| Form | 990        |
|------|------------|
| Form | <b>990</b> |

Т

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



|               |  | of the Treasury<br>enue Service | Go to www.irs.gov/Form990 for instructions and the late   |                                 | Open to Public<br>Inspection |  |  |  |  |  |
|---------------|--|---------------------------------|---|---------------------------------|------------------------------|--|--|--|--|--|
|               |  |                                 |   | JUN 30, 2023                    |                              |  |  |  |  |  |
| B             | heck if<br>pplicabl  | C Name o                        | f organization  | D Employer identification       | tion number                  |  |  |  |  |  |
|               | Addre  | mess                            | IAH LIFEWAYS  |                                 |                              |  |  |  |  |  |
|               |  |                                 |   |                                 |                              |  |  |  |  |  |
|               | Imitial Initial Intrain       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E       Telephone number |                                 |   |                                 |                              |  |  |  |  |  |
|               | <br>Final<br>return  | 100                             | MT. ALLEN DRIVE   | 717-697-46                      | 566                          |  |  |  |  |  |
|               | termir<br>ated   | n_                              | own, state or province, country, and ZIP or foreign postal code   | G Gross receipts \$             | 6,063,155.                   |  |  |  |  |  |
|               | Amen<br>return   | MECH                            | ANICSBURG, PA 17055   | H(a) Is this a group retu       | rn                           |  |  |  |  |  |
|               | Applic tion  | <sup>ca-</sup> <b>F</b> Name a  | nd address of principal officer: KARL J. BRUMMER  | for subordinates?               | Yes X No                     |  |  |  |  |  |
|               | pendi  | SAME                            | AS C ABOVE  | H(b) Are all subordinates inclu | ded? Yes No                  |  |  |  |  |  |
| 1 1           | ax-ex  | empt status:                    |   | 527 If "No," attach a lis       | t. See instructions          |  |  |  |  |  |
|               | Vebsi  |                                 | MESSIAHLIFEWAYS.ORG   | H(c) Group exemption r          |                              |  |  |  |  |  |
|               |  |                                 | X Corporation Trust Association Other L   | Year of formation: 2012 M S     | State of legal domicile: PA  |  |  |  |  |  |
| Pa            | nrt I  | Summary                         |   |                                 |                              |  |  |  |  |  |
| ¢             | 1  |                                 | be the organization's mission or most significant activities: MINISTRY  |                                 | BLY                          |  |  |  |  |  |
| Governance    |  | ENHANCE                         | S THE LIVES OF OLDER ADULTS WITH CHRIS  |                                 |                              |  |  |  |  |  |
| sr në         | 2  | Check this bo                   | x if the organization discontinued its operations or disposed of n  | nore than 25% of its net asset  |                              |  |  |  |  |  |
| Ň             |  |                                 | ting members of the governing body (Part VI, line 1a)   |                                 | 14                           |  |  |  |  |  |
|               |  | 14                              |   |                                 |                              |  |  |  |  |  |
| es            |  |                                 |   | 45                              |                              |  |  |  |  |  |
| iti           |  |                                 | of volunteers (estimate if necessary)   |                                 | 14                           |  |  |  |  |  |
| Activities &  |  |                                 |   | <u>7a</u>                       | 10,000.                      |  |  |  |  |  |
|               | b  | Net unrelated                   | business taxable income from Form 990-T, Part I, line 11  |                                 | 1,050.                       |  |  |  |  |  |
|               |  |                                 |   | Prior Year                      | Current Year                 |  |  |  |  |  |
| ē             |  |                                 | and grants (Part VIII, line 1h)   | 58,403.                         | 30.                          |  |  |  |  |  |
| Revenue       |  | •                               | ce revenue (Part VIII, line 2g)   | 5,371,200.                      | 5,922,000.                   |  |  |  |  |  |
| Bev           |  |                                 | come (Part VIII, column (A), lines 3, 4, and 7d)  | -37,273.                        |                              |  |  |  |  |  |
|               |  |                                 | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 112,932.                        | 141,125.                     |  |  |  |  |  |
|               |  |                                 | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 5,505,262.                      | 6,063,155.                   |  |  |  |  |  |
|               |  |                                 | milar amounts paid (Part IX, column (A), lines 1-3)   | 21,186.                         | <u>    15,000.</u><br>0.     |  |  |  |  |  |
|               |  |                                 | to or for members (Part IX, column (A), line 4)   | 3,192,728.                      | 3,090,556.                   |  |  |  |  |  |
| ses           |  |                                 | r compensation, employee benefits (Part IX, column (A), lines 5-10)   | 0.                              | <u> </u>                     |  |  |  |  |  |
| Expenses      |  |                                 | undraising fees (Part IX, column (A), line 11e)<br>ing expenses (Part IX, column (D), line 25) 202,016.           | 0.                              | 0•                           |  |  |  |  |  |
| Щ<br>Д        |  |                                 |   | 2,273,470.                      | 3,130,355.                   |  |  |  |  |  |
|               |  |                                 | es (Part IX, column (A), lines 11a-11d, 11f-24e)<br>es. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,487,384.                      | 6,235,911.                   |  |  |  |  |  |
|               |  |                                 |   | 17,878.                         | -172,756.                    |  |  |  |  |  |
| 28            |  | neveriue less                   | expenses. Subtract line 18 from line 12   | Beginning of Current Year       | End of Year                  |  |  |  |  |  |
| sts o         | 20   | Total assets (F                 | Part X line 16)   | 3,767,505.                      | 4,050,065.                   |  |  |  |  |  |
| Net Assets or | 20   |                                 | Part X, line 16)<br>; (Part X, line 26)   | 624,427.                        | 1,079,743.                   |  |  |  |  |  |
| Vet /         | 22   |                                 | fund balances. Subtract line 21 from line 20  | 3,143,078.                      | 2,970,322.                   |  |  |  |  |  |
|               | nrt II   |                                 |   | •,==•,•,•,•                     | _,,.                         |  |  |  |  |  |

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

| Sign        | Signature of officer  | C                    | Date    |      |                       |           |  |  |  |  |
|-------------|---|----------------------|---------|------|-----------------------|-----------|--|--|--|--|
| -           | JARROD LEO, CHIEF FINANCI   | AL OFFICER           |         |      |                       |           |  |  |  |  |
|             | Type or print name and title  |                      |         |      |                       |           |  |  |  |  |
|             | Print/Type preparer's name  | Preparer's signature |         | Date | Check X               | PTIN      |  |  |  |  |
| Paid        | KERRI N. BOGDA, CPA   | KERRI N. BOG         | DA, CPA |      |                       | P00760402 |  |  |  |  |
| Preparer    | Firm's name BAKER TILLY US, L   | LP                   |         | F    | irm's EIN <b>39</b> – | 0859910   |  |  |  |  |
| Use Only    | Firm's address 1570 FRUITVILLE P  | IKE, SUITE 40        | 00      |      |                       |           |  |  |  |  |
|             | LANCASTER, PA 17601 Phone no.717.740.4863   |                      |         |      |                       |           |  |  |  |  |
| May the IF  | May the IRS discuss this return with the preparer shown above? See instructions                                   |                      |         |      |                       |           |  |  |  |  |
| 232001 12-1 | 32001 12-13-22       LHA For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2022) |                      |         |      |                       |           |  |  |  |  |

| orm   | 990 (2022) MESSIAH LIFEWAYS   | 35-2443724           | Page           |
|-------|---|----------------------|----------------|
| Par   | t III Statement of Program Service Accomplishments  |                      |                |
|       | Check if Schedule O contains a response or note to any line in this Part III                                      |                      | X              |
| 1     | Briefly describe the organization's mission:  |                      |                |
|       | THE ORGANIZATION'S MISSION IS TO BE A MINISTRY THAT RESP  |                      |                |
|       | ENHANCES THE LIVES OF OLDER ADULTS WITH CHRIST-LIKE LOVE  | •                    |                |
|       |   |                      |                |
|       | CONTINUED ON SCHEDULE "O".  |                      |                |
| 2     | Did the organization undertake any significant program services during the year which were not listed on the      |                      |                |
|       | prior Form 990 or 990-EZ?   | Yes                  | XN             |
|       | 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 services?      | Yes                  | XNo            |
| -     | 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 othe | • •                  | hd             |
|       | revenue, if any, for each program service reported.   |                      |                |
| 4a    | (Code: ) (Expenses \$ 3,852,702. including grants of \$ 15,000. ) (Rever  | nue \$ 5,922,        | 000.           |
| та    | FOR THE FISCAL YEAR ENDING JUNE 30, 2023, MESSIAH LIFEWA  |                      |                |
|       | CONTROLLED ENTITIES ("MESSIAH LIFEWAYS") WAS ONCE AGAIN   |                      |                |
|       | IMPACTED BY THE COVID-19 PANDEMIC AND THE HEALTHCARE/LON  |                      |                |
|       |   |                      |                |
|       | WORKFORCE CHALLENGES. BUT DESPITE THESE OBSTACLES HERE A  | RE SOME NOTA         | ыге            |
|       | ACCOMPLISHMENTS.  |                      |                |
|       | MESSIAH LIFEWAYS AT MESSIAH VILLAGE RECEIVED \$151,535 WI   |                      |                |
|       | RESTRICTIONS AND \$1,106,590 WITH DONOR RESTRICTIONS FOR  |                      |                |
|       | \$1,258,125. INCLUDED IN THE TOTAL WAS \$1,133,792 GIVEN I  |                      |                |
|       | BENEVOLENT CARE FOR RESIDENTS WHO HAVE OUTLIVED THEIR RE  |                      |                |
|       | THROUGH NO FAULT OF THEIR OWN, WITH \$1,002,770 BEING DES   |                      | HE             |
|       | ENDOWMENT FUND FOR BENEVOLENT CARE AND \$131,022 DESIGNAT   |                      |                |
|       | CURRENT-YEAR EXPENSES RELATED TO BENEVOLENT CARE. CONTI   | NUED ON SCH          | 0.             |
| 4b    | (Code:) (Expenses \$ including grants of \$) (Rever   | nue \$               |                |
|       |   |                      |                |
|       |   |                      |                |
|       |   |                      |                |
|       |   |                      |                |
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|       |   |                      |                |
|       |   |                      |                |
|       |   |                      |                |
|       |   |                      |                |
| 4.    |   |                      |                |
| 4c    | (Code:) (Expenses \$ including grants of \$) (Rever   | nue \$               |                |
|       |   |                      |                |
|       |   |                      |                |
|       |   |                      |                |
|       |   |                      |                |
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|       |   |                      |                |
|       |   |                      |                |
|       |   |                      |                |
|       |   |                      |                |
|       |   |                      |                |
| 4d    | Other program services (Describe on Schedule O.)  |                      |                |
| ти    | (Expenses \$ including grants of \$ ) (Revenue \$   | ١                    |                |
| 4e    | Total program service expenses 3,852,702.   | )                    |                |
| TC    |   | Earm Q               | <b>90</b> (202 |
| 30000 | SEE SCHEDULE O FOR CONTINUATION (   |                      | 1202           |
| J2UU2 | 2 12-13-22 SEE SCHEDOLE OF OR CONTINUATION (S   | - ,                  |                |
| 1 1   | —   | 170                  | 0007           |
| тт    | 15         144198         99274         2022.05000         MESSIAH         LIFEWA                                 | 412                  | 9927           |

| Form | 990 | (2022) |
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 Form 990 (2022)
 MESSIAH
 LIFEWAYS

 Part IV
 Checklist of Required Schedules

|        |  |      | Yes      | No       |
|--------|--|------|----------|----------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |      |          |          |
|        | If "Yes," complete Schedule A  | 1    | 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    |          | X        |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |      |          |          |
|        | during the tax year? If "Yes," complete Schedule C, Part II  | 4    | X        |          |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |      |          |          |
|        | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5    |          | <u> </u> |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |      |          |          |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6    |          | X        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |      |          | 37       |
| _      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7    |          | X        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |      |          | v        |
| -      | Schedule D, Part III   | 8    |          | <u> </u> |
| 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?  |      |          | v        |
| 40     | If "Yes," complete Schedule D, Part IV   | 9    |          | <u> </u> |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   | 10   |          | x        |
|        | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10   |          |          |
| 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.   |      |          |          |
| a      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  | 11a  | х        |          |
| h      | Part VI<br>Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  | 11a  |          |          |
| U      |  | 11b  |          | х        |
| ~      | assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i><br>Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total |      |          |          |
| U      | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c  |          | х        |
| Ь      | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |      |          |          |
| ŭ      | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d  | х        |          |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e  | X        |          |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |      |          |          |
|        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f  |          | х        |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |      |          |          |
|        | Schedule D, Parts XI and XII   | 12a  |          | х        |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?  |      |          |          |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b  | Х        |          |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13   |          | Х        |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |          | Х        |
| b      |  |      |          |          |
|        | 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   |          | <u>X</u> |
|        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a  |          | X        |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b  |          |          |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |      |          |          |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II  | 21   | X<br>000 | (0000)   |
| 232003 | 3 12-13-22   | Form | 330 (    | (2022)   |

232003 12-13-22

3 2022.05000 MESSIAH LIFEWAYS

| Form | 990 | (2022) |
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|      | 330 |        |

 Form 990 (2022)
 MESSIAH
 LIFEWAYS

 Part IV
 Checklist of Required Schedules (continued)

| Pa         | t IV Checklist of Required Schedules (continued)  |      |     | ago      |
|------------|---|------|-----|----------|
|            |   |      | Yes | No       |
| 22         | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on               |      | 163 |          |
| 22         | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on               |      |     | х        |
| <b>~</b> ~ | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22   |     |          |
| 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              |      | v   |          |
| ••         | 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          |      |     | 37       |
|            | Schedule K. If "No," go to line 25a   | 24a  |     | X        |
| b          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                           | 24b  |     |          |
| 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  |     |          |
| 25 a       | 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  |     | X        |
| b          | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |      |     |          |
|            | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       |      |     |          |
|            | 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 of 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 the 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            |      |     |          |
| u          |   | 28a  |     | х        |
| h          | "Yes," complete Schedule L, Part IV   | 28b  |     | X        |
|            | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If                    | 200  |     |          |
| U          |   | 28c  |     | x        |
| 20         | "Yes," complete Schedule L, Part IV   | 29   |     | X        |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>      | 29   |     |          |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |      |     | х        |
| <b>0</b> 4 | contributions? If "Yes," complete Schedule M  | 30   |     | X        |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I          | 31   |     |          |
| 32         | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete            |      |     | v        |
|            | Schedule N, Part II   | 32   |     | X        |
| 33         | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                  |      |     | v        |
|            | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |     | X        |
| 34         | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |      | 37  |          |
|            | Part V, line 1  | 34   | X   |          |
|            | 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  | X   |          |
| 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   |     | <u> </u> |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization            |      |     |          |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                | 37   |     | X        |
| 38         | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?              |      |     |          |
|            | Note: All Form 990 filers are required to complete Schedule O   | 38   | Х   |          |
| Pai        |   |      |     |          |
|            | Check if Schedule O contains a response or note to any line in this Part V  |      |     |          |
|            |   |      | Yes | No       |
| 1a         | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 19   |      |     |          |
| b          | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0  |      |     |          |
| с          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming          |      |     |          |
|            | (gambling) winnings to prize winners?   | 1c   |     |          |
| 232004     | ¥ 12-13-22  | Form | 990 | (2022)   |
|            | Δ   |      |     |          |

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|        | 990 (2022) MESSIAH LIFEWAYS 35-244  | 3724     | P   | <sub>age</sub> 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,<br>filed for the calendar year ending with or within the year covered by this return 2a 4                               | _        |     |                  |  |  |
|        | ······································  | _        | X   |                  |  |  |
|        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b<br>3a | X   | <u> </u>         |  |  |
|        | Did the organization have unrelated business gross income of \$1,000 or more during the year?<br>If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b       | X   | <u> </u>         |  |  |
|        | It "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O   | 50       |     | <u> </u>         |  |  |
|        | 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   |          |     |                  |  |  |
|        | 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       |     | X                |  |  |
| 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       |     | <u> </u>         |  |  |
| 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 7d  | _        |     | X                |  |  |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |          |     |                  |  |  |
| 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       |     | <b> </b>         |  |  |
| h      | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |          |     |                  |  |  |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |          |     |                  |  |  |
|        | sponsoring organization have excess business holdings at any time during the year?  |          |     |                  |  |  |
| 9      | Sponsoring organizations maintaining donor advised funds.   | _        |     | <b></b>          |  |  |
| a      | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a       |     | <u> </u>         |  |  |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b       |     |                  |  |  |
| 10     | Section 501(c)(7) organizations. Enter:   |          |     |                  |  |  |
| a      | Initiation fees and capital contributions included on Part VIII, line 12 10a  | -        |     |                  |  |  |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   | -        |     |                  |  |  |
| 11     | Section 501(c)(12) organizations. Enter:  |          |     |                  |  |  |
| a<br>h | Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       11a   | -        |     |                  |  |  |
| b      |   |          |     |                  |  |  |
| 12-    | amounts due or received from them.) [11b]<br>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |     |                  |  |  |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 120      |     |                  |  |  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  | -        |     |                  |  |  |
|        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a      |     |                  |  |  |
| -      | <b>Note:</b> 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 O   | 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 the instructions and file Form 4720, Schedule N.  |          |     |                  |  |  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16       |     | X                |  |  |
|        | If "Yes," complete Form 4720, Schedule O.   |          |     |                  |  |  |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities   |          |     |                  |  |  |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17       |     |                  |  |  |
|        | If "Yes," complete Form 6069.   |          |     |                  |  |  |
| 232005 | 12-13-22  | Form     | 990 | (2022)           |  |  |

