**b** If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

By language in the governing instrument, or

7

8b

10

10

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Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<del></del>
	Website address missionforhealingfoundation.org			
14	The books are in care of Patrick Turnage Telephone no 253-8	20-3	212	
	Located at ► 1208 DAFFODIL AVE NE, Orting, WA ZIP+4 ► 98360			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	- /40	<del>.</del>	<b>▶</b> □
13	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
16		16	163	X
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
Da	the foreign country	Ь		
Га	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	1	1	<del></del>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			] {
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			,
	disqualified person? · · · · · · · · · · · · · · · · · · ·			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? · · · · · · · Yes X No			l ,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			!
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			١,
	the benefit or use of a disqualified person)?			`
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days ) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			}
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here · · · · · · · · · · ▶ ☐			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			,
	were not corrected before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			<u> </u>
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018? Yes X No			````
	If "Yes," list the years			.
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions )	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	-	<del> </del>	<del></del>
Ŭ	• • • • • • • • • • • • • • • • • • •			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		1	
Ja				1
<b>L</b>				}
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	- <u></u> -		
	foundation had excess business holdings in 2018 )	3b		<del> </del>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		<b> </b>	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X

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Pa	rt VII-B   Statements Regarding Activitie		Vhich Form	4720	May Be F	Require	ed (continued)			,
5a	During the year, did the foundation pay or incur any an	nount to				,			Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	rence leg	gislation (sectio	n 4945(e	∍))?	[	Yes X No		i	
	(2) Influence the outcome of any specific public election	on (see s	section 4955), (	or to car	y on,			l		y {
	directly or indirectly, any voter registration drive?					[	Yes X No	ľ		
	(3) Provide a grant to an individual for travel, study, or	r other sii	mılar purposes	?		[	Yes X No			
	(4) Provide a grant to an organization other than a cha	aritable, i	etc , organizati	on descr	ibed in			į		
	section 4945(d)(4)(A)? See instructions					[	Yes X No	l		'
	(5) Provide for any purpose other than religious, chara	itable, sc	entific, literary,	or educ	ational	· ·				
	purposes, or for the prevention of cruelty to children					[	Yes X No	1	.	
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans					•				
-	in Regulations section 53 4945 or in a current notice re		-					5b		
	Organizations relying on a current notice regarding dis	-						<del></del>		
c	If the answer is "Yes" to question 5a(4), does the found									
·	because it maintained expenditure responsibility for the		•			ſ	Yes No			
						٠ ١	162 140 ′	į		
<b>C</b> -	If "Yes," attach the statement required by Regulations									
оa	Did the foundation, during the year, receive any funds,					ſ	T., 67.,			
	on a personal benefit contract?					•	Yes X No			ئـــِــا
D	Did the foundation, during the year, pay premiums, dire	ectly or ir	ndirectly, on a p	ersonal	benefit conti	act?		6b		X
	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, was the foundation a p	party to a	prohibited tax	shelter ti	ransaction?	[	Yes X No		·	
b	If "Yes," did the foundation receive any proceeds or ha	ive any n	et income attri	butable t	o the transa	ction?		7b		
8	Is the foundation subject to the section 4960 tax on pa	yment(s)	of more than	\$1,000,0	00 in					
	remuneration or excess parachute payment(s) during						Yes X No			
Pa	rt VIII I Information About Officers, Dire	ctors,	Trustees,	Found	ation Ma	nagers	s, Highly Paid	Emplo	yees	<del>,</del>
	and Contractors									
1	1 int all officers discretes tweeters and formulation									
	List all officers, directors, trustees, and foundation	n manag	ers and their o	compens	sation. See	ınstructi	ons.			
		(b) Title	e, and average	(c) Co	mpensation	(d)	Contributions to	(e) Exp		
	(a) Name and address	(b) Title	e, and average rs per week	(c) Co	mpensation ot paid,	(d) empl			ense ac allowan	
PAT	(a) Name and address	(b) Title hour devote	e, and average rs per week ed to position	(c) Co (If n	ompensation ot paid, ster -0-)	(d) empl	Contributions to oyee benefit plans			
	(a) Name and address	(b) Title hour devote	e, and average rs per week ed to position iple Offic	(c) Co (If n	ompensation ot paid, ster -0-)	(d) empl	Contributions to oyee benefit plans			
120	(a) Name and address RICK TURNAGE, CEO B DAFFODIL AVE NE, WA 98360	(b) Title hou devote Princ	e, and average rs per week ed to position uple Office 40.00	(c) Co (if n en	ompensation lot paid, lter -0-) .01	(d) empl	Contributions to oyee benefit plans ferred compensation			ices
120 TRI	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO	(b) Title hour devote	e, and average rs per week ed to position  iple Offic  40.00  ER	(c) Co (If n	ompensation lot paid, ter-0-) .01	(d) empl	Contributions to oyee benefit plans ferred compensation			0