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| Form       |   | 24437      |         | Р          | age 6  |
|------------|---|------------|---------|------------|--------|
| Par        | rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and                              | nd for a ' | 'No" r  | espon      | ise    |
|            | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.                    |            |         |            |        |
|            | Check if Schedule O contains a response or note to any line in this Part VI   |            |         |            | X      |
| Sec        | tion A. Governing Body and Management   |            |         |            |        |
|            |   |            |         | Yes        | No     |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year 1a  | 14         |         |            |        |
|            | 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          | Enter the number of voting members included on line 1a, above, who are independent 1b   | 14         |         |            |        |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |            |         | _          |        |
|            | officer, director, trustee, or key employee?  |            | 2       |            | X      |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |            |         |            |        |
|            | of officers, directors, trustees, or key employees to a management company or other person?   |            | 3       |            | X      |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    |            | 4       |            | X      |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?                          |            | 5       |            | X      |
| 6          | Did the organization have members or stockholders?  |            | 6       |            | X      |
| 7a         | 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          |        |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |            |         |            |        |
| а          | The governing body?   | [          | 8a      | Х          |        |
|            | Each committee with authority to act on behalf of the governing body?   |            | 8b      | Х          |        |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |            |         |            |        |
|            | organization's mailing address? If "Yes." provide the names and addresses on Schedule O   |            | 9       |            | X      |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |            |         |            |        |
|            |   |            |         | Yes        | No     |
| 10a        | Did the organization have local chapters, branches, or affiliates?  |            | 10a     | Х          |        |
| b          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |            |         |            |        |
|            | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     |            | 10b     | Х          |        |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo            | vrm?       | 11a     | Х          |        |
| b          | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       |            |         | _          |        |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13   |            | 12a     | Х          |        |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? |            | 12b     | Х          |        |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |            |         |            |        |
|            | on Schedule O how this was done   |            | 12c     | Х          |        |
| 13         | Did the organization have a written whistleblower policy?   |            | 13      | Х          |        |
| 14         | Did the organization have a written document retention and destruction policy?  |            | 14      | Х          |        |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent                  |            |         |            |        |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |            |         |            |        |
| а          | The organization's CEO, Executive Director, or top management official  |            | 15a     | Х          |        |
| b          | Other officers or key employees of the organization   |            | 15b     | Х          |        |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |            |         |            |        |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |            |         |            |        |
|            | taxable entity during the year?   |            | 16a     |            | X      |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |            |         |            |        |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |            |         |            |        |
|            | exempt status with respect to such arrangements?  |            | 16b     |            |        |
| Sec        | tion C. Disclosure  |            |         |            |        |
| 17         | List the states with which a copy of this Form 990 is required to be filed PA   |            |         |            |        |
| 18         | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50            | 01(c)(3)s  | only) a | availal    | ble    |
|            | for public inspection. Indicate how you made these available. Check all that apply.   |            |         |            |        |
|            | X Own website Another's website X Upon request Other (explain on Schedule O)  |            |         |            |        |
| 19         | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol             | licy, and  | financ  | cial       |        |
|            | statements available to the public during the tax year.   |            |         |            |        |
| 20         | State the name, address, and telephone number of the person who possesses the organization's books and records                      |            |         |            |        |
|            | KARL J. BRUMMER, PRESIDENT/CEO - 717-697-4666   |            |         |            |        |
|            | 100 MT. ALLEN DRIVE, MECHANICSBURG, PA 17055  |            |         |            |        |
| 232006     | 5 12-13-22 -  |            | Form    | 990        | (2022) |
| <b>.</b> - | 6   |            |         | _          |        |
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| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated   |         |
| Employees, and Independent Contractors   |         |
| Check if Schedule O contains a response or note to any line in this Part VII   | X       |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees   |         |
| 12. Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's ta | ay vear |

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 the instructions for definition of "key employee."

MESSIAH LIFEWAYS

• 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, box 6 of 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 the instructions for the order in which to list the persons above.

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

| Name and une         Average<br>hours per<br>veek<br>(ist ary<br>nours for<br>gainizations<br>organizations<br>below<br>line)         Average<br>to our deck more than one<br>hours per<br>veek<br>organizations<br>organizations<br>organizations<br>(W-2/1099-MISC)         TepOntable<br>form related<br>organizations<br>(W-2/1099-MISC)         TepOntable<br>form related<br>organizations<br>(W-2/109-MISC)         TepOntable<br>form related<br>organizations<br>(W-2/109-MISC)         TepOntable<br>form related<br>organizations<br>(W-2/109-MISC)         TepOntable<br>form related<br>organizations<br>(W-2/109-MISC) <tht< th=""><th> (A)</th><th>(B)</th><th></th><th colspan="2">(C)</th><th>(D)</th><th>(E)</th><th>(F)</th></tht<> | (A)                             | (B)       |          | (C)                   |            | (D)        | (E)           | (F)          |  |           |                            |
|--|---------------------------------|-----------|----------|-----------------------|------------|------------|---------------|--------------|--|-----------|----------------------------|
| Hours per veek         box, uses person is tochan in veek         compensation from the organizations in other in veek         compensation from the organizations in other in veek         amount of other organizations in other in veek         amount of other organizations in other in veek         amount of other organization in other in veek         amount of other organization in veek         amount of other organization in other in veek           (1)         KARL J. BRUMMER         20.00         X         213,453.         0.         29,200.         (2)         20,00         X         106,637.         40,718.         12,134.           (3)         ALICIA TITUS         15.00         X         107,372.         0.         2,232.         (4)         0.00         X         107,372.         0.         2,233.         (2,230.         (5)         MATHEM GALLADDO         0.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0. <td>Name and title</td> <td>Average</td> <td colspan="2">Position</td> <td>Reportable</td> <td>Reportable</td> <td>Estimated</td>  | Name and title                  | Average   | Position |                       | Reportable | Reportable | Estimated     |              |  |           |                            |
| Week<br>(ist ary<br>organizations<br>below<br>line)         Week<br>(ist ary<br>organizations<br>below<br>line)         Week<br>(ist ary<br>organizations<br>below<br>line)         Week<br>(ist ary<br>organizations<br>below<br>line)         Inon<br>the<br>organizations<br>(W-2/1099-MISC)         Compensation<br>organizations<br>(W-2/1099-MISC)         Compensation<br>rom the<br>organizations<br>(W-2/1099-MISC)           (1) KARL J. BRUMMER         20.001         X         213,453.         0.         29,200.           (2) KIMBERLY VALVO         10.00         X         106,637.         40,718.         12,134.           (3) ALICIA TITUS         15.00         X         150,587.         0.         2,232.           (4) CHISTIN WEER         15.00         X         107,372.         0.         26,791.           (5) MATTHEW GALLARDO         0.00         X         97,957.         3,273.         12,230.           (6) JARROD L&O         28.00         X         0.         0.         0.           (7) DAVID WAREEN         1.00         X         0.         0.         0.           (3) ALICIA TITUS         12.000         X         0.         0.         0.           (6) MATTHEW GALLARDO         0.00         X         0.         0.         0.         0.           (6) JARROD L&O         28.00         X         0.         0.   |                                 | hours per | box      | box, unless person is |            | s both     | n an          | compensation | compensation   | amount of |                            |
| (1)         KARL J. BRUNNMER         20.00         X         213,453.         0.         29,200.           C2)         KIMBERLY VALVO         10.00         X         106,637.         40,718.         12,134.           (3)         ALICIA TITUS         15.00         X         150,587.         0.         2,232.           (4)         CHRISTINA WEBER         25.00         X         107,372.         0.         2,6791.           (5)         MATHEW GALLARDO         0.00         X         97,957.         3,273.         12,230.           (6)         JARNO LEO         28.00         X         0.         0.         0.           (7)         DAVID WARREN         1.00         X         97,957.         3,273.         12,230.           (7)         JARNO LEO         28.00         X         0.         0.         0.           (6)         JARREN         1.00         X         X         0.         0.         0.           (7)         DAVID WARREN         1.00         X         X         0.         0.         0.           (9)         JANDEAS RETTON         1.00         X         X         0.         0.         0.         0.  |                                 |           |          |                       |            | r/trus     | tee)          |              |  |           |                            |
| (1)         KARL J. BRUNNMER         20.00         X         213,453.         0.         29,200.           C2)         KIMBERLY VALVO         10.00         X         106,637.         40,718.         12,134.           (3)         ALICIA TITUS         15.00         X         150,587.         0.         2,232.           (4)         CHRISTINA WEBER         25.00         X         107,372.         0.         2,6791.           (5)         MATHEW GALLARDO         0.00         X         97,957.         3,273.         12,230.           (6)         JARNO LEO         28.00         X         0.         0.         0.           (7)         DAVID WARREN         1.00         X         97,957.         3,273.         12,230.           (7)         JARNO LEO         28.00         X         0.         0.         0.           (6)         JARREN         1.00         X         X         0.         0.         0.           (7)         DAVID WARREN         1.00         X         X         0.         0.         0.           (9)         JANDEAS RETTON         1.00         X         X         0.         0.         0.         0.  |                                 |           | recto    |                       |            |            |               |              |  | •         |                            |
| (1)         KARL J. BRUNNMER         20.00         X         213,453.         0.         29,200.           C2)         KIMBERLY VALVO         10.00         X         106,637.         40,718.         12,134.           (3)         ALICIA TITUS         15.00         X         150,587.         0.         2,232.           (4)         CHRISTINA WEBER         15.00         X         107,372.         0.         26,791.           (5)         MATHEW GALLARDO         0.00         X         97,957.         3,273.         12,230.           (6)         JARROD LEO         28.00         X         0.         0.         0.           (7)         DAVID WARREN         1.00         X         97,957.         3,273.         12,230.           (7)         DAVID WARREN         1.00         X         0.         0.         0.           (9)         ANEELEY CAR, JR.         1.00         X         0.         0.         0.           VICE CHAIR         0.000         X         X         0.         0.         0.           (10)         JENNOK SCR, JR.         1.00         X         0.         0.         0.           (11)         KITH BERSOLE   |                                 |           | e or di  | ee                    |            |            | sated         |              | , and a second s |           |                            |
| (1)         KARL J. BRUNNMER         20.00         X         213,453.         0.         29,200.           C2)         KIMBERLY VALVO         10.00         X         106,637.         40,718.         12,134.           (3)         ALICIA TITUS         15.00         X         150,587.         0.         2,232.           (4)         CHRISTINA WEBER         15.00         X         107,372.         0.         26,791.           (5)         MATHEW GALLARDO         0.00         X         97,957.         3,273.         12,230.           (6)         JARROD LEO         28.00         X         0.         0.         0.           (7)         DAVID WARREN         1.00         X         97,957.         3,273.         12,230.           (7)         DAVID WARREN         1.00         X         0.         0.         0.           (9)         ANEELEY CAR, JR.         1.00         X         0.         0.         0.           VICE CHAIR         0.000         X         X         0.         0.         0.           (10)         JENNOK SCR, JR.         1.00         X         0.         0.         0.           (11)         KITH BERSOLE   |                                 |           | ustee    | trust                 |            | 66         | suadu         |              |  | 1099-NEC) | , e                        |
| (1)         KARL J. BRUNNMER         20.00         X         213,453.         0.         29,200.           C2)         KIMBERLY VALVO         10.00         X         106,637.         40,718.         12,134.           (3)         ALICIA TITUS         15.00         X         150,587.         0.         2,232.           (4)         CHRISTINA WEBER         15.00         X         107,372.         0.         26,791.           (5)         MATHEW GALLARDO         0.00         X         97,957.         3,273.         12,230.           (6)         JARROD LEO         28.00         X         0.         0.         0.           (7)         DAVID WARREN         1.00         X         97,957.         3,273.         12,230.           (7)         DAVID WARREN         1.00         X         0.         0.         0.           (9)         ANEELEY CAR, JR.         1.00         X         0.         0.         0.           VICE CHAIR         0.000         X         X         0.         0.         0.           (10)         JENNOK SCR, JR.         1.00         X         0.         0.         0.           (11)         KITH BERSOLE   |                                 | l °       | lual tr  | tional                |            | nploy      | st con<br>yee | -            | 1033-1120)   |           |                            |
| (1) XARL J. BRUMMER         20.00         X         213,453.         0.         29,200.           PRESIDENT         20.00         X         213,453.         0.         29,200.           (2) KIMBERLY VALVO         10.00         X         106,637.         40,718.         12,134.           (3) ALICIA TITUS         15.00         X         150,587.         0.         2,232.           (4) CHRISTINA WEBER         15.00         X         107,372.         0.         26,791.           (5) MATHEW GALLARDO         0.00         X         97,957.         3,273.         12,230.           (6) JARROD LEO         28.00         X         0.         0.         0.           (7) DAVID WARREN         1.00         X         0.         0.         0.           (8) A. WESLEY CARR, JR.         1.00         X         0.         0.         0.           VICE CHAIR         0.000 X         X         0.         0.         0.         0.           (9) ANDREA BRITTON         1.00         X         0.         0.         0.         0.           DOARD MEMBER         0.000 X         0.         0.         0.         0.         0.           (11) KEITH BERSCOLE  |                                 |           | Indivic  | Institu               | Officer    | Key en     | Highes        | Forme        |  |           | organizations              |
| (2) KIMBERLY VALVO         10.00         x         106,637.         40,718.         12,134.           (3) ALICIA TITUS         15.00         x         150,587.         0.         2,232.           (4) CERISTIN WEER         15.00         x         107,372.         0.         26,791.           (5) MATTHEW GALLARDO         0.00         x         97,957.         3,273.         12,230.           (6) JARDO LDO         28.00         x         0.         0.         0.           (7) DAVID WAREN         1.00         x         0.         0.         0.           (9) ANDREA BRITTON         1.00         x         0.         0.         0.           (9) JENNIFER DOSE         1.00         x         0.         0.         0.           (11) KEITH BERSOLE         1.00         x         0.         0.         0.           (11) KEITH BERSOLE         1.00         x         0.         0. <t< td=""><td>(1) KARL J. BRUMMER</td><td>20.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>   | (1) KARL J. BRUMMER             | 20.00     |          |                       |            |            |               |              |  |           |                            |
| VP OF OPERATIONS         30.00         X         106,637.         40,718.         12,134.           (3) ALICTA TITUS         15.00         X         150,587.         0.         2,232.           (4) CHRISTINA WEBER         15.00         X         107,372.         0.         26,791.           (5) MATHEW GALLARDO         0.00         X         97,957.         3,273.         12,230.           (6) JARCO LEO         28.00         X         0.         0.         0.           (7) DAVID WAREN         1.00         X         0.         0.         0.           (7) DAVID WAREN         1.00         X         0.         0.         0.           (8) A. WESLEY CAR, JR.         1.00         X         0.         0.         0.           (10) JENNIFER DOSE         1.00         X         0.         0.         0.         0.           (11) KEITH EBERSOLE         1.00         0.         0.         0.         0.         0.         0.           (12) TERKY FREED         1.00         X         0.         0.         0.         0.         0.           (11) KEITH EBERSOLE         1.00         X         0.         0.         0.         0.         0.<   | PRESIDENT                       |           |          |                       | Х          |            |               |              | 213,453.   | 0.        | 29,200.                    |
| (3) ALICIA TITUS         15.00         X         150,587.         0.2,232.           (4) CHRISTINA MEBER         15.00         X         107,372.         0.26,791.           (5) MATTHEW GALLARDO         0.00         X         107,372.         0.26,791.           (5) MATTHEW GALLARDO         0.00         X         97,957.         3,273.         12,230.           (6) JARNOL LEO         28.00         X         0.00.0.         X         97,957.         3,273.         12,230.           (7) DAVID WAREN         1.00         X         0.00.0.         0.0.0.         0.0.0.           (7) DAVID WAREN         1.00         X         0.0.0.         0.0.0.         0.0.0.           (9) ANDREA BRITTON         1.000         X         0.0.0.0.         0.0.0.         0.0.0.           BOARD MEMBER         0.000 X         0.0.0.0.         0.0.0.0.         0.0.0.         0.0.0.           (10) JENNIFER DOSE         1.000         X         0.0.0.0.0.         0.0.0.         0.0.0.           BOARD MEMBER         0.000 X         0.0.0.0.0.         0.0.0.0.         0.0.0.0.         0.0.0.           (11) KEITH EBERSOLE         1.000         X         0.0.0.0.0.         0.0.0.0.         0.0.0.  | (2) KIMBERLY VALVO              |           |          |                       |            |            |               |              |  |           |                            |
| SENIOR VICE PRESIDENT         25.00         X         150,587.         0.         2,232.           (4) CHRISTINA WEBER         15.00         X         107,372.         0.         26,791.           (5) MATTHEW GALLARDO         0.00         X         97,957.         3,273.         12,230.           (6) JARROD LEO         28.00         X         0.         0.         0.           (7) DAVID WARREN         1.00         X         0.         0.         0.           (7) DAVID WARREN         1.00         X         0.         0.         0.           (8) A. WESLEY CAR, JR.         1.00         X         0.         0.         0.           (9) ANDREA BRITTON         1.00         X         0.         0.         0.           (10) JENNIFER DOSE         1.00         X         0.         0.         0.           BOARD MEMBER         0.00         X         0.         0.         0.         0.           BOARD MEMBER         0.00         X         0.         0.         0.         0.           (11) IENTIFE DOSE         1.000         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X  | VP OF OPERATIONS                |           |          |                       | Х          |            |               |              | 106,637.   | 40,718.   | 12,134.                    |
| (4) CHRISTINA WEBER       15.00       X       107,372.       0.26,791.         (5) MATTHEW GALLARDO       0.00       X       97,957.       3,273.       12,230.         (6) JARROD LEO       28.00       X       0.00       X       97,957.       3,273.       12,230.         (7) DAVID WARREN       1.00       X       0.00       X       0.0.0.       0.0.0.         (7) DAVID WARREN       1.00       X       0.00       0.0.0.       0.0.0.         (8) A. WESLEY CARR, JR.       1.00       X       0.0.0.0.       0.0.0.         (9) ANDREA BRITTON       1.00       X       0.0.0.0.       0.0.0.         (9) ANDREA BRITTON       1.00       X       0.0.0.0.       0.0.0.         (10) JENNIFER DOSE       1.00       X       0.0.0.0.       0.0.0.         (11) KEITH BEERSOLE       1.00       X       0.0.0.0.       0.0.0.         BOARD MEMBER       0.000       X       0.0.0.0.       0.0.0.         (12) TERRY FREED       1.000       X       0.0.0.0.       0.0.0.         BOARD MEMBER       0.000       X       0.0.0.0.       0.0.0.         (13) RABANN HAMON       1.000       X       0.0.0.0.0.       0.0.0.  | (3) ALICIA TITUS                |           |          |                       |            |            |               |              |  |           |                            |
| VP OF CSS AND HR         25.00         X         107,372.         0.         26,791.           (5)         MATTHEW GALLARDO         0.00         X         97,957.         3,273.         12,230.           (6)         JAROD LEO         28.00         X         0.00.0.         0.00.0.           CFO (BEG. 3/27/23)         12.00         X         0.00.0.         0.00.0.           (7)         DAVID WAREN         1.00         X         0.0.0.0.         0.0.0.           CHAIR         0.000         X         0.00.0.         0.0.0.         0.0.0.           VICE CHAIR         0.000         X         0.0.0.0.         0.0.0.         0.0.0.           VICE CHAIR         0.000         X         0.0.0.0.         0.0.0.         0.0.0.           (1)         JENNIFER DOSE         1.00         BOARD MEMBER         0.00.0.         0.0.0.         0.0.0.           (11)         KEITH EBERSOLE         1.00         X         0.0.0.0.         0.0.0.         0.0.0.           (12)         TERY FREED         1.00         X         0.0.0.0.         0.0.0.         0.0.0.           (13)         RABER         0.000         X         0.0.0.0.         0.0.0.         0.0.0.  | SENIOR VICE PRESIDENT           |           |          |                       | Х          |            |               |              | 150,587.   | 0.        | 2,232.                     |
| (5) MATTHEW GALLARDO       0.00       X       97,957.       3,273.       12,230.         (6) JARROD LBO       28.00       X       0.0.0.0.       X       0.0.0.0.0.         (6) JARROD LBO       28.00.0       X       0.0.0.0.0.0.       0.0.0.0.0.         (7) DAVID WARREN       1.00.0       X       0.0.0.0.0.0.0.       0.0.0.0.0.0.0.0.         (8) A. WESLEY CARR, JR.       1.00.0       X       0.0.0.0.0.0.0.0.0.0.0.         (9) ANDRAA BRITON       1.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   | (4) CHRISTINA WEBER             |           |          |                       |            |            |               |              |  |           |                            |
| VP OF RES. SER. (UNTIL 8/31/22)         0.00         X         97,957.         3,273.         12,230.           (6) JARROD LEO         28.00         X         0.         0.         0.         0.           (7) DAVID WARREN         12.00         X         0.         0.         0.         0.           (7) DAVID WARREN         1.00         X         0.         0.         0.         0.           (8) A. WESLEY CARR, JR.         1.00         X         0.         0.         0.         0.           (9) ANDREA BRITON         1.00         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         X         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.           BOARD MEMBER         1.000         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.   | VP OF CSS AND HR                |           |          |                       | Х          |            |               |              | 107,372.   | 0.        | 26,791.                    |
| (6) JARROD LEO         28.00         X         0.         0.         0.           CFO (BEG. 3/27/23)         12.00         X         0.         0.         0.         0.           (7) DAVID WAREN         1.00         X         0.00         X         0.         0.         0.           CHAIR         0.000         X         X         0.         0.         0.         0.           VICE CHAIR         0.000         X         X         0.         0.         0.         0.           9) ANDREA BRITTON         1.00         X         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.  | (5) MATTHEW GALLARDO            |           |          |                       |            |            |               |              |  |           |                            |
| CFO         (BEG. 3/27/23)         12.00         X         0.         0.         0.           (7)         DAVID WARREN         1.00         X         X         0.         0.         0.           (8)         A. WESLEY CARR, JR.         1.00         X         X         0.         0.         0.           VICE CHAIR         0.000         X         X         0.         0.         0.           BOARD MEMBER         0.000         X         X         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.           (11) KEITH EBERSOLE         1.00         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.         0.           BOARD MEMBER         0.000         X   | VP OF RES. SER. (UNTIL 8/31/22) |           |          |                       | Х          |            |               |              | 97,957.  | 3,273.    | 12,230.                    |
| (7) DAVID WARREN       1.00       X       X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0   | (6) JARROD LEO                  |           |          |                       |            |            |               |              |  |           |                            |
| CHAIR         0.000         X         X         0.         0.         0.           (8) A. WESLEY CARR, JR.         1.00         X         X         0.         0.         0.           VICE CHAIR         0.000         X         X         0.         0.         0.           (9) ANDREA BRITTON         1.00         X         X         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.           (11) KEITH EBERSOLE         1.00         X         0.         0.         0.         0.           BOARD MEMBER         1.000         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.           (13) RAEANN HAMON         1.00         X         0.         0.         0. <t< td=""><td>CFO (BEG. 3/27/23)</td><td></td><td></td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>   | CFO (BEG. 3/27/23)              |           |          |                       | Х          |            |               |              | 0.   | 0.        | 0.                         |
| (8) A. WESLEY CARR, JR.       1.00       X       X       0.       0.       0.         VICE CHAIR       0.000       X       X       0.       0.       0.       0.         (9) ANDREA BRITTON       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       0.000       X       0.       0.       0.       0.       0.         BOARD MEMBER       0.000       X       0.       0.       0.       0.       0.         BOARD MEMBER       0.000       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0   | (7) DAVID WARREN                |           |          |                       |            |            |               |              |  |           |                            |
| VICE CHAIR         0.00         X         X         0.         0.         0.           (9) ANDREA BRITTON         1.00         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.           BOARD MEMBER         1.000         X         0.         0.         0.         0.           BOARD MEMBER         1.000         X         0.         0.         0.         0.           BOARD MEMBER         1.000         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.           (13) RAEANN HAMON         1.000         X         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0.         0.         0.           BOARD MEMBER         0.000         X         0.         0.         0. </td <td></td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>   |                                 |           | Х        |                       | Х          |            |               |              | 0.   | 0.        | 0.                         |
| (9) ANDREA BRITTON       1.00       X       0.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.  |                                 |           |          |                       |            |            |               |              |  |           |                            |
| BOARD MEMBER         0.00         X         0.00         0.00         0.00           (10) JENNIFER DOSE         1.00         0.000         X         0.00         0.00         0.00           BOARD MEMBER         0.000         X         0.00         0.00         0.00         0.00           (11) KEITH EBERSOLE         1.00         X         0.00         0.00         0.00         0.00           BOARD MEMBER         1.00         X         0.00         0.00         0.00         0.00           BOARD MEMBER         0.000         X         0.00  | VICE CHAIR                      |           | Х        |                       | Х          |            |               |              | 0.   | 0.        | 0.                         |
| (10) JENNIFER DOSE       1.00       0.00 X       0.00.0.0         BOARD MEMBER       0.00 X       0.00.0.0       0.00.0.0         (11) KEITH EBERSOLE       1.00 X       0.00.0.0       0.00.0.0         BOARD MEMBER       1.00 X       0.00.0.0       0.00.0.0         (12) TERRY FREED       1.00 X       0.00.0.0       0.00.0.0         BOARD MEMBER       0.000 X       0.00.0.0       0.00.0.0         (13) RAEANN HAMON       1.00       0.00.0.0       0.00.0.0         BOARD MEMBER       0.000 X       0.00.0.0       0.00.0.0         (14) KIMBERLY HENDERSON       1.00       0.00.0.0       0.00.0.0         BOARD MEMBER       0.000 X       0.00.0.0       0.00.0.0         (15) GLEN HEISE       1.00       0.00.0.0       0.00.0.0         BOARD MEMBER       0.000 X       0.00.0.0       0.00.0.0         (16) MICHAEL HOFFNER       1.000       0.00.0.0       0.00.0.0         BOARD MEMBER       0.000 X       0.00.0.0       0.00.0.0         (17) MITCHELL MARTIN       1.000       0.00.0.0       0.00.0.0   | (9) ANDREA BRITTON              |           |          |                       |            |            |               |              |  |           |                            |
| BOARD MEMBER         0.00         X         0.  | BOARD MEMBER                    |           | Х        |                       |            |            |               |              | 0.   | 0.        | 0.                         |
| (11) KEITH EBERSOLE       1.00       X       0.00       0.00         BOARD MEMBER       1.00       X       0.00       0.00       0.00         (12) TERRY FRED       1.00       0.00       X       0.00       0.00       0.00         BOARD MEMBER       0.000       X       0.00       0.00       0.00       0.00       0.00         BOARD MEMBER       0.000       X       0.00       0.   | (10) JENNIFER DOSE              |           |          |                       |            |            |               |              |  |           |                            |
| BOARD MEMBER         1.00         X         0.  | BOARD MEMBER                    |           | Х        |                       |            |            |               |              | 0.   | 0.        | 0.                         |
| (12) TERRY FREED       1.00       0.00       X       0.00       0.00       0.00         BOARD MEMBER       0.000       X       0.00       0.00       0.00       0.00         BOARD MEMBER       1.00       0.000       X       0.00       0.00       0.00         BOARD MEMBER       0.000       X       0.00       0.00       0.00       0.00       0.00         BOARD MEMBER   | (11) KEITH EBERSOLE             |           |          |                       |            |            |               |              |  |           |                            |
| BOARD MEMBER         0.00 X         0.00 O.         0.00 <td>BOARD MEMBER</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>  | BOARD MEMBER                    |           | Х        |                       |            |            |               |              | 0.   | 0.        | 0.                         |
| (13) RAEANN HAMON       1.00       0.00 X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0   | (12) TERRY FREED                |           |          |                       |            |            |               |              |  |           |                            |
| BOARD MEMBER         0.00 X         0.00 O.         0.00 <td>BOARD MEMBER</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>  | BOARD MEMBER                    |           | Х        |                       |            |            |               |              | 0.   | 0.        | 0.                         |
| (14) KIMBERLY HENDERSON       1.00       0.00 X       0.00.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   | (13) RAEANN HAMON               |           |          |                       |            |            |               |              |  |           |                            |
| BOARD MEMBER         0.00 X         0.   | BOARD MEMBER                    |           | Х        |                       |            |            |               |              | 0.   | 0.        | 0.                         |
| (15) GLEN HEISE       1.00       0.00  | (14) KIMBERLY HENDERSON         |           |          |                       |            |            |               |              |  |           |                            |
| BOARD MEMBER         0.00 X         0.00 O.         0.00 <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>  |                                 |           | Х        |                       |            |            |               |              | 0.   | 0.        | 0.                         |
| (16) MICHAEL HOFFNER         1.00         0.00<   | (15) GLEN HEISE                 |           |          |                       |            |            |               |              |  |           |                            |
| BOARD MEMBER         0.00 X         0.   | BOARD MEMBER                    |           | Х        |                       |            |            |               |              | 0.   | 0.        | 0.                         |
| (17) MITCHELL MARTIN         1.00         0         0. </td <td>(16) MICHAEL HOFFNER</td> <td></td>   | (16) MICHAEL HOFFNER            |           |          |                       |            |            |               |              |  |           |                            |
| BOARD MEMBER 1.00 X 0. 0. 0.   | BOARD MEMBER                    |           | Х        |                       |            |            |               |              | 0.   | 0.        | 0.                         |
|  | (17) MITCHELL MARTIN            |           |          |                       |            |            |               |              |  |           |                            |
|  | BOARD MEMBER                    | 1.00      | Х        |                       |            |            |               |              | 0.   | 0.        | 0 • Eorm <b>990</b> (2022) |