120 TRI	(a) Name and address RICK TURNAGE, CEO B DAFFODIL AVE NE, WA 98360	(b) Title hou devote Princ	e, and average rs per week ed to position uple Office 40.00	(c) Co (if n en	ompensation lot paid, lter -0-) .01	(d) empl	Contributions to oyee benefit plans ferred compensation			ices
120 TRI	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO	(b) Title hou devote Princ	e, and average rs per week ed to position  iple Offic  40.00  ER	(c) Co (if n en	ompensation lot paid, ter-0-) .01	(d) empl	Contributions to oyee benefit plans ferred compensation			0
120 TRI	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO	(b) Title hou devote Princ	e, and average rs per week ed to position  iple Offic  40.00  ER	(c) Co (if n en	ompensation lot paid, ter -0-) .01	(d) empl	Contributions to oyee benefit plans ferred compensation			0
120 TRI	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO	(b) Title hou devote Princ	e, and average rs per week ed to position  iple Offic  40.00  ER	(c) Co (if n en	ompensation lot paid, ter -0-) .01	(d) empl	Contributions to oyee benefit plans ferred compensation			0
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360	(b) Title hour devote Princ.	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00	(c) Cc (if n en STMA	ompensation lot paid, (ter -0-) .01 0 .02	(d) empl and de	Contributions to oyee benefit plans ferred compensation  0			0
120 TRI	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth	(b) Title hour devote Princ.	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00	(c) Cc (if n en STMA	ompensation lot paid, (ter -0-) .01 0 .02	(d) empl and de	Contributions to oyee benefit plans ferred compensation  0			0
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360	(b) Title hour devote Princ.	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00	(c) Cc (if n en STMA	ompensation lot paid, (ter -0-) .01 0 .02	(d) empl and de	Contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter			0
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include	(c) Cc (if n en STMA	ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	Contributions to oyee benefit plans ferred compensation  0		allowan	0
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include  (b) Title, and a hours per w	(c) Cc (if n en  ompensation lot paid, (ter -0-) .01 0 .02	(d) empl and de	contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter  (d) Contributions to employee benefit plans and deferred	(e) Expe	allowan	0 0	
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include	(c) Cc (if n en  ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	Contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter	(e) Expe	ense acc	0 0	
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include  (b) Title, and a hours per w	(c) Cc (if n en  ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter  (d) Contributions to employee benefit plans and deferred	(e) Expe	ense acc	0 0	
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include  (b) Title, and a hours per w	(c) Cc (if n en  ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter  (d) Contributions to employee benefit plans and deferred	(e) Expe	ense acc	0 0	
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include  (b) Title, and a hours per w	(c) Cc (if n en  ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter  (d) Contributions to employee benefit plans and deferred	(e) Expe	ense acc	0 0	
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include  (b) Title, and a hours per w	(c) Cc (if n en  ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter  (d) Contributions to employee benefit plans and deferred	(e) Expe	ense acc	0 0	
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include  (b) Title, and a hours per w	(c) Cc (if n en  ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter  (d) Contributions to employee benefit plans and deferred	(e) Expe	ense acc	0 0	
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include  (b) Title, and a hours per w	(c) Cc (if n en  ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter  (d) Contributions to employee benefit plans and deferred	(e) Expe	ense acc	0 0	
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include  (b) Title, and a hours per w	(c) Cc (if n en  ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter  (d) Contributions to employee benefit plans and deferred	(e) Expe	ense acc	0 0	
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include  (b) Title, and a hours per w	(c) Cc (if n en  ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter  (d) Contributions to employee benefit plans and deferred	(e) Expe	ense acc	0 0	
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include  (b) Title, and a hours per w	(c) Cc (if n en  ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter  (d) Contributions to employee benefit plans and deferred	(e) Expe	ense acc	0 0	
120 TRI 120	(a) Name and address  RICK TURNAGE, CEO  B DAFFODIL AVE NE, WA 98360  SH TURNAGE, CFO  B DAFFODIL AVE NE, WA 98360  Compensation of five highest-paid employees (oth "NONE."	(b) Title hour devote Princ.  OFFIC:	e, and average rs per week ed to position  iple Offic  40.00  ER  40.00  those include  (b) Title, and a hours per w	(c) Cc (if n en  ompensation lot paid, ter -0-) .01 .02 .02 .02 .01 .02	(d) empl and de	contributions to oyee benefit plans ferred compensation  0  0  s). If none, enter  (d) Contributions to employee benefit plans and deferred	(e) Expe	ense acc	0 0	

EEA

Form 990-PF (2018)

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Form 990-PF (2018)

Total number of others receiving over \$50,000 for professional services · · · · · · ·		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1	***	
2		
3		
4		
Part IX-B   Summary of Program-Related Investments (see instru	ictions)	
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		

Total. Add lines 1 through 3

EEA

Pa	Tt X Minimum Investment Return (All domestic foundations must complete this part. Foreign f	ound	ations,
	see instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0_
b	Average of monthly cash balances	1b	1,000
С	Fair market value of all other assets (see instructions)	1c	945
d	Total (add lines 1a, b, and c)	1d	1,945
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) · · · · · · · · · · · · · · · · · · ·		_
2	Acquisition indebtedness applicable to line 1 assets	2	0_
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3	1,945
4	Cash deemed held for charitable activities   Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	29
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 · · · ·	5	1,916
6	Minimum investment return. Enter 5% of line 5	6	96
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	undati	ons
	and certain foreign organizations, check here ▶ X and do not complete this part )	,	· · · · · · · · · · · · · · · · · · ·
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5 · · · · · · · · · 2a		
b	Income tax for 2018 (This does not include the tax from Part VI ) · · · · · 2b		
С	Add lines 2a and 2b · · · · · · · · · · · · · · · · · ·	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1 · · · · · · · · · · · · · · · · · ·	7	
Pa	rt XII Qualifying Distributions (see instructions)		
		· · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	ļ	
	purposes · · · · · · · · · · · · · · · · · ·	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 · ·	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	found	ation
	qualifies for the section 4940(e) reduction of tax in those years		-

		(a) Corpus	(b) Years pnor to 2017	(c) 2017	(d) ' 2018
1	Distributable amount for 2018 from Part XI,				
	line 7	-			
2	Undistributed income, if any, as of the end of 2018				
а	Enter amount for 2017 only				•
b	Total for prior years,,,			· <del>- · · · · · ·</del>	
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015			}	'
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2017, but not more than line 2a · · · ·				
b	Applied to undistributed income of prior years				
	(Election required - see instructions) · · · · ·	<u> </u>			!
С	Treated as distributions out of corpus (Election				
	required - see instructions) · · · · · · · · · · ·	- <u></u>			
d	Applied to 2018 distributable amount				
е	Remaining amount distributed out of corpus · · ·				
5	Excess distributions carryover applied to 2018				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a) ) · · · · ·				
6	Enter the net total of each column as				
	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	,				
_	line 4b from line 2b · · · · · · · · · · · · · · · · · ·				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed · · · · · ·				
ч	Subtract line 6c from line 6b Taxable				
u	amount - see instructions				
_	Undistributed income for 2017, Subtract line				
•	4a from line 2a Taxable amount - see	, , ,	- •	•	- !
	instructions · · · · · · · · · · · · · · · · · · ·				
f	Undistributed income for 2018 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2019				
7	Amounts treated as distributions out of corpus	·			
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2013 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a · · · · · ·				
10	Analysis of line 9				
а	Excess from 2014 · · · · ·	]			
b	Excess from 2015 · · · · ·	]			
С	Excess from 2016 · · · · ·	]			
d	Excess from 2017 · · · · ·	]			
е	Excess from 2018 · · · · ·				