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| Form 990 (2022) MESSIAH I                         | LIFEWAYS             | 5                              |                       |          |               |                                 |            |                              | 35-24             | 443'     | 724 Page 8                  |
|---|----------------------|--------------------------------|-----------------------|----------|---------------|---------------------------------|------------|------------------------------|-------------------|----------|-----------------------------|
| Part VII Section A. Officers, Directors, Trus     | tees, Key Emp        | ploy                           | ees,                  | anc      | d Hig         | ghes                            | t C        | ompensated Employee          | s (continued)     |          |                             |
| (A)   | (B)                  |                                |                       |          | C)            |                                 |            | (D)                          | (E)               |          | (F)                         |
| Name and title                                    | Average              | (do                            |                       |          | itior<br>more | ۱<br>than o                     | ne         | Reportable                   | Reportable        |          | Estimated                   |
|   | hours per            | box                            | , unles               | ss per   | rson i        | is both                         | an         | compensation                 | compensatio       | on       | amount of                   |
|   | week                 |                                | cer an                | aaa      | Irecto        | or/trust                        | ee)        | from                         | from related      |          | other                       |
|   | (list any            | recto                          |                       |          |               |                                 |            | the                          | organization      |          | compensation                |
|   | hours for<br>related | or di                          | ee                    |          |               | ated                            |            | organization                 | (W-2/1099-MIS     |          | from the                    |
|   | organizations        | ustee                          | trust                 |          | 96            | npens                           |            | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)         |          | organization<br>and related |
|   | below                | ual tr                         | tional                |          | ploy          | st con<br>yee                   | _          | 1099-1420)                   |                   |          | organizations               |
|   | line)                | Individual trustee or director | Institutional trustee | Officer  | Key employee  | Highest compensated<br>employee | Former     |                              |                   |          | organizationo               |
| (18) KYLE PETTY                                   | 1.00                 |                                | _                     | 0        | ×             | 1 0                             |            |                              |                   |          |                             |
| BOARD MEMBER                                      | 0.00                 | х                              |                       |          |               |                                 |            | 0.                           |                   | 0.       | 0.                          |
| (19) KATHLEEN STUEBING                            | 1.00                 |                                |                       |          |               |                                 |            |                              |                   |          |                             |
| BOARD MEMBER                                      | 1.00                 | х                              |                       |          |               |                                 |            | 0.                           |                   | 0.       | 0.                          |
| (20) DELBERT TURMAN                               | 1.00                 | - 23                           |                       |          |               |                                 |            |                              |                   | <u> </u> |                             |
| BOARD MEMBER                                      | 0.00                 | х                              |                       |          |               |                                 |            | 0.                           |                   | 0.       | 0.                          |
| (21) ALISA MILLER                                 | 28.00                | Λ                              |                       |          |               |                                 |            | 0.                           |                   |          | 0.                          |
|   |                      |                                |                       | v        |               |                                 |            | 0.                           |                   |          | 0.                          |
| INTERIM CFO (UNTIL 3/27/23)                       | 12.00                |                                |                       | Х        |               |                                 |            | 0.                           |                   | 0.       | 0.                          |
|   |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
|   |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
|   |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
|   |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
|   |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
|   |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
|   |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
|   |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
|   |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
|   |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
| 1b Subtotal                                       |                      |                                |                       |          |               |                                 |            | 676,006.                     | 43,99             | 91.      | 82,587.                     |
| c Total from continuation sheets to Part VI       | I, Section A         |                                |                       |          |               |                                 |            | 0.                           |                   | 0.       | 0.                          |
| d Total (add lines 1b and 1c)                     |                      |                                |                       |          |               |                                 |            | 676,006.                     | 43,99             | 91.      | 82,587.                     |
| 2 Total number of individuals (including but n    |                      |                                |                       |          |               |                                 |            | eceived more than \$100,     | 000 of reportable | Э        |                             |
| compensation from the organization                |                      |                                |                       |          |               |                                 |            |                              |                   |          | 4                           |
|   |                      |                                |                       |          |               |                                 |            |                              |                   | _        | Yes No                      |
| 3 Did the organization list any former officer,   | director, truste     | ee, k                          | key e                 | mpl      | oye           | e, or                           | hig        | hest compensated empl        | oyee on           |          |                             |
| line 1a? If "Yes," complete Schedule J for s      | uch individual       |                                |                       |          |               |                                 |            |                              |                   | [        | 3 X                         |
| 4 For any individual listed on line 1a, is the su |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
| and related organizations greater than \$150      | ),000? If "Yes.      | " со                           | mple                  | ete S    | Sche          | edule                           | J f        | or such individual           | -                 | [        | 4 X                         |
| 5 Did any person listed on line 1a receive or a   | ,                    |                                | •                     |          |               |                                 |            |                              |                   |          |                             |
| rendered to the organization? If "Yes." com       | -                    |                                |                       |          | -             |                                 |            | -                            |                   | [        | 5 X                         |
| Section B. Independent Contractors                |                      |                                | 01 010                |          | 2010          |                                 |            |                              |                   |          | · · ·                       |
| 1 Complete this table for your five highest co    | mpensated ind        | epe                            | nder                  | nt co    | ontra         | actor                           | s th       | nat received more than \$    | 100.000 of com    | oensat   | ion from                    |
| the organization. Report compensation for         | -                    |                                |                       |          |               |                                 |            |                              |                   |          |                             |
| (A)   | <b>j</b>             |                                |                       | <u> </u> |               |                                 |            | (B)                          |                   |          | (C)                         |
| Name and business                                 | address              |                                |                       |          |               |                                 |            | Description of s             | ervices           | С        | ompensation                 |
| WEBFX   |                      |                                |                       |          |               |                                 |            |                              |                   |          |                             |
| 1705 N FRONT ST, HARRISBU                         | RG PA                | 17                             | 10                    | 2        |               |                                 |            | MARKETING                    |                   |          | 184,667.                    |
| RKL LLP   | ,                    | <u> </u>                       |                       | -        |               |                                 | _          | OUTSOURCED                   |                   |          | 101/00/0                    |
| PO BOX 8408, LANCASTER, PA 17604                  |                      |                                |                       |          |               |                                 | ACCOUNTING |                              |                   | 134,398. |                             |
| EKLEGO WORKFORCE SOLUTION                         |                      |                                |                       |          |               |                                 | _          |                              | TRINC             |          | 131,390.                    |
|   |                      |                                |                       |          |               |                                 |            |                              | 101 350           |          |                             |
| 110 MARINA DR., ROCHESTER, NY 14626 SVCS 121,350  |                      |                                |                       |          |               |                                 |            |                              | 121,350.          |          |                             |
| KAIROS HEALTH SYSTEMS INC                         |                      |                                |                       |          |               |                                 |            | 115 050                      |                   |          |                             |
| PO BOX 8097, LANCASTER, P                         | A 1/004              |                                |                       |          |               |                                 | -          | CONSULTING                   |                   |          | 115,958.                    |
| 66DEGREES LLC                                     |                      | ~                              | <b>7</b> 0            | ~        |               |                                 |            |                              |                   |          | 105 050                     |
| PO BOX 778796, CHICAGO, I                         |                      |                                |                       |          |               |                                 |            | GOOGLE WORKS                 |                   |          | 105,970.                    |
| 2 Total number of independent contractors (in     | -                    | ot lin                         | nitec                 | to       | -             |                                 | ted        | above) who received mo       | ore than          |          |                             |
| \$100,000 of compensation from the organiz        | zation               |                                |                       |          | 5             | 5                               |            |                              |                   |          |                             |
|   |                      |                                |                       |          |               |                                 |            |                              |                   |          | Form <b>990</b> (2022)      |