Part	XIV Private Operating Four	idations (see insti	ructions and Part \	/II-A, question 9)		
1a	If the foundation has received a ruling or	determination letter that	it it is a private operatin	g		,
	foundation, and the ruling is effective for			)	•	/
b	Check box to indicate whether the found	ation is a private operat	ing foundation describe	ed in section 1 4942	2(j)(3) or 4942(j)(5	
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	0,(0, 0)	
	income from Part I or the minimum	(a) 2018	(b) 2017		(d) 2015	(e) Total
	investment return from Part X for	(a) 2010	(b) 2017	(c) 2016	(d) 20j3	<del> </del>
	each year listed					<del>-</del>
b	85% of line 2a				/	
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities •					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed		*****			
С	"Support" alternative test - enter					
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)			,		
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Informa	tion (Complete t	his part only if the	e foundation had	\$5,000 or more i	n assets at
	any time during the yea	r - see instructio	ns.)			
1	Information Regarding Foundation M	anagers:				
а	List any managers of the foundation wh	o have contributed mor	e than 2% of the total c	ontributions received by	y the foundation	
	before the close of any tax year (but only	y if they have contribute	ed more than \$5,000) (	See section 507(d)(2) )	<u></u>	<del></del>
b	List any managers of the foundation wh				oortion of the	
	ownership of a partnership or other enti	ty) of which the foundat	tion has a 10% or great	er interest		
2	Information Regarding Contribution,	Grant, Gift, Loan, Sch	nolarship, etċ., Progra	ms:		
	Check here ► X if the foundation on	v makes contributions t	to preselected charitable	e organizations and doe	es not accept	
	unsolicited requests for funds If the fou					
	complete items 2a, b, c, and d See inst			_		
а	The name, address, and telephone nun	nber or email address o	of the person to whom a	pplications should be a	ddressed	
	•					
_						
b	The form in which applications should b	e submitted and inform	ation and materials the	y should include	-	
	• •					
С	Any submission deadlines	<del></del>				
-	,					
d	Any restrictions or limitations on awards	s, such as by geographi	ical areas, charitable fie	lds, kinds of institutions	s, or other	<del></del>
	factors	., , ggp				

Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If reapient is an individual, Recipient Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor status of recipient Amount contribution Name and address (home or business) Paid during the year , Total jugger in de gereing de de vereine de la de la de la de la deservició de la defensión de la deservició de la 🗲 🖰 Approved for future payment

3b

Total

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by s	ection 512, 513, or 514	(e)
1 Program applies reliables	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue a	code	<u> </u>			
b					
c		-			
d					
e				-	1
f				<del>,</del>	
g Fees and contracts from government agencies					
2 Membership dues and assessments · · · · · · ·					
3 Interest on savings and temporary cash investments •					
4 Dividends and interest from securities · · · · · · · · ·					
5 Net rental income or (loss) from real estate			· ·		
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			<u> </u>		
9 Net income or (loss) from special events · · · · ·					
10 Gross profit or (loss) from sales of inventory					,
11 Other revenue a					
b					
c					
d					
e			ļ		
12 Subtotal Add columns (b), (d), and (e) · · · · · ·					
13 Total. Add line 12, columns (b), (d), and (e)	• • • • • •		• • • • • • •	13	
(See worksheet in line 13 instructions to verify calculations )					
Part XVI-B   Relationship of Activities to the	<u>-</u>				
Explain below how each activity for which incomplishment of the foundation's exempt p	-				
					···
		_	•		
			-	-	
				<del></del>	<del></del>
			· .	<del></del>	
	** **				
				-	
			<del></del>	<del></del>	
				٠.	

Tacoma WA 98444

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Did the organization directly or indirectly engage in any of the following with any other organization described Yes No in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) Χ 1a(2) Х Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets ...... 1b(3) (4) Reimbursement arrangements 1b(5) (6) Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (c) Description of relationship (b) Type of organization Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return 112/2020 Here' PATRICK TURNAGE COFOUNDER CFO with the preparer shown below See instructions X Yes Signature of officer or trustee Date Print/Type preparer's name Preparer's signature Date PTIN Check Paid Shanelle <u>Sunde</u> Shanelle Sunde 12-27-2019 P00427214 self-employed **Preparer** Firm's name ► LIBERTY TAX SERVICE Firm's EIN Firm's address > 15713 Pacific Ave S **Use Only** Phone no

253-218-6995

1	
Federal Supporting Statements	<b>2018</b> PG01
	ax ID Number
A MISSION FOR HEALING FOUNDATION	82-2837027
	<del></del> -
Form 990PF - Part III - Line	Statement #115
Other Increases Schedule	
Total	
======================================	
,	
	<b>-001</b>
Form 990PF - Part VIII	PG01
Compensation Explanation	Statement #A01
Compensacion Explanacion	
Name	
PATRICK TURNAGE, CEO	
Explanation	
There is no officer compensation for 2018	
	PG01
Form 990PF - Part VIII	Statement #A02
Compensation Explanation	
Name	
TRISH TURNAGE, CFO	
Explanation	
There is no officer compensation for 2018	
	PG01
Form 990PF - Part III - Line 3	Statement #115
Other Increases Schedule	
ORGANIZATION START UP2,070	
Total2,070	
<del>=====================================</del>	

		Federal Su	pporting Stater	2018 PG01			
Name(s) as shown on return	<u> </u>				Tax ID Number		
A MISSION FOR BEALING FOUNDATION		<u> </u>			82-2837027		
	Form 990PF	Part I - Line 23	Statement #103~				
Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose			
FFICE SUPPLY EXPENSE	890	0	0	0			
ICENSES AND PERMITS	275	0	0	0			
OSTAGE AND MAILING	295	0	0	0			
DVERTISING	546	0	0	0			
TAFF DEVELOPMENT	514	0	0	0			
SERVICE AND PROCESSING FEES	481	0	0	0			
PROGRAM SUPPLIES	964	0	0	0			
VENT EXPENSE	1,310	0	0	0			
EALS	, 1,050	0	0	0	•		
HILD MEAL SPONSORSHIP	902	0	0	0			
FIFTS	53	0	0	0			
Totals	7,280	0	0	<u> </u>			
	Form 990PF	- Part I - Line 16	PG01 Statement #107~				
	Revenue	Net	Adjusted	Charitable			
Description	and expenses	investment	net income	purpose			
EGAL FEES	70	0	0	0			
Totals	70	0	0	0			
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Name(s) as shown on return			Federal S		2018 PG01 Tax ID Number				
A MISSION FOR HEALING	FOUNDATION				<u>.                                  </u>				82-2837027
		Form 990PF	Part I - Line	19 - Deprec	lation Schedul			Statement #126	
	Date	Cost or	Prior year	Computation			Current Year		tment Adjusted Net
Description	Acquired	Other basis	Depreciation	Method	Rate	Life	Depreciation	Income	
CREEN PRINTER	02-01-2018	945		- <sup>M</sup>	10	10	95		0 0
Totals		945		_			95		
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## **Depreciation Detail Listing**

990 PF

2018

PAGE 1

for Section 199A calculations See "UBIA" in lower right corner

\* Item is included in UBIA

Name(s) as shown on return

For your records only

Social security number/EIN

A	MISSION FOR HEALING	FOUNDATIO	ONN				<u> </u>	,		· · · · · · · · · · · · · · · · · · ·	·	82	2-2837027	*****	
,	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Lıfe	Method	Rate	Pnor Depreciation	Current Depreciation	Accumulated Depreciation	AMT Curren
1	SCREEN PRINTER	02012018	945		100.00			945	10	200 DB HY	10		95	95	
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	Totals		945		-			945		<u> </u>			95	95	

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