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| generative       1 a Federated campaigns       1 a b         b Membership dues       1 b         c Fundarising events       1 b         c Related organizations       1 d         generative       6 diversitions of thoulded above to the second and them to them ton to them to them to the second and them to them to the  | Part VII       |                                   |                     | so or poto to any lir | o in this Part VIII                     |                   |           |   |
|--|----------------|-----------------------------------|---------------------|-----------------------|---|-------------------|-----------|---|
| Business Code         multiple           2 a         PROFESSIONAL SERVICES         561000         5,922,000.5,922,000.           c   |                |                                   |                     |                       | (A)                                     | Related or exempt | Unrelated | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| Business Code         multiple           2 a         PROFESSIONAL SERVICES         561000         5,922,000.5,922,000.           c   | ຼ<br>ຊ_1a      | Federated campaigns               | 1a                  |                       |   |                   |           |   |
| Business Code         multiple           2 a         PROFESSIONAL SERVICES         561000         5,922,000.5,922,000.           c   | und b          | Membership dues                   | 1b                  |                       |   |                   |           |   |
| Business Code         multiple           2 a         PROFESSIONAL SERVICES         561000         5,922,000.5,922,000.           c   | c Ame          | Fundraising events                | 1c                  |                       |   |                   |           |   |
| Business Code         multiple           2 a         PROFESSIONAL SERVICES         561000         5,922,000.5,922,000.           c   | p ar           | Related organizations             | 1d                  |                       |   |                   |           |   |
| Business Code         Business Code           2 a         PROFESSIONAL SERVICES         561000         5,922,000.5,922,000.           c  | j <u>ie</u> e  | Government grants (contri         | ibutions) <b>1e</b> |                       |   |                   |           |   |
| Business Code     Business Code       2 a     PROFESSIONAL SERVICES       b     561000       c   | ິງ<br>ເ        | All other contributions, gifts, ( | grants, and         |                       |   |                   |           |   |
| Business Code     Business Code       2 a     PROFESSIONAL SERVICES       b     561000       c   | othe           | similar amounts not included      |                     | 30.                   | 4                                       |                   |           |   |
| Business Code     Business Code       2 a     PROFESSIONAL SERVICES       b     561000       c   | p g            |                                   | lines 1a-1f 1g \$   |                       | 20                                      |                   |           |   |
| 9         2 a         PROFESSIONAL SERVICES         561000         5,922,000.5,922,000.           b  | <del>ā</del> h | Total. Add lines 1a-1f            |                     | Business Code         | 30.                                     |                   |           |   |
| Box Control       b       c <td< td=""><td></td><td>PROFESSIONAL</td><td>SERVICES</td><td></td><td>5 922 000</td><td>5 922 000</td><td></td><td></td></td<>  |                | PROFESSIONAL                      | SERVICES            |                       | 5 922 000                               | 5 922 000         |           |   |
| g Total. Add lines 2a:2f       5,922,000.         3       Investment income (including dividends, interest, and other similar amounts)       4         4       Income from investment of tax-exempt bond proceeds       5         5       Royatties       6         6       Gross rents       6         b       Less: rental expenses       6         c       Rental income or (loss)       6         d       Net rental income or (loss)       (i) Securities         d       Net rental income or (loss)       7a         a gross amount from sales of assets other than inventory       7a         b       Less: cost or other basis and sales expenses       7b         c       Gain or (loss)       7c       7c         d       Ket gain or (loss)       7d       7c         get Part IV, line 18       8a       8b       8b         c       Net income from gaming activities. See Part IV, line 19       9a       9a         get additions and sales of inventory, less returns and allowances       9b       9b         c       Net income from gaming activities. See Part IV, line 19       9a       9a         d       Net income or (loss) from gaming activities       9b       9b         c       Net income   | Za             |                                   |                     |                       | 5,522,000.                              | 5,522,000.        |           |   |
| g Total. Add lines 2a:2f       5,922,000.         3       Investment income (including dividends, interest, and other similar amounts)       4         4       Income from investment of tax-exempt bond proceeds       5         5       Royatties       6         6       a Gross rents       6         b Less: rental expenses       6b       6c         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of control than inventory       7a         8       a Gross income from fundraising events (not including S   |                |                                   |                     |                       |   |                   |           |   |
| g Total. Add lines 2a:2f       5,922,000.         3       Investment income (including dividends, interest, and other similar amounts)       4         4       Income from investment of tax-exempt bond proceeds       5         5       Royatties       6         6       a Gross rents       6         b Less: rental expenses       6b       6c         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of control than inventory       7a         8       a Gross income from fundraising events (not including S   | P Ver          |                                   |                     |                       |   |                   |           |   |
| g Total. Add lines 2a:2f       5,922,000.         3       Investment income (including dividends, interest, and other similar amounts)       4         4       Income from investment of tax-exempt bond proceeds       5         5       Royatties       6         6       a Gross rents       6         b Less: rental expenses       6b       6c         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of assets other than inventory       7a         7       a Gross amount from sales of control than inventory       7a         8       a Gross income from fundraising events (not including S   | , e            |                                   |                     | _                     |   |                   |           |   |
| g Total. Add lines 2a:2f       5,922,000.         3       Investment income (including dividends, interest, and other similar amounts)       4         4       Income from investment of tax-exempt bond proceeds       5         5       Royalties       6         6       a Gross rents       6a         b Less: rental expenses       6b       6c         c Rental income or (loss)       6c       6c         d Net rental income or (loss)       7a       7a         7 a Gross amount from sales of asses other than inventory       7b       7c         b Less: cost or other basis and sales expenses       7b       7c         c Gain or (loss)       7c       7c       7c         8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       8a       8a         b Less: direct expenses       8b       8b       9b         c Ross income from gaming activities. See Part IV, line 19       9a       9a       9a         b Less: direct expenses       9b       9b       9a       9a         b Less: direct expenses       9b       9a       9a       9a       9a         b Less: direct expenses       9b       9a       9a       9a       9a       9a<  | f              | All other program service r       | revenue             |                       |   |                   |           |   |
| other similar amounts)   |                |                                   |                     |                       | 5,922,000.                              |                   |           |   |
| 4       Income from investment of tax-exempt bond proceeds         5       Royalties   | 3              | (                                 | 0                   | ,                     |   |                   |           |   |
| 5       Royalties       (i) Real       (ii) Personal         6       a       Gross rents       6a         b       Less: rental expenses       6b       6c         c       Rental income or (loss)       6c       6c         d       Net rental income or (loss)       6c       6c         7       a       Gross amount from sales of assets other than inventory       6c         b       Less: cost or other basis and sales expenses       7b       7c         7       Gross income from fundraising events (not including \$  |                | other similar amounts)            |                     |                       |   |                   |           |   |
| Ga         Gross rents         Ga         (i) Real         (ii) Personal           b         Less: rental expenses         Gb  | 4              |                                   |                     |                       |   |                   |           |   |
| 6 a Gross rents       6 a        | 5              | Royalties                         |                     |                       |   |                   |           |   |
| b       Less: rental expenses       6b   |                |                                   |                     | (II) Personal         | -                                       |                   |           |   |
| c       Rental income or (loss)       6c   |                |                                   |                     |                       | -                                       |                   |           |   |
| d Net rental income or (loss)  |                |                                   |                     |                       | -                                       |                   |           |   |
| 7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses       7b       7c         c Gain or (loss)       7c       7c         d Net gain or (loss)       7c       7c         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       8a         b Less: direct expenses       8b         c Net income or (loss) from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       9a         c Net income or (loss) from gaming activities       9b         c Net income or (loss) from gaming activities       9b         c Net income or (loss) from gaming activities       9b         c Net income or (loss) from gaming activities       9b         c Net income or (loss) from gaming activities       0c         c Net income or (loss) from gaming activities       0c         d Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0c         c Net income or (loss) from sales of inventory       0c         c Net income or (loss) from sales of inventory       0c   |                |                                   | • •                 |                       |   |                   |           |   |
| assets other than inventory<br>assets other than inventory<br>b Less: cost or other basis<br>and sales expenses       7a   |                | · · ·                             |                     | es (ii) Other         |   |                   |           |   |
| B       Less: cost or other basis<br>and sales expenses       7b         c       Gain or (loss)       7c         d       Net gain or (loss)       6f         sincluding \$ of       0f       6f         contributions reported on line 1c). See       8a         Part IV, line 18       8a       8b         b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events       9a         g       Gross income from gaming activities. See       9a         Part IV, line 19       9a       9a         b       Less: circct expenses       9b         c       Net income or (loss) from gaming activities       0a         10 a       Gross sales of inventory, less returns<br>and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       0a         Business Code       0a       0a   | 1 4            |                                   |                     |                       | 1                                       |                   |           |   |
| and sales expenses       7b  | ь              | ,                                 | 14                  |                       | 1                                       |                   |           |   |
| For a construction       C constend constend construction       C constructio  |                |                                   | 7b                  |                       |   |                   |           |   |
| B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       6       8a       8a         b Less: direct expenses       8b       8b       6         c Net income or (loss) from fundraising events       9a       9a       9a         b Less: direct expenses       9b       6       6         b Less: direct expenses       9a       9a       6         b Less: direct expenses       9a       9a       6         b Less: direct expenses       9b       6       6         c Net income or (loss) from gaming activities. See Part IV, line 19       9a       6       6         b Less: direct expenses       9b       6       6       6         c Net income or (loss) from gaming activities       6       6       6       6         10 a Gross sales of inventory, less returns and allowances       10a       6       6       6       6         b Less: cost of goods sold       10b       6       6       6       6       6       6         c Net income or (loss) from sales of inventory       6       6       6       6       6       6         c Net income or (loss) from sales of inventory       6       6       6       6       6 </td <td>lei c</td> <td></td> <td>7c</td> <td></td> <td>-</td> <td></td> <td></td> <td></td>  | lei c          |                                   | 7c                  |                       | -                                       |                   |           |   |
| <b>Š</b> including \$ of contributions reported on line 1c). See Part IV, line 18       Ba <b>b</b> Less: direct expenses       Bb <b>c</b> Net income or (loss) from fundraising events   | e de           | I Net gain or (loss)              |                     |                       |   |                   |           |   |
| contributions reported on line 1c). See   Part IV, line 18   b   Less: direct expenses   c   Net income or (loss) from fundraising events   9 a   Gross income from gaming activities. See   Part IV, line 19   b   Less: direct expenses   9 b   b   Less: direct expenses   9 a   Gross income from gaming activities. See   Part IV, line 19   9a   b   Less: direct expenses   9b   c   Net income or (loss) from gaming activities   10 a   Gross sales of inventory, less returns   and allowances   b   Less: cost of goods sold   c   Net income or (loss) from sales of inventory   Business Code   | ē 8 a          | Gross income from fundraisin      | ng events (not      |                       |   |                   |           |   |
| Part IV, line 18       8a         b Less: direct expenses       8b         c Net income or (loss) from fundraising events       9a         9 a Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       9a         l0a       10a         b Less: cost of goods sold       10a         c Net income or (loss) from sales of inventory       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       10a  | รี             |                                   |                     |                       |   |                   |           |   |
| b       Less: direct expenses       8b       Image: constraint of the second  |                |                                   |                     |                       |   |                   |           |   |
| c       Net income or (loss) from fundraising events         9 a       Gross income from gaming activities. See         Part IV, line 19       9a         b       Less: direct expenses         c       Net income or (loss) from gaming activities         10 a       Gross sales of inventory, less returns and allowances         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         Business Code       Business Code   |                |                                   |                     |                       | -                                       |                   |           |   |
| 9 a Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       0         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0   |                |                                   |                     |                       |   |                   |           |   |
| Part IV, line 19       9a         b       Less: direct expenses         c       Net income or (loss) from gaming activities         10 a       Gross sales of inventory, less returns and allowances         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         Business Code       Business Code   |                |                                   | -                   | s                     |   |                   |           |   |
| b       Less: direct expenses       9b       Image: state stat | 94             |                                   |                     | 95                    |   |                   |           |   |
| c       Net income or (loss) from gaming activities         10 a       Gross sales of inventory, less returns<br>and allowances         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         Business Code  | Ь              |                                   |                     |                       | 1                                       |                   |           |   |
| 10 a Gross sales of inventory, less returns<br>and allowances     10a       b Less: cost of goods sold     10b       c Net income or (loss) from sales of inventory     Business Code  |                | 1                                 |                     |                       |   |                   |           |   |
| and allowances     10a       b Less: cost of goods sold     10b       c Net income or (loss) from sales of inventory     Business Code   |                |                                   |                     |                       |   |                   |           |   |
| b     Less: cost of goods sold     10b       c     Net income or (loss) from sales of inventory     Business Code  |                |                                   |                     | 10a                   |   |                   |           |   |
| Business Code  | b              |                                   |                     | 10b                   |   |                   |           |   |
|  | с              | Net income or (loss) from s       | sales of inventory  |                       |   |                   |           |   |
| And It a         REPAIR         & MAINTENANCE         C         900099         112,333.  | ,              |                                   |                     |                       |   |                   |           |   |
|  | ្ម 11 a        |                                   |                     |                       |   |                   | 10 000    | 112,333.  |
| b         CONSULTING SERVICES         561000         28,792.         10,000.           c   | d lua          |                                   | KVICES              | _ <u>_ 201000</u>     | 28,792.                                 |                   | <u> </u>  | 18,792.   |
|  | c See          |                                   |                     |                       |   |                   |           |   |
| d All other revenue         141,125.   | d              |                                   |                     |                       | 141 125                                 |                   |           |   |
|  |                |                                   |                     |                       |   | 5,922,000         | 10.000    | 131,125.  |
|  |                |                                   |                     |                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   |           | Form <b>990</b> (2022)  |

Form 990 (2022)

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|          | Check if Schedule O contains a response  |                              |   |  | <u> </u>                              |
|----------|--|------------------------------|---|--|---------------------------------------|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                         | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations  |                              |   |  |                                       |
|          | and domestic governments. See Part IV, line 21   | 15,000.                      | 15,000.                                   |  |                                       |
| 2        | Grants and other assistance to domestic  |                              |   |  |                                       |
|          | individuals. See Part IV, line 22  |                              |   |  |                                       |
| 3        | Grants and other assistance to foreign   |                              |   |  |                                       |
|          | organizations, foreign governments, and foreign  |                              |   |  |                                       |
|          | individuals. See Part IV, lines 15 and 16  |                              |   |  |                                       |
| 4        | Benefits paid to or for members  |                              |   |  |                                       |
| 5        | Compensation of current officers, directors,   |                              |   |  |                                       |
|          | trustees, and key employees  | 848,270.                     | 848,270.                                  |  |                                       |
| 6        | Compensation not included above to disqualified  |                              |   |  |                                       |
|          | persons (as defined under section 4958(f)(1)) and  |                              |   |  |                                       |
|          | persons described in section 4958(c)(3)(B)   |                              |   |  |                                       |
| 7        | Other salaries and wages   | 1,732,765.                   | 1,592,269.                                |  | 140,496.                              |
| 8        | Pension plan accruals and contributions (include   |                              |   |  |                                       |
|          | section 401(k) and 403(b) employer contributions)  | 30,298.                      | 30,081.                                   |  | 217.                                  |
| 9        | Other employee benefits  | 296,055.                     | 272,540.                                  |  | 23,515.                               |
| 10       | Payroll taxes  | 183,168.                     | 182,692.                                  |  | 476.                                  |
| 11       | Fees for services (nonemployees):  |                              |   |  |                                       |
| а        | Management   |                              |   |  |                                       |
| b        | Legal  | 125,117.                     |   | 125,117.   |                                       |
| С        | Accounting   | 84,700.                      |   | 84,700.  |                                       |
| d        | Lobbying   | 3,349.                       |   | 3,349.   |                                       |
| е        | Professional fundraising services. See Part IV, line 17  |                              |   |  |                                       |
| f        | Investment management fees   | 7,761.                       |   | 7,761.   |                                       |
| g        | Other. (If line 11g amount exceeds 10% of line 25,   | 000 100                      | 40.010                                    | 040 045  | 0 860                                 |
|          | column (A), amount, list line 11g expenses on Sch 0.)  | 893,123.                     | 48,316.                                   | 842,045.   | 2,762.<br>8,464.                      |
| 12       | Advertising and promotion  | 343,103.                     | 104                                       | 334,639.   |                                       |
| 13       | Office expenses  | 31,078.                      | 104.                                      | 27,075.  | 3,899.                                |
| 14       | Information technology   | 717,801.                     | 491,919.                                  | 218,166.   | 7,716.                                |
| 15       | Royalties  | 140,832.                     |   | 140,832.   |                                       |
| 16       |  | 13,663.                      | 210.                                      | 13,447.  | 6.                                    |
| 17       | Travel   | 13,003.                      | 210.                                      | 13,447.  | 0.                                    |
| 18       | Payments of travel or entertainment expenses   |                              |   |  |                                       |
| 10       | for any federal, state, or local public officials<br>Conferences, conventions, and meetings        | 12,570.                      | 184.                                      | 12,225.  | 161.                                  |
| 19<br>20 | · · · · ·  | 12,570.                      | 101.                                      | 12,223.  | 101.                                  |
|          | Payments to affiliates   |                              |   |  |                                       |
| 21<br>22 | Depreciation, depletion, and amortization  | 20,030.                      | 20,030.                                   |  |                                       |
| 22       | Insurance  | 351,077.                     | 351,077.                                  |  |                                       |
| 23<br>24 | Other expenses. Itemize expenses not covered   |                              |   |  |                                       |
| 27       | 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 0.) |                              |   |  |                                       |
| а        | RECRUITMENT  | 216,449.                     |   | 216,449.   |                                       |
| b        | DUES & SUBSCRIPTIONS   | 72,082.                      |   | 71,886.  | 196.                                  |
| c        | FOOD/MEALS   | 37,907.                      |   | 32,760.  | 5,147.                                |
| d        | STAFF DEVELOPMENT/TRAIN  | 26,691.                      |   | 24,946.  | 1,745.                                |
| е        | All other expenses   | 33,022.                      | 10.                                       | 25,796.  | 7,216.                                |
| 25       | Total functional expenses. Add lines 1 through 24e   | 6,235,911.                   | 3,852,702.                                | 2,181,193.                                       | 202,016.                              |
| 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)   |                              |   |  |                                       |

232010 12-13-22

#### 10081115 144198 99274

Form 990 (2022)

X

Form 990 (2022)

MESSIAH LIFEWAYS

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

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

11

| Fai                         |          | Check if Schedule O contains a response or no       | te to any  | line in this Part X |                                 |     |                           |
|-----------------------------|----------|---|------------|---------------------|---------------------------------|-----|---------------------------|
|                             |          | · · · · ·   | •          |                     | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing                         |            |                     | 1,980,458.                      | 1   | 1,170,478.                |
|                             | 2        | Savings and temporary cash investments              |            |                     |                                 | 2   |                           |
|                             | 3        | Pledges and grants receivable, net                  |            |                     |                                 | 3   |                           |
|                             | 4        | Accounts receivable, net                            |            |                     |                                 | 4   | 10,537                    |
|                             | 5        | Loans and other receivables from any current o      |            |                     |                                 |     |                           |
|                             |          | trustee, key employee, creator or founder, subs     |            |                     |                                 |     |                           |
|                             |          | controlled entity or family member of any of the    | se perso   | าร                  |                                 | 5   |                           |
|                             | 6        | Loans and other receivables from other disqual      | ified pers | ons (as defined     |                                 |     |                           |
|                             |          | under section 4958(f)(1)), and persons describe     |            | F                   |                                 | 6   |                           |
| s                           | 7        | Notes and loans receivable, net                     |            |                     |                                 | 7   |                           |
| Assets                      | 8        | Inventories for sale or use                         |            |                     |                                 | 8   |                           |
| As                          | 9        | Prepaid expenses and deferred charges               |            |                     | 268,923.                        | 9   | 651,236                   |
|                             | 10a      | Land, buildings, and equipment: cost or other       |            | Γ                   |                                 |     |                           |
|                             |          | basis. Complete Part VI of Schedule D               | 10a        | 87,275.             |                                 |     |                           |
|                             | b        | Less: accumulated depreciation                      |            | 87,275.             | 20,030.                         | 10c | 0                         |
|                             | 11       | Investments - publicly traded securities            |            |                     |                                 | 11  |                           |
|                             | 12       | Investments - other securities. See Part IV, line   |            |                     |                                 | 12  |                           |
|                             | 13       | Investments - program-related. See Part IV, line    |            | 13                  |                                 |     |                           |
|                             | 14       | Intangible assets                                   |            | 14                  |                                 |     |                           |
|                             | 15       | Other assets. See Part IV, line 11                  | 1,498,094. | 15                  | 2,217,814                       |     |                           |
|                             | 16       | Total assets. Add lines 1 through 15 (must equ      |            |                     | 3,767,505.                      | 16  | 4,050,065                 |
|                             | 17       | Accounts payable and accrued expenses               |            |                     | 516,481.                        | 17  | 872,331                   |
|                             | 18       | Grants payable                                      |            | 18                  |                                 |     |                           |
|                             | 19       | Deferred revenue                                    | 25,000.    | 19                  |                                 |     |                           |
|                             | 20       | Tax-exempt bond liabilities                         |            | 20                  |                                 |     |                           |
|                             | 21       | Escrow or custodial account liability. Complete     |            |                     | 21                              |     |                           |
|                             | 22       | Loans and other payables to any current or form     |            |                     |                                 |     |                           |
| tie                         |          | trustee, key employee, creator or founder, subs     |            |                     |                                 |     |                           |
| Liabilities                 |          | controlled entity or family member of any of the    |            |                     |                                 | 22  |                           |
| Lia                         | 23       | Secured mortgages and notes payable to unrela       |            | F                   |                                 | 23  |                           |
|                             | 24       | Unsecured notes and loans payable to unrelate       |            |                     |                                 | 24  |                           |
|                             | 25       | Other liabilities (including federal income tax, pa |            |                     |                                 |     |                           |
|                             | 20       | parties, and other liabilities not included on line |            |                     |                                 |     |                           |
|                             |          | of Schedule D                                       | 5 17 2 1). |                     | 82,946.                         | 25  | 207,412                   |
|                             | 26       | Total liabilities. Add lines 17 through 25          |            |                     | 624,427.                        | 26  | 1,079,743                 |
|                             |          | Organizations that follow FASB ASC 958, che         | eck here   | X                   |                                 |     |                           |
| es                          |          | and complete lines 27, 28, 32, and 33.              |            |                     |                                 |     |                           |
| ů l                         | 27       | <b>N I I I I I I I I I I</b>                        |            |                     | 3,126,984.                      | 27  | 2,954,262                 |
| 3ala                        | <br>28   | Net assets with donor restrictions                  |            | Γ                   | 16,094.                         | 28  | 16,060                    |
| p                           | 20       | Organizations that do not follow FASB ASC 9         |            |                     |                                 | 20  |                           |
| ٦.                          |          | and complete lines 29 through 33.                   | ,          |                     |                                 |     |                           |
| ъ                           | 29       | Capital stock or trust principal, or current funds  |            | F                   |                                 | 29  |                           |
| ets                         | 30       | Paid-in or capital surplus, or land, building, or e |            |                     |                                 | 30  |                           |
| Ass                         | 30<br>31 | Retained earnings, endowment, accumulated ir        |            |                     |                                 | 31  |                           |
| Net Assets or Fund Balances | 32       | Total net assets or fund balances                   |            |                     | 3,143,078.                      | 32  | 2,970,322                 |
| z                           | 33       | Total liabilities and net assets/fund balances      |            |                     | 3,767,505.                      | 33  | 4,050,065                 |
|                             | 00       |   |            |                     | 0,101,000                       |     | Form <b>990</b> (202      |

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

| Form | 990 (2022) MESSIAH LIFEWAYS  | 35-      | -2443724  | Pag  | <sub>ge</sub> 12 |
|------|--|----------|-----------|------|------------------|
| Par  | 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        | 6,063     |      |                  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        | 6,235     | , 91 | <u>11.</u>       |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        | -172      | ,75  | 56.              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4        | 3,143     | ,0'  | 78.              |
| 5    | Net unrealized gains (losses) on investments   | 5        |           |      |                  |
|      | Donated services and use of facilities   | 6        |           |      |                  |
|      | Investment expenses  | 7        |           |      |                  |
|      | 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       | 2,970     | , 32 | 22.              |
| Par  | 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 🛛 🖾 Accrual 📃 Other   |          |           |      |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     | О.       |           |      |                  |
| 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   |          |           |      |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |          | 2b        | Х    |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | basis,   |           |      |                  |
|      | consolidated basis, or both:   |          |           |      |                  |
|      | Separate basis X Consolidated basis Both consolidated and separate basis   |          |           |      |                  |
| с    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, |           |      |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |          | 2c        | X    | L                |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch  | edule C  | ).        |      |                  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the    |          |           |      |                  |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |          | <u>3a</u> |      | X                |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red auc  | lit       |      |                  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |          | 3b        |      | l I              |

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047            |
|------------------------------|
| 2022                         |
| Open to Public<br>Inspection |

#### Name of the organization

| Name of t                              | the organization  |                          |   |                                     |                  |                 | Employer     | identification number      |  |  |  |
|--|---|--------------------------|---|-------------------------------------|------------------|-----------------|--------------|----------------------------|--|--|--|
|  | MESS  | IAH LIFEWA               | YS  |                                     |                  |                 | 3            | 5-2443724                  |  |  |  |
| Part I                                 | Reason for Public (   | Charity Status.          | (All organizations must o                             | complete th                         | nis part.) S     | ee instruction  | S.           |                            |  |  |  |
| The organ                              | ization is not a private found  | lation because it is: (I | For lines 1 through 12, c                             | heck only                           | one box.)        |                 |              |                            |  |  |  |
| 1                                      | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).                        |                          |   |                                     |                  |                 |              |                            |  |  |  |
| 2                                      | A school described in sect  | ion 170(b)(1)(A)(ii). (  | Attach Schedule E (Forr                               | n 990).)                            |                  |                 |              |                            |  |  |  |
| 3                                      | A hospital or a cooperative   | hospital service orga    | anization described in s                              | ection 170                          | (b)(1)(A)(ii     | i).             |              |                            |  |  |  |
| 4                                      | A medical research organiz  | ation operated in cor    | njunction with a hospital                             | described                           | in sectio        | n 170(b)(1)(A   | (iii). Enter | the hospital's name,       |  |  |  |
|  | city, and state:  |                          |   |                                     |                  |                 |              |                            |  |  |  |
| 5                                      | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |                          |   |                                     |                  |                 |              |                            |  |  |  |
|  | section 170(b)(1)(A)(iv). (Complete Part II.)   |                          |   |                                     |                  |                 |              |                            |  |  |  |
| 6                                      | A federal, state, or local gov  | vernment or governm      | nental unit described in                              | section 17                          | ′0(b)(1)(A)      | (v).            |              |                            |  |  |  |
| 7                                      | An organization that norma  | -                        | ntial part of its support f                           | rom a gove                          | ernmental        | unit or from th | e general l  | oublic described in        |  |  |  |
| . —                                    | section 170(b)(1)(A)(vi). (C  |                          |   |                                     |                  |                 |              |                            |  |  |  |
| 8                                      | A community trust describe  |                          |   | -                                   |                  |                 |              |                            |  |  |  |
| 9                                      | An agricultural research org  |                          |   |                                     | -                |                 | -            | -                          |  |  |  |
|  | or university or a non-land-g   | grant college of agric   | ulture (see instructions).                            | Enter the i                         | name, city       | , and state of  | the college  | e or                       |  |  |  |
| 10                                     | university:   | Illy reacives (1) more   | than 22 1/20/ of its our                              | art from a                          | ontribution      | a mambarah      | in face on   | d areas ressints from      |  |  |  |
| 10                                     | An organization that norma<br>activities related to its exen  |                          |   |                                     |                  |                 |              |                            |  |  |  |
|  | income and unrelated busin  |                          | -   |                                     |                  |                 |              | -                          |  |  |  |
|  | See section 509(a)(2). (Col   |                          |   |                                     | ses acqui        |                 | anization a  |                            |  |  |  |
| 11                                     | An organization organized a   | -                        | vely to test for public sa                            | fetv See                            | section 50       | )9(a)(4).       |              |                            |  |  |  |
| 12 X                                   | An organization organized a   |                          |   | •                                   |                  |                 | rrv out the  | purposes of one or         |  |  |  |
|  | more publicly supported or  |                          | •   | -                                   |                  |                 | -            |                            |  |  |  |
|  | lines 12a through 12d that  |                          |   |                                     |                  |                 |              |                            |  |  |  |
| a                                      | <b>Type I.</b> A supporting orga  | •••                      |   |                                     |                  |                 | -            | giving                     |  |  |  |
|  | the supported organization  | on(s) the power to reg   | gularly appoint or elect a                            | majority o                          | f the direc      | tors or truste  | es of the su | upporting                  |  |  |  |
|  | organization. You must o  | complete Part IV, Se     | ections A and B.                                      |                                     |                  |                 |              |                            |  |  |  |
| b X                                    | <b>Type II.</b> A supporting org  | anization supervised     | or controlled in connect                              | tion with its                       | s supporte       | d organizatio   | n(s), by hav | ving                       |  |  |  |
|  | control or management o   | of the supporting orga   | anization vested in the s                             | ame perso                           | ns that co       | ntrol or mana   | ge the supp  | ported                     |  |  |  |
|  | _ organization(s). You mus  | t complete Part IV,      | Sections A and C.                                     |                                     |                  |                 |              |                            |  |  |  |
| c                                      | <b>Type III functionally inte</b>   | grated. A supporting     | g organization operated                               | in connect                          | ion with, a      | and functional  | ly integrate | ed with,                   |  |  |  |
|  | its supported organization  | n(s) (see instructions)  | ). You must complete                                  | Part IV, Se                         | ctions A,        | D, and E.       |              |                            |  |  |  |
| d                                      | Type III non-functionally   |                          |   |                                     |                  |                 | -            |                            |  |  |  |
|  | that is not functionally int  |                          |   | •                                   |                  | -               | an attentiv  | /eness                     |  |  |  |
|  | requirement (see instruct   | -                        | -   |                                     |                  |                 |              |                            |  |  |  |
| e                                      | Check this box if the orga  |                          |   |                                     |                  | Type I, Type    | II, Type III |                            |  |  |  |
| f Ente                                 | functionally integrated, or   | • •                      | nally integrated supporti                             | ng organiz                          | ation.           |                 |              | 3                          |  |  |  |
|  | er the number of supported on<br>vide the following information   |                          | d organization(s)                                     |                                     |                  |                 |              |                            |  |  |  |
|  | i) Name of supported  | (ii) EIN                 | (iii) Type of organization                            | (iv) Is the orga<br>in your governi | inization listed | (v) Amount of   | monetary     | (vi) Amount of other       |  |  |  |
|  | organization  |                          | (described on lines 1-10<br>above (see instructions)) | Yes                                 | No               | support (see ir | structions)  | support (see instructions) |  |  |  |
| MESSI                                  | AH HOME D/B/A   |                          |   |                                     |                  |                 |              |                            |  |  |  |
|  | AH LIFEWAYS AT  | 23-1458000               | 10  | x                                   |                  |                 | Ο.           | 0.                         |  |  |  |
|  | AH FAMILY   |                          |   |                                     |                  |                 |              |                            |  |  |  |
| SERVI                                  | CES D/B/A MOUN  | 23-1484171               | 10  | x                                   |                  |                 | 0.           | 0.                         |  |  |  |
| MESSIAH LIFEWAYS                       |   |                          |   |                                     |                  |                 |              |                            |  |  |  |
| COMMUNITY SUPPORT S 32-0375859 10 X 0. |   |                          |   |                                     |                  |                 | 0.           |                            |  |  |  |
|  |   |                          |   |                                     |                  |                 |              |                            |  |  |  |
|  |   |                          |   |                                     |                  |                 |              |                            |  |  |  |
|  |   |                          |   |                                     |                  |                 |              |                            |  |  |  |
|  |   |                          |   |                                     |                  |                 |              |                            |  |  |  |
| Total                                  |   |                          |   |                                     |                  |                 | 0.           | 0.                         |  |  |  |

| Schedule A | Eorm | 000 | 202  |
|------------|------|-----|------|
| Schedule A | FOUL | 990 | 2021 |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support                      |                      |                     |             |          |                     |                 |
|------|--|----------------------|---------------------|-------------|----------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2018             | <b>(b)</b> 2019     | (c) 2020    | (d) 2021 | (e) 2022            | (f) Total       |
| 1    | Gifts, grants, contributions, and            |                      |                     |             |          |                     |                 |
|      | membership fees received. (Do not            |                      |                     |             |          |                     |                 |
|      | include any "unusual grants.")               |                      |                     |             |          |                     |                 |
| 2    | Tax revenues levied for the organ-           |                      |                     |             |          |                     |                 |
|      | ization's benefit and either paid to         |                      |                     |             |          |                     |                 |
|      | or expended on its behalf                    |                      |                     |             |          |                     |                 |
| 3    | The value of services or facilities          |                      |                     |             |          |                     |                 |
|      | furnished by a governmental unit to          |                      |                     |             |          |                     |                 |
|      | the organization without charge              |                      |                     |             |          |                     |                 |
| 4    | Total. Add lines 1 through 3                 |                      |                     |             |          |                     |                 |
| 5    | The portion of total contributions           |                      |                     |             |          |                     |                 |
|      | by each person (other than a                 |                      |                     |             |          |                     |                 |
|      | governmental unit or publicly                |                      |                     |             |          |                     |                 |
|      | supported organization) included             |                      |                     |             |          |                     |                 |
|      | on line 1 that exceeds 2% of the             |                      |                     |             |          |                     |                 |
|      | amount shown on line 11,                     |                      |                     |             |          |                     |                 |
|      | column (f)                                   |                      |                     |             |          |                     |                 |
| 6    | Public support. Subtract line 5 from line 4. |                      |                     |             |          |                     |                 |
| Sec  | ction B. Total Support                       |                      |                     |             | -        | -                   | -               |
| Cale | ndar year (or fiscal year beginning in)      | (a) 2018             | <b>(b)</b> 2019     | (c) 2020    | (d) 2021 | (e) 2022            | (f) Total       |
|      | Amounts from line 4                          |                      |                     |             |          |                     |                 |
| 8    | Gross income from interest,                  |                      |                     |             |          |                     |                 |
|      | dividends, payments received on              |                      |                     |             |          |                     |                 |
|      | securities loans, rents, royalties,          |                      |                     |             |          |                     |                 |
|      | and income from similar sources              |                      |                     |             |          |                     |                 |
| 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   | <b>Total support.</b> Add lines 7 through 10 |                      |                     |             |          |                     |                 |
|      | Gross receipts from related activities,      | etc. (see instructiv | ons)                | -           |          | 12                  |                 |
|      | First 5 years. If the Form 990 is for th     | i i                  | ,                   |             |          |                     |                 |
|      | organization, check this box and stop        | U U                  | , , , ,             | ,           | ,        |                     |                 |
| Sec  | ction C. Computation of Publi                |                      | rcentage            |             |          |                     |                 |
| 14   | Public support percentage for 2022 (li       | ine 6, column (f), c | divided by line 11, | column (f)) |          | 14                  | %               |
|      | Public support percentage from 2021          |                      |                     |             |          | 15                  | %               |
|      | 33 1/3% support test - 2022. If the o        |                      |                     |             |          | nore, check this bo | x and           |
|      | stop here. The organization qualifies        |                      |                     |             |          |                     |                 |
| b    | 33 1/3% support test - 2021. If the o        |                      | -                   |             |          |                     |                 |
|      | and stop here. The organization qual         |                      |                     |             |          |                     |                 |
| 17a  | 10% -facts-and-circumstances test            |                      |                     |             |          |                     |                 |
|      | and if the organization meets the fact       |                      |                     |             |          |                     |                 |
|      | meets the facts-and-circumstances te         |                      |                     | -           | -        | <b>J</b>            |                 |
| b    | 10% -facts-and-circumstances test            | -                    |                     | • • • •     | •        | 17a, and line 15 is | 10% or          |
|      | more, and if the organization meets th       | -                    | -                   |             |          |                     |                 |
|      | organization meets the facts-and-circu       |                      |                     |             |          |                     |                 |
| 18   | Private foundation. If the organizatio       |                      |                     |             |          |                     | s               |
| -    | ····   |                      |                     |             |          |                     | (Form 990) 2022 |

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

| Sec         | ction A. Public Support  |                       |                     |                      |                     |                 |                        |
|-------------|--|-----------------------|---------------------|----------------------|---------------------|-----------------|------------------------|
| Cale        | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019     | (c) 2020             | (d) 2021            | (e) 2022        | 2 (f) Total            |
| 1           | Gifts, grants, contributions, and  |                       |                     |                      |                     |                 |                        |
|             | membership fees received. (Do not  |                       |                     |                      |                     |                 |                        |
|             | include any "unusual grants.")   |                       |                     |                      |                     |                 |                        |
| 2           | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                       |                     |                      |                     |                 |                        |
| 3           | Gross receipts from activities that are not an unrelated trade or bus-   |                       |                     |                      |                     |                 |                        |
|             | iness under section 513  |                       |                     |                      |                     |                 |                        |
| 4           | Tax revenues levied for the organ-   |                       |                     |                      |                     |                 |                        |
|             | ization's benefit and either paid to   |                       |                     |                      |                     |                 |                        |
|             | or expended on its behalf  |                       |                     |                      |                     |                 |                        |
| 5           | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                       |                     |                      |                     |                 |                        |
| 6           | Total. Add lines 1 through 5   |                       |                     |                      |                     |                 |                        |
|             | Amounts included on lines 1, 2, and  |                       |                     |                      |                     |                 |                        |
|             | 3 received from disqualified persons   |                       |                     |                      |                     |                 |                        |
| b           | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                       |                     |                      |                     |                 |                        |
| c           | Add lines 7a and 7b  |                       |                     |                      |                     |                 |                        |
|             | Public support. (Subtract line 7c from line 6.)  |                       |                     |                      |                     |                 |                        |
| Sec         | ction B. Total Support   |                       |                     |                      | _                   | _               |                        |
| Cale        | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019     | (c) 2020             | (d) 2021            | (e) 2022        | 2 (f) Total            |
| 9           | Amounts from line 6  |                       |                     |                      |                     |                 |                        |
| 10 <i>a</i> | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                       |                     |                      |                     |                 |                        |
| b           | Unrelated business taxable income  |                       |                     |                      |                     |                 |                        |
|             | (less section 511 taxes) from businesses   |                       |                     |                      |                     |                 |                        |
|             | acquired after June 30, 1975   |                       |                     |                      |                     |                 |                        |
| c           | Add lines 10a and 10b  |                       |                     |                      |                     |                 |                        |
| 11          | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                       |                     |                      |                     |                 |                        |
| 12          | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                       |                     |                      |                     |                 |                        |
| 13          | Total support. (Add lines 9, 10c, 11, and 12.)   |                       |                     |                      |                     |                 |                        |
| 14          | First 5 years. If the Form 990 is for the  | ne organization's fir | rst, second, third, | fourth, or fifth tax | year as a section § | 501(c)(3) orgar | nization,              |
| _           | check this box and stop here   |                       | -                   |                      |                     |                 |                        |
| Sec         | ction C. Computation of Publi  | ic Support Per        | centage             |                      |                     |                 |                        |
| 15          | Public support percentage for 2022 (I  | ine 8, column (f), d  | livided by line 13, | column (f))          |                     | 15              | %                      |
| <u>16</u>   | Public support percentage from 2021  |                       |                     |                      |                     | 16              | %                      |
|             | ction D. Computation of Inves  |                       | •                   |                      |                     | <u> </u>        |                        |
|             | Investment income percentage for 20  |                       |                     |                      |                     | 17              | %                      |
| 18          | Investment income percentage from  |                       |                     |                      |                     | 18              | %                      |
| 19a         | <b>33 1/3% support tests - 2022.</b> If the  | -                     |                     |                      |                     |                 | line 17 is not         |
|             | more than 33 1/3%, check this box a  | -                     |                     |                      | • •                 |                 | ·····                  |
| b           | <b>33 1/3% support tests - 2021.</b> If the  |                       |                     |                      |                     |                 |                        |
|             | line 18 is not more than 33 1/3%, che  |                       |                     |                      |                     |                 |                        |
| 20          | Private foundation. If the organization  | n ala not check a     | box on line 14, 19  | a, or 19b, check ti  | his box and see ins |                 |                        |
| 23202       | 23 12-09-22  |                       | 15                  | 5                    |                     | Sched           | dule A (Form 990) 2022 |

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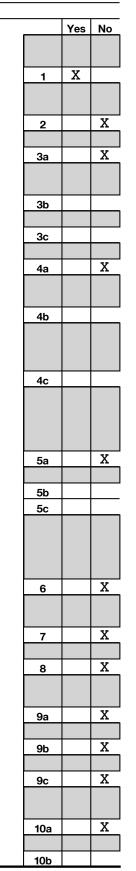
#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

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1

2

1

Yes No

Yes No

х

#### Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and х 11c below, the governing body of a supported organization? 11a Х b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide х <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or

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.
 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

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 on 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.*

| с | The organization supported a governmental entity. | Describe in Part VI how | vou supported a | aovernmental entitv | (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.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

10081115 144198 99274

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| Sche     | dule A (Form 990) 2022 MESSIAH LIFEWAYS  |              |                            | 35-2443724 Page 6              |
|----------|--|--------------|----------------------------|--------------------------------|
| Pa       | t V Type III Non-Functionally Integrated 509(a)(3) Supportin                   | ig Orgai     | nizations                  |                                |
| 1        | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on  | Nov. 20, 1970 ( explain    | in Part VI). See instructions. |
|          | All other Type III non-functionally integrated supporting organizations mus    | t complete   | e Sections A through E.    |                                |
| Sect     | ion A - Adjusted Net Income  |              | (A) Prior Year             | (B) Current Year<br>(optional) |
| 1        | Net short-term capital gain  | 1            |                            |                                |
| 2        | Recoveries of prior-year distributions   | 2            |                            |                                |
| 3        | Other gross income (see instructions)  | 3            |                            |                                |
| 4        | Add lines 1 through 3.   | 4            |                            |                                |
| 5        | Depreciation and depletion   | 5            |                            |                                |
| 6        | Portion of operating expenses paid or incurred for production or               |              |                            |                                |
|          | collection of gross income or for management, conservation, or                 |              |                            |                                |
|          | maintenance of property held for production of income (see instructions)       | 6            |                            |                                |
| 7        | Other expenses (see instructions)  | 7            |                            |                                |
| 8        | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                   | 8            |                            |                                |
| Sect     | ion B - Minimum Asset Amount   |              | (A) Prior Year             | (B) Current Year<br>(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):              |              |                            |                                |
| <u>a</u> | Average monthly value of securities  | 1a           |                            |                                |
| b        | Average monthly cash balances  | 1b           |                            |                                |
| C        | 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            |                            |                                |
| Sect     | ion 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-functiona  | lly integrat | ted Type III supporting or | ganization (see                |

instructions).

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Schedule A (Form 990) 2022

# MESSIAH LIFEWAYS phally Integrated 509(a)(3) Suppo

| Par      | t V Type III Non-Functionally Integrated 509(                   | a)(3) Supporting Orga         | nizations (continued           |                                  |
|----------|---|-------------------------------|--------------------------------|----------------------------------|
| Secti    | on D - Distributions  |                               |                                | Current Year                     |
| 1        | Amounts paid to supported organizations to accomplish exer      | mpt purposes                  |                                | 1                                |
| 2        | Amounts paid to perform activity that directly furthers exemp   | t purposes of supported       |                                |                                  |
|          | organizations, in excess of income from activity                |                               | 2                              |                                  |
| 3        | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | s 5                            | 3                                |
| 4        | Amounts paid to acquire exempt-use assets                       |                               | 4                              | 1                                |
| 5        | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     | Ę                              | 5                                |
| 6        | Other distributions (describe in Part VI). See instructions.    |                               | 6                              | 6                                |
| 7        | Total annual distributions. Add lines 1 through 6.              |                               |                                | 7                                |
| 8        | Distributions to attentive supported organizations to which the | ne organization is responsive |                                |                                  |
|          | (provide details in Part VI). See instructions.                 |                               | 8                              | 3                                |
| 9        | Distributable amount for 2022 from Section C, line 6            |                               | 9                              | 9                                |
| 10       | Line 8 amount divided by line 9 amount                          |                               | 10                             | )                                |
|          |   | (i)                           | (ii)                           | (iii)                            |
| Secti    | on E - Distribution Allocations (see instructions)              | Excess Distributions          | Underdistributions<br>Pre-2022 | Distributable<br>Amount for 2022 |
| _1       | Distributable amount for 2022 from Section C, line 6            |                               |                                |                                  |
| 2        | Underdistributions, if any, for years prior to 2022 (reason-    |                               |                                |                                  |
|          | able cause required - explain in Part VI). See instructions.    |                               |                                |                                  |
| 3        | Excess distributions carryover, if any, to 2022                 |                               |                                |                                  |
| a        | From 2017   |                               |                                |                                  |
| b        | From 2018   |                               |                                |                                  |
| c        | From 2019   |                               |                                |                                  |
| d        | From 2020   |                               |                                |                                  |
| e        | From 2021   |                               |                                |                                  |
| f        | Total of lines 3a through 3e                                    |                               |                                |                                  |
| g        | Applied to underdistributions of prior years                    |                               |                                |                                  |
| <u>h</u> | Applied to 2022 distributable amount                            |                               |                                |                                  |
| i        | Carryover from 2017 not applied (see instructions)              |                               |                                |                                  |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                |                                  |
| 4        | Distributions for 2022 from Section D,                          |                               |                                |                                  |
|          | line 7: \$  |                               |                                |                                  |
| a        | Applied to underdistributions of prior years                    |                               |                                |                                  |
| b        | Applied to 2022 distributable amount                            |                               |                                |                                  |
| C        | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                |                                  |
| 5        | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h        |                               |                                |                                  |
|          | and 4b from line 1. For result greater than zero, explain in    |                               |                                |                                  |
|          | Part VI. See instructions.                                      |                               |                                |                                  |
| 7        | Excess distributions carryover to 2023. Add lines 3j            |                               |                                |                                  |
|          | and 4c.   |                               |                                |                                  |
| 8        | Breakdown of line 7:  |                               |                                |                                  |
| a        | Excess from 2018  |                               |                                |                                  |
| b        | Excess from 2019  |                               |                                |                                  |
| c        | Excess from 2020  |                               |                                |                                  |
| d        | Excess from 2021  |                               |                                |                                  |
| е        | Excess from 2022  |                               |                                |                                  |

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Part VI 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.)

SECTION C, LINE 1:

WHILE IT IS NOT A MAJORITY OF THE ORGANIZATION'S DIRECTORS, THERE ARE A

NUMBER OF DIRECTORS OF MESSIAH LIFEWAYS (ML) THAT ARE ALSO DIRECTORS OF

SUPPORTED ORGANIZATIONS.

ALL OF MESSIAH LIFEWAYS COMMUNITY SUPPORT SERVICES BOARD DIRECTORS ARE

EITHER DIRECTORS OR OFFICERS OF ML.

ALL OF MESSIAH HOME (D/B/A MESSIAH LIFEWAYS AT MESSIAH VILLAGE) BOARD

DIRECTORS ARE EITHER DIRECTORS OR OFFICERS OF ML.

ALL OF THE MESSIAH FAMILY SERVICES (D/B/A MESSIAH LIFEWAYS AT MOUNT JOY

COUNTRY HOMES) BOARD DIRECTORS ARE EITHER DIRECTORS OR OFFICERS OF ML.

THROUGH THESE RELATIONSHIPS, CONTROL AND MANAGEMENT OF THE SUPPORTING

ORGANIZATION IS VESTED IN THE SAME PERSONS WHO MANAGE AND CONTROL THE

SUPPORTED ORGANIZATIONS.

232028 12-09-22

10081115 144198 99274

| SCHEDULE C  | Pc                  | litical Campaign   | and Lobbyin               | g Activities                                   | OMB No. 1545-0047                                   |
|---|---------------------|--|---------------------------|--|---|
| (Form 990)  |                     |  | -                         | -  | 2022  |
|   | -                   | anizations Exempt From Incon   |                           |  | LULL  |
| Department of the Treasury  |                     | if the organization is described                                     |                           |  | Open to Public<br>Inspection                        |
| Internal Revenue Service  |                     | to www.irs.gov/Form990 for i   |                           |  | •   |
| -   |                     | Form 990, Part IV, line 3, or Fo                                     |                           | ne 46 (Political Campaign                      | Activities), then                                   |
|   |                     | plete Parts I-A and B. Do not co<br>1(c)(3)) organizations: Complete | •                         | Do not complete Part I P                       |   |
| <ul> <li>Section 501(c) (other</li> <li>Section 527 organization</li> </ul> |                     |  | Parts I-A and C below.    | Do not complete Part I-B.                      |   |
| 0   |                     | Form 990, Part IV, line 4, or Fo                                     | orm 990-E7 Part VI li     | ne 47 (Lobbying Activities                     | ) then  |
|   |                     | nave filed Form 5768 (election ur                                    |                           |  |   |
|   |                     | nave NOT filed Form 5768 (electi                                     | ·                         | •  | •   |
|   | -                   | Form 990, Part IV, line 5 (Prox                                      |                           |  |   |
| Tax) (See separate inst   |                     |  |                           | ,  |   |
| <ul> <li>Section 501(c)(4), (5)</li> </ul>                                  | ), or (6) organizat | ions: Complete Part III.   |                           |  |   |
| Name of organization  |                     |  |                           | Emp  | loyer identification number                         |
|   | MESSIAH             | LIFEWAYS   |                           |  | 35-2443724  |
| Part I-A Compl  | ete if the org      | anization is exempt und  | er section 501(c) o       | or is a section 527 or                         | ganization.   |
|   |                     |  |                           |  |   |
| 1 Provide a description   | on of the organiz   | ation's direct and indirect politic                                  | al campaign activities i  | n Part IV.                                     |   |
| 2 Political campaign  |                     |  |                           |  | \$  |
| 3 Volunteer hours for   | political campai    | gn activities  |                           |  |   |
| Deut I.D. Comm  |                     | anization is avanat und  |                           | 0)   |   |
|   |                     | anization is exempt und  |                           |  | <u> </u>  |
|   |                     | ncurred by the organization und                                      |                           |  | §   |
|   |                     | ncurred by organization manage                                       |                           |  |   |
|   |                     | n 4955 tax, did it file Form 4720                                    |                           |  |   |
| <b>b</b> If "Yes," describe in  |                     |  |                           |  | Yes No  |
|   |                     | anization is exempt und  | er section 501(c).        | except section 501(                            | c)(3).  |
|   |                     | by the filing organization for sec                                   |                           | <u> </u>                                       |   |
|   |                     | ization's funds contributed to ot                                    |                           |  |   |
| exempt function ac  |                     |  | -                         |  | 6   |
| •   |                     | . Add lines 1 and 2. Enter here a                                    |                           |  | ·   |
| -   | -                   |  |                           |  | 6   |
|   |                     |  |                           |  | Yes No  |
| 5 Enter the names, a  | ddresses and em     | ployer identification number (EII                                    |                           |  |   |
| made payments. Fo   | or each organizat   | ion listed, enter the amount paid                                    | d from the filing organiz | ation's funds. Also enter th                   | e amount of political                               |
|   |                     | omptly and directly delivered to a                                   |                           | · ·  | te segregated fund or a                             |
| political action com  | mittee (PAC). If a  | additional space is needed, prov                                     | ide information in Part   | IV.  |   |
| (a) Name  | e                   | (b) Address  | (c) EIN                   | (d) Amount paid from                           | (e) Amount of political                             |
|   |                     |  |                           | filing organization's funds. If none, enter -0 | contributions received and<br>promptly and directly |
|   |                     |  |                           | lunds. If home, enter to.                      | delivered to a separate                             |
|   |                     |  |                           |  | political organization.                             |
|   |                     |  |                           |  | If none, enter -0                                   |
|   |                     |  |                           |  |   |
|   |                     |  |                           |  |   |
|   |                     |  |                           |  |   |
|   |                     |  |                           |  |   |
|   |                     |  |                           |  |   |
|   |                     |  |                           |  |   |
|   |                     |  |                           |  |   |
|   |                     |  |                           |  | 1   |
|   |                     |  |                           |  |   |
|   |                     |  |                           |  |   |
|   |                     |  |                           |  |   |
| For Paperwork Reduct  | ion Act Notice      | see the Instructions for Form 9                                      | 90 or 990-F7.             |  | Schedule C (Form 990) 2022                          |

uction Act Notice, see ıp LHA

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|  |             | AH LIF                  |   |                           |                          | 2443724 Page 2         |
|--|-------------|-------------------------|---|---------------------------|--------------------------|------------------------|
| Part II-A Complete if the org  | anizatio    | n is exer               | npt under sectior                                 | n 501(c)(3) and file      | ed Form 5768 (ele        | ection under           |
| section 501(h)).   |             |                         |   |                           |                          |                        |
| •••  |             |                         | • • •   | n Part IV each affiliated | group member's nam       | e, address, EIN,       |
| expenses, and shar<br><b>B</b> Check if the filing organization                |             |                         | expenditures).<br>nd "limited control" pro        | wisions apply             |                          |                        |
| B Check if the filing organiza   |             |                         | id inflited control pro                           |                           | (a) Filing               | (b) Affiliated group   |
|  |             | oying Expe<br>eans amou | nditures<br>Ints paid or incurred.)               | )                         | organization's<br>totals | totals                 |
| <b>1a</b> Total lobbying expenditures to influ                                 | ience pub   | ic opinion (            | grassroots lobbying)                              |                           |                          |                        |
| <b>b</b> Total lobbying expenditures to influ                                  |             |                         |   |                           |                          |                        |
| c Total lobbying expenditures (add li  | nes 1a and  | 11b)                    |   |                           |                          |                        |
| d Other exempt purpose expenditure   | s           |                         |   |                           |                          |                        |
| e Total exempt purpose expenditures  | s (add line | s 1c and 1d             | )   |                           |                          |                        |
| f Lobbying nontaxable amount. Ente   | r the amo   | unt from the            | e following table in bot                          | h columns.                |                          |                        |
| If the amount on line 1e, column (a) o   | r (b) is:   | The lob                 | bying nontaxable am                               | ount is:                  |                          |                        |
| Not over \$500,000   |             |                         | the amount on line 1e.                            |                           |                          |                        |
| Over \$500,000 but not over \$1,000  |             |                         | 00 plus 15% of the exc                            |                           |                          |                        |
| Over \$1,000,000 but not over \$1,50   |             |                         | 00 plus 10% of the exc                            |                           |                          |                        |
| Over \$1,500,000 but not over \$17,  | 000,000     |                         | 00 plus 5% of the exce                            | ss over \$1,500,000.      |                          |                        |
| Over \$17,000,000  |             | \$1,000,                | 000.  |                           |                          |                        |
| g Grassroots nontaxable amount (en   | ter 25% of  | line 1f)                |   |                           |                          |                        |
| h Subtract line 1g from line 1a. If zero                                       |             | ,                       |   |                           |                          |                        |
| i Subtract line 1f from line 1c. If zero                                       |             |                         |   |                           |                          |                        |
| j If there is an amount other than zer   |             |                         |   |                           |                          |                        |
| reporting section 4911 tax for this  |             |                         |   |                           |                          | Yes No                 |
|  |             | 4-Year Ave              | eraging Period Under                              | Section 501(h)            |                          |                        |
| (Some organizations th   |             |                         | 01(h) election do not<br>ate instructions for lin | •                         | of the five columns b    | elow.                  |
|  | Lobl        | oying Expe              | nditures During 4-Yea                             | ar Averaging Period       |                          |                        |
| Calendar year<br>(or fiscal year beginning in)                                 | (a)         | 2019                    | <b>(b)</b> 2020                                   | (c) 2021                  | <b>(d)</b> 2022          | (e) Total              |
| 2a Lobbying nontaxable amount  |             |                         |   |                           |                          |                        |
| <ul> <li>b Lobbying ceiling amount<br/>(150% of line 2a, column(e))</li> </ul> |             |                         |   |                           |                          |                        |
| c Total lobbying expenditures  |             |                         |   |                           |                          |                        |
| d Grassroots nontaxable amount   |             |                         |   |                           |                          |                        |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e))                   |             |                         |   |                           |                          |                        |
| f Grassroots lobbying expenditures   |             |                         |   |                           | 0.4                      | ule C. (Form 990) 2022 |

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# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description   | (a              | a)           | (t        | )<br>)        |
|-------|--|-----------------|--------------|-----------|---------------|
|       | e lobbying activity.   | Yes             | No           | Amo       | ount          |
| 1     | During the year, did the filing organization attempt to influence foreign, national, state, or   |                 |              |           |               |
|       | local legislation, including any attempt to influence public opinion on a legislative matter   |                 |              |           |               |
|       | or referendum, through the use of:   |                 |              |           |               |
| а     | Volunteers?  |                 | X            |           |               |
| b     | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |                 | X            |           |               |
|       | Media advertisements?  |                 | X            |           |               |
| d     | Mailings to members, legislators, or the public?   |                 | X            |           |               |
|       | Publications, or published or broadcast statements?  |                 | X            |           |               |
|       | Grants to other organizations for lobbying purposes?   |                 | X            |           |               |
|       | Direct contact with legislators, their staffs, government officials, or a legislative body?  |                 | X            |           |               |
| h     | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                 | X            |           | 240           |
| -     | Other activities?  | X               |              |           | <u>3,349.</u> |
|       | Total. Add lines 1c through 1i   |                 | 17           |           | 3,349.        |
|       | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                 | X            |           |               |
|       | If "Yes," enter the amount of any tax incurred under section 4912  |                 |              |           |               |
|       | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |                 |              |           |               |
|       | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?<br><b>t III-A</b> Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(5      | ō), or sec   | tion      |               |
|       | 501(c)(6).   |                 |              |           |               |
|       |  |                 |              | Yes       | No            |
| 1     | Were substantially all (90% or more) dues received nondeductible by members?   |                 | 1            |           |               |
| 2     | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                 | 2            |           |               |
| 3     | Did the organization agree to carry over lobbying and political campaign activity expenditures from th   |                 |              |           |               |
| r ai  | t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."               |                 |              |           | 3, is         |
| 1     | Dues, assessments and similar amounts from members   |                 | 1            |           |               |
| 2     | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political  |                 |              |           |               |
|       | expenses for which the section 527(f) tax was paid).   |                 |              |           |               |
| а     | Current year   |                 | 2a           |           |               |
|       | Carryover from last year   |                 |              |           |               |
|       | Total  |                 |              |           |               |
| 3     | A sum parts of the state is a string $OOOO(s)(4)(4)$ which is a function of the string $AOO(s)$ shows  |                 |              |           |               |
| 4     | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc   | ess             |              |           |               |
|       | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po   | olitical        |              |           |               |
|       | expenditures next year?  |                 | 4            |           |               |
| 5     | Taxable amount of lobbying and political expenditures. See instructions  |                 | 5            |           |               |
| Par   | t IV Supplemental Information  |                 |              |           |               |
| Prov  | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group  | list); Part II- | A, lines 1 a | nd 2 (See |               |
|       | uctions); and Part II-B, line 1. Also, complete this part for any additional information.<br>RT II-B, LINE 1, LOBBYING ACTIVITIES:   |                 |              |           |               |
| MES   | SSIAH LIFEWAYS PAYS ANNUAL DUES TO LEADINGAGE PA AND   | ) LEADI         | NG AG        | E         |               |
| NA    | TIONAL. OF THE TOTAL PAYMENT, AMOUNTS ATTRIBUTABLE T   | O LOBE          | BYING        |           |               |
| EXI   | PENSES ARE AS FOLLOWS:   |                 |              |           |               |
| LEZ   | ADING AGE PA: \$3,200.   |                 |              |           |               |
| LEZ   | ADING AGE NATIONAL: \$149.   |                 |              |           |               |

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Schedule C (Form 990) 2022

| 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. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

| Nam | e of the organization<br>MESSIAH LIFEWAYS                           |   | Employer identification number 35-2443724 |
|-----|---|---|---|
| Par |   | t Funds or Other Similar Funds              |   |
| Fai | organization answered "Yes" on Form 990, Part IV, line              |   | S OF ACCOUNTS. Complete if the            |
|     | -   | (a) Donor advised funds                     | (b) Funds and other accounts              |
| 1   | Total number at end of year   |   |   |
| 2   | Aggregate value of contributions to (during year)                   |   |   |
| 3   | Aggregate value of grants from (during year)                        |   |   |
| 4   | Aggregate value at end of year                                      |   |   |
| 5   | Did the organization inform all donors and donor advisors in v      | vriting that the assets held in donor advi  | sed funds                                 |
| -   | are the organization's property, subject to the organization's      | 0   |   |
| 6   | Did the organization inform all grantees, donors, and donor ad      |   |   |
| -   | for charitable purposes and not for the benefit of the donor or     |   |   |
|     | impermissible private benefit?                                      |   |   |
| Par |   | anization answered "Yes" on Form 990.       |   |
| 1   | Purpose(s) of conservation easements held by the organization       |   |   |
|     | Preservation of land for public use (for example, recreat           | · · · · · · · · · · · · · · · · · · ·       | of a historically important land area     |
|     | Protection of natural habitat                                       |   | of a certified historic structure         |
|     | Preservation of open space  |   |   |
| 2   | Complete lines 2a through 2d if the organization held a qualifi     | ied conservation contribution in the form   | n of a conservation easement on the last  |
|     | day of the tax year.  |   | Held at the End of the Tax Year           |
| а   |   |   | 2a  |
| b   |   |   |   |
| č   | Number of conservation easements on a certified historic stru       |   |   |
| d   | Number of conservation easements included in (c) acquired a         |   |   |
| ŭ   |   |   | 2d  |
| 3   | Number of conservation easements modified, transferred, rele        |   | ·······                                   |
| Ŭ   | year  | subout, extinguished, or terminated by th   |   |
| 4   | Number of states where property subject to conservation eas         | ement is located                            |   |
| 5   | Does the organization have a written policy regarding the peri      |   | -   |
| Ŭ   | violations, and enforcement of the conservation easements it        |   |   |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, I      |   |   |
| U   |   | narialing of violations, and emotoring con  | iservation casements during the year      |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand         | ling of violations, and enforcing conserva  | ation easements during the year           |
| -   |   | ,   |   |
| 8   | Does each conservation easement reported on line 2(d) above         | e satisfy the requirements of section 170   | 0(h)(4)(B)(i)                             |
|     | and section 170(h)(4)(B)(ii)?                                       |   |   |
| 9   | In Part XIII, describe how the organization reports conservation    | on easements in its revenue and expense     | e statement and                           |
|     | balance sheet, and include, if applicable, the text of the footn    |   |   |
|     | organization's accounting for conservation easements.               | <u> </u>                                    |   |
| Par | t III Organizations Maintaining Collections of                      | Art, Historical Treasures, or O             | ther Similar Assets.                      |
|     | Complete if the organization answered "Yes" on Form                 | 990, Part IV, line 8.                       |   |
| 1a  | If the organization elected, as permitted under FASB ASC 958        | B, not to report in its revenue statement   | and balance sheet works                   |
|     | of art, historical treasures, or other similar assets held for pub  | lic exhibition, education, or research in f | furtherance of public                     |
|     | service, provide in Part XIII the text of the footnote to its finan | cial statements that describes these iter   | ms.                                       |
| b   | If the organization elected, as permitted under FASB ASC 958        | 8, to report in its revenue statement and   | balance sheet works of                    |
|     | art, historical treasures, or other similar assets held for public  | exhibition, education, or research in furt  | therance of public service,               |
|     | provide the following amounts relating to these items:              |   |   |
|     | (i) Revenue included on Form 990, Part VIII, line 1                 |   | \$  |
|     |   |   |   |
| 2   | If the organization received or held works of art, historical trea  |   |   |
|     | the following amounts required to be reported under FASB AS         | SC 958 relating to these items:             |   |
| а   | Revenue included on Form 990, Part VIII, line 1                     |   | \$  |
| b   | Assets included in Form 990. Part X                                 |   | \$  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22 24

Schedule D (Form 990) 2022

2022.05000 MESSIAH LIFEWAYS

| Sche |   | LIFEWAYS                 |                    |                  |                |               |                       | 85-24     | 43724      | l Pa  | <sub>age</sub> 2 |
|------|---|--------------------------|--------------------|------------------|----------------|---------------|-----------------------|-----------|------------|-------|------------------|
| Par  | t III Organizations Maintaining C                     | ollections of Art,       | His                | torical Tre      | easures, o     | r Other       | Similar               | Assets    | contin     | ued)  |                  |
| 3    | Using the organization's acquisition, accession       | on, and other records,   | chec               | ck any of the f  | following that | make sig      | nificant u            | se of its |            |       |                  |
|      | collection items (check all that apply):              |                          |                    |                  |                |               |                       |           |            |       |                  |
| а    | Public exhibition                                     | d                        |                    | ] Loan or exc    | hange progra   | am            |                       |           |            |       |                  |
| b    | Scholarly research                                    | е                        |                    | Other            |                |               |                       |           |            |       |                  |
| с    | Preservation for future generations                   |                          |                    |                  |                |               |                       |           |            |       |                  |
| 4    | Provide a description of the organization's co        | ollections and explain h | now t              | they further th  | ne organizatio | on's exem     | pt purpos             | e in Part | XIII.      |       |                  |
| 5    | During the year, did the organization solicit o       | r receive donations of   | art, ł             | nistorical treas | sures, or othe | er similar a  | issets                |           |            |       |                  |
|      | to be sold to raise funds rather than to be ma        |                          |                    |                  |                |               |                       |           | Yes        |       | No               |
| Par  | t IV Escrow and Custodial Arrang                      | gements. Complete        | e if th            | ne organizatio   | n answered '   | "Yes" on F    | <sup>-</sup> orm 990, | Part IV,  | line 9, or |       |                  |
|      | reported an amount on Form 990, Pa                    | rt X, line 21.           |                    |                  |                |               |                       |           |            |       |                  |
| 1a   | Is the organization an agent, trustee, custodi        | an or other intermedia   | ry foi             | r contribution   | s or other ass | sets not in   | cluded                |           | _          |       | -                |
|      | on Form 990, Part X?                                  |                          |                    |                  |                |               |                       | L         | Yes        |       | No               |
| b    | If "Yes," explain the arrangement in Part XIII        | and complete the follo   | wing               | table:           |                |               |                       |           |            |       |                  |
|      |   |                          |                    |                  |                |               |                       |           | Amount     |       |                  |
| С    | Beginning balance                                     |                          |                    |                  |                |               | 1c                    |           |            |       |                  |
| d    | Additions during the year                             |                          |                    |                  |                |               | 1d                    |           |            |       |                  |
| е    | Distributions during the year                         |                          |                    |                  |                |               | 1e                    |           |            |       |                  |
| f    | Ending balance  |                          |                    |                  |                |               | 1f                    |           |            |       |                  |
| 2a   | Did the organization include an amount on Fe          | orm 990, Part X, line 2  | 1, for             | r escrow or cu   | ustodial acco  | unt liability | y?                    | L         | Yes        |       | No               |
|      | If "Yes," explain the arrangement in Part XIII.       |                          |                    |                  |                |               |                       |           |            |       |                  |
| Par  | t V Endowment Funds. Complete i                       |                          |                    |                  |                |               |                       |           | 6.55       |       |                  |
|      |   | (a) Current year         | (b)                | Prior year       | (c) Two yea    | rs back (     | d) Three ye           | ears back | (e) Four   | years | back             |
| 1a   | Beginning of year balance                             |                          |                    |                  |                |               |                       |           |            |       |                  |
| b    | Contributions   |                          |                    |                  |                |               |                       |           |            |       |                  |
| С    | Net investment earnings, gains, and losses            |                          |                    |                  |                |               |                       |           |            |       |                  |
| d    | Grants or scholarships                                |                          |                    |                  |                |               |                       |           |            |       |                  |
| е    | Other expenditures for facilities                     |                          |                    |                  |                |               |                       |           |            |       |                  |
|      | and programs  |                          |                    |                  |                |               |                       |           |            |       |                  |
| f    | Administrative expenses                               |                          |                    |                  |                |               |                       |           |            |       |                  |
| g    | End of year balance                                   |                          |                    |                  |                |               |                       |           |            |       |                  |
| 2    | Provide the estimated percentage of the curr          | ent year end balance (   | (line <sup>-</sup> | 1g, column (a    | )) held as:    |               |                       |           |            |       |                  |
| а    | Board designated or quasi-endowment                   |                          | %                  |                  |                |               |                       |           |            |       |                  |
| b    | Permanent endowment                                   | %                        |                    |                  |                |               |                       |           |            |       |                  |
| с    | Term endowment  | %                        |                    |                  |                |               |                       |           |            |       |                  |
|      | The percentages on lines 2a, 2b, and 2c show          | uld equal 100%.          |                    |                  |                |               |                       |           |            |       |                  |
| 3a   | Are there endowment funds not in the posse            | ssion of the organizati  | on th              | nat are held ar  | nd administer  | ed for the    | 1                     |           | _          |       |                  |
|      | organization by:                                      |                          |                    |                  |                |               |                       |           |            | Yes   | No               |
|      | (i) Unrelated organizations                           |                          |                    |                  |                |               |                       |           | 3a(i)      |       |                  |
|      | (ii) Related organizations                            |                          |                    |                  |                |               |                       |           | 3a(ii)     |       |                  |
| b    | If "Yes" on line 3a(ii), are the related organization |                          |                    |                  |                |               |                       |           | Зb         |       |                  |
| 4    | Describe in Part XIII the intended uses of the        | organization's endow     |                    |                  |                |               |                       |           |            |       |                  |
| Par  | t VI Land, Buildings, and Equipm                      | ent.                     |                    |                  |                |               |                       |           |            |       |                  |
|      | Complete if the organization answere                  | d "Yes" on Form 990,     | Part               | IV, line 11a. S  | See Form 990   | , Part X, li  | ne 10.                |           |            |       |                  |
|      | Description of property                               | (a) Cost or oth          |                    | • • •            | t or other     | • •           | cumulate              | b         | (d) Book   | value | е                |
|      |   | basis (investme          | ent)               | basis            | (other)        | dep           | reciation             |           |            |       |                  |
| 1a   | Land  |                          |                    |                  |                |               |                       |           |            |       |                  |
|      | Buildings   |                          |                    |                  |                |               |                       |           |            |       |                  |
| с    | Leasehold improvements                                |                          |                    |                  |                |               |                       |           |            |       |                  |
| d    | Equipment   |                          |                    | 8                | 7,275.         |               | <u>87,27</u>          | 5.        |            |       | 0.               |
| e    | Other   |                          |                    |                  |                |               |                       |           |            |       |                  |
| Tota | . Add lines 1a through 1e. (Column (d) must e         | qual Form 990. Part X.   | colu               | ımn (B), line 1  | 0c.)           |               |                       |           |            |       | 0.               |
|      |   |                          |                    |                  |                |               | 5                     | Schedule  | D (Form    | 990)  | 2022             |

| Schedule D (Form 990) 2022 MESSIAH LIFEWAY | Schedule D (Form 99 | 0) 2022 | MESSIAH | LIFEWAY; |
|--|---------------------|---------|---------|----------|
|--|---------------------|---------|---------|----------|

| Complete if the organization answered "Yes"   |                            |  |                        |
|---|----------------------------|--|------------------------|
| (a) Description of security or category (including name of security)                      | (b) Book value             | (c) Method of valuation: Cost or end         | l-of-year market value |
| Financial derivatives   |                            |  |                        |
| Closely held equity interests   |                            |  |                        |
| Other   |                            |  |                        |
| (A)   |                            |  |                        |
| (B)   |                            |  |                        |
| (C)   |                            |  |                        |
| (D)   |                            |  |                        |
| (E)<br>(F)  |                            |  |                        |
| (G)   |                            |  |                        |
| (H)   |                            |  |                        |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                           |                            |  |                        |
| Part VIII Investments - Program Related.  | an Form 000 Dort IV line   | I  |                        |
| Complete if the organization answered "Yes" (a) Description of investment                 | (b) Book value             | (c) Method of valuation: Cost or end         | l-of-vear market value |
| (1)   | 1-, 2001. 14140            |  | ,                      |
| (2)   |                            |  |                        |
| (3)   |                            |  |                        |
| (4)   |                            |  |                        |
| (5)   |                            |  |                        |
| (6)   |                            |  |                        |
| (7)   |                            |  |                        |
| (8)   |                            |  |                        |
| (9)   |                            |  |                        |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                           |                            |  |                        |
| Part IX Other Assets.   |                            |  |                        |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15.        |                        |
|   | Description                |  | (b) Book value         |
| (1) DUE FROM AFFILIATES   |                            |  | 2,167,81               |
| (2) OTHER ASSETS  |                            |  | 50,00                  |
| (3)   |                            |  |                        |
| (4)   |                            |  |                        |
| (5)   |                            |  |                        |
| (6)   |                            |  |                        |
| (7)   |                            |  |                        |
| (8)   |                            |  |                        |
| (9)   |                            |  | 0 01 - 01              |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities. | 9 15.)                     |  | 2,217,81               |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25. |                        |
| (a) Description of liability  |                            |  | (b) Book value         |
| (1) Federal income taxes  |                            |  |                        |
| (2) DUE TO AFFILIATES   |                            |  | 207,41                 |
| (3)   |                            |  |                        |
| (4)   |                            |  |                        |
| (5)   |                            |  |                        |
| (6)   |                            |  |                        |
| (7)   |                            |  |                        |
| (8)   |                            |  |                        |
|   |                            |  |                        |
| (9)   |                            |  | 207,41                 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2022

232053 09-01-22

| Sche  | dule D (Form 990) 2022 MESSIAH LIFEWAYS   |              |                        | 35-2     | 2443724          | Page 4       |
|-------|---|--------------|------------------------|----------|------------------|--------------|
| Par   | t XI Reconciliation of Revenue per Audited Financial Statemen                                 | ts With      |                        |          |                  |              |
|       | 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        | 5,943,           | 061.         |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                           |              |                        |          |                  |              |
| а     | Net unrealized gains (losses) on investments  | 2a           |                        |          |                  |              |
| b     | Donated services and use of facilities  |              |                        |          |                  |              |
| с     | Recoveries of prior year grants   |              |                        |          |                  |              |
| d     | Other (Describe in Part XIII.)  |              | -7,761.                |          |                  |              |
| е     | Add lines <b>2a</b> through <b>2d</b>   |              |                        | 2e       |                  | 761.         |
| 3     | Subtract line 2e from line 1  |              |                        | 3        | 5,950,           | 822.         |
| 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.)  | 4b           | 112,333.               |          |                  |              |
| с     | Add lines <b>4a</b> and <b>4b</b>   |              |                        | 4c       |                  | 333.         |
| 5     | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)               |              |                        | 5        | 6,063,           | 155.         |
| Pa    | t XII Reconciliation of Expenses per Audited Financial Stateme                                | nts With     | Expenses per F         | Returr   | ۱.               |              |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                   |              |                        |          |                  |              |
| 1     | Total expenses and losses per audited financial statements                                    |              |                        | 1        | 6,115,           | <u>,817.</u> |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25:                             |              |                        |          |                  |              |
| а     | Donated services and use of facilities  | 2a           |                        |          |                  |              |
| b     | Prior year adjustments  | 2b           |                        |          |                  |              |
| с     | Other losses  | 2c           |                        |          |                  |              |
| d     | Other (Describe in Part XIII.)  |              | -112,333.              |          |                  |              |
| е     | Add lines <b>2a</b> through <b>2d</b>   |              |                        | 2e       |                  | ,333.        |
| 3     | Subtract line 2e from line 1  |              |                        | 3        | 6,228,           | 150.         |
| 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.)  | 4b           | 7,761.                 |          |                  |              |
|       | Add lines <b>4a</b> and <b>4b</b>   |              |                        | 4c       | 7,               | 761.         |
| 5     | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)              |              |                        | 5        | 7,<br>6,235,     | ,911.        |
| Pa    | t XIII Supplemental Information.  |              |                        |          |                  |              |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I | V, lines 1b  | and 2b; Part V, line 4 | ; Part X | , line 2; Part X | l,           |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit        | ional inforn | nation.                |          |                  |              |

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

PART XI, LINE 4B - OTHER ADJUSTMENTS:

|  | REPAIR | & | MAINTENANCE | CREDIT | NETTED | AGAINST | EXPENSES | ON | F/ | /S | 112, | 333. |
|--|--------|---|-------------|--------|--------|---------|----------|----|----|----|------|------|
|--|--------|---|-------------|--------|--------|---------|----------|----|----|----|------|------|

### PART XII, LINE 2D - OTHER ADJUSTMENTS:

REPAIR & MAINTENANCE CREDIT NETTED AGAINST EXPENSES ON F/S -112,333.

| PART XII, 1     | LINE 4B - OT | THER A | ADJUSTMI | ENTS:   |         |    |     |                            |
|-----------------|--------------|--------|----------|---------|---------|----|-----|----------------------------|
| INVESTMENT      | MANAGEMENT   | FEES   | NETTED   | AGAINST | REVENUE | ON | F/S | 7,761.                     |
| 232054 09-01-22 |              |        |          |         |         |    |     | Schedule D (Form 990) 2022 |
|                 |              |        |          | 27      |         |    |     |                            |

| Part XIII Supplemental Information (continued) |
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Schedule D (Form 990) 2022

232055 09-01-22

| SCHEDULE I<br>(Form 990)  |  | C GO Complexity                         | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br><sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup>  | d Other Assistance to Organizations,<br>ts, and Individuals in the United States<br>anization answered "Yes" on Form 990, Part IV, line 21 or 2 | ce to Organ<br>s in the Uni<br>on Form 990, Pat | izations,<br>ted States<br>t IV, line 21 or 22.                |                                       | OMB No. 1545-0047   |
|---|--|---|--|---|---|--|---------------------------------------|---|
| Department of the Treasury<br>Internal Revenue Service                    |  |   | Go to www.irs.   | Attach to Form 990.<br>Go to www.irs.gov/Form990 for the latest information.  | 990.<br>the latest informa                      | ation.   |                                       | Open to Public<br>Inspection                                    |
| Name of the organization  | MESSIAH LIFEWAYS   | FEWAYS                                  |  |   |   |  |                                       | Employer identification number<br>35-2443724                    |
| Part I General Inforn   | General Information on Grants and Assistance   | d Assistance                            |  |   |   |  |                                       |   |
| 1 Does the organization   | in maintain records to   | substantiate the                        | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection   | or assistance, the g  | jrantees' eligibility                           | for the grants or assist                                       | tance, and the selectic               |   |
| criteria used to award  | criteria used to award the grants or assistance?   | ance?                                   |  |   |   |  |                                       | X Yes No  |
| SCI   | ne organization's proce  | edures for monito                       | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  | unds in the United  | States.   |  |                                       |   |
| Part II Grants and Ot recipient that re                                   | ther Assistance to Do<br>eceived more than \$5   | omestic Organiz<br>(,000. Part II can I | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | <b>Governments.</b> Control of the space is needed  | omplete if the org;<br>ed.                      | anization answered "Ye   | es" on Form 990, Part                 | IV, line 21, for any  |
| <b>1 (a)</b> Name and address of organization or government               | ss of organization<br>ment   | (p) EIN                                 | <b>(c)</b> IRC section<br>(if applicable)  | <b>(d)</b> Amount of<br>cash grant  | <b>(e)</b> Amount of<br>noncash<br>assistance   | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | <b>(h)</b> Purpose of grant<br>or assistance                    |
| PAXTON MINISTRIES<br>2001 PAXTON STREET<br>HARRISBURG, PA 17111           |  | 23-2179648                              | 501(C)(3)  | 15,000.   | 0.  | N/A  | N/A                                   | UNRESTRICTED CONTRIBUTION<br>TO THE CHARITABLE<br>ORGANIZATION. |
|   |  |   |  |   |   |  |                                       |   |
|   |  |   |  |   |   |  |                                       |   |
|   |  |   |  |   |   |  |                                       |   |
|   |  |   |  |   |   |  |                                       |   |
|   |  |   |  |   |   |  |                                       |   |
| <ul><li>2 Enter total number of</li><li>3 Enter total number of</li></ul> | Enter total number of section 501(c)(3) and government organizat<br>Enter total number of other organizations listed in the line 1 table | d government org<br>isted in the line 1 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table<br>Enter total number of other organizations listed in the line 1 table  |   |   |  |                                       | 1.<br>0.  |
| 7   | For Paperwork Reduction Act Notice, see the Instructions for Form  | see the Instructio                      | ons for Form 990.  |   |   |  |                                       | Schedule I (Form 990) 2022                                      |

232101 10-31-22

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| Schedule I (Form 990) 2022 MESSIAH LIFEWAYS   | ស                          |                                 |                                       |   | 35-2443724 Page 2                     |
|---|----------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
| Part III         Grants and Other Assistance to Domestic Individuals.         Complete if the organization answered "Yes" on Form 990, Part IV, line 22.           Part III         can be duplicated if additional space is needed.         can be duplicated if additional space is needed. | . Complete if the          | organization answe              | ered "Yes" on Form 9                  | 90, Part IV, line 22.   |                                       |
| (a) Type of grant or assistance   | (b) Number of recipients   | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|   |                            |                                 |                                       |   |                                       |
|   |                            |                                 |                                       |   |                                       |
|   |                            |                                 |                                       |   |                                       |
|   |                            |                                 |                                       |   |                                       |
|   |                            |                                 |                                       |   |                                       |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.   | l<br>quired in Part I, lin | e 2; Part III, column           | (b); and any other ad                 | ditional information.   |                                       |
| PART I, LINE 2:   |                            |                                 |                                       |   |                                       |
| MESSIAH LIFEWAYS IS FAMILIAR WITH 1   | THE OPERA                  | OPERATIONS OF T                 | THE RECIPIENT,                        | NT, AND   |                                       |
| DONATED TO THEM WITHOUT RESTRICTION ON  |                            | THE USE OF THE FUNDS.           | E FUNDS.                              |   |                                       |
|   |                            |                                 |                                       |   |                                       |
|   |                            |                                 |                                       |   |                                       |
|   |                            |                                 |                                       |   |                                       |
|   |                            |                                 |                                       |   |                                       |
|   |                            |                                 |                                       |   |                                       |
|   |                            |                                 |                                       |   |                                       |
| 232102 10-31-22   |                            |                                 |                                       |   | Schedule I (Form 990) 2022            |

| SCHEDULE J                   | Compensation Inform   | nation                          | 1           | OMB No. 1  | 545-004  | 47   |
|------------------------------|---|---------------------------------|-------------|------------|----------|------|
| (Form 990)                   | For certain Officers, Directors, Trustees, Key Er   |                                 |             | 20         | <b>n</b> |      |
|                              | Compensated Employees   |                                 |             | 20         |          |      |
| Department of the Treasury   | Complete if the organization answered "Yes" on F<br>Attach to Form 990.   | orm 990, Part IV, line 23.      |             | Open to    |          | ic   |
| Internal Revenue Service     | Go to www.irs.gov/Form990 for instructions and  |                                 |             | Inspe      |          |      |
| Name of the organizat        |   |                                 | Employer id |            |          | nber |
|                              | MESSIAH LIFEWAYS  |                                 | 35-24       | 443724     | 4        |      |
| Part I Questio               | ns Regarding Compensation   |                                 |             |            |          |      |
|                              |   |                                 |             |            | Yes      | No   |
|                              | riate box(es) if the organization provided any of the following to or   |                                 | 990,        |            |          |      |
|                              | , line 1a. Complete Part III to provide any relevant information rega   | •                               |             |            |          |      |
|                              |   | ance or residence for persor    |             |            |          |      |
|                              |   | ousiness use of personal res    |             |            |          |      |
|                              |   | al club dues or initiation fees |             |            |          |      |
|                              | e spending account  | ces (such as maid, chauffeu     | r, chet)    |            |          |      |
| <b>b</b> If any of the baye  | a on line to are checked, did the creanization follow a written policy  | reading payment or              |             |            |          |      |
| •                            | s on line 1a are checked, did the organization follow a written policy<br>provision of all of the expenses described above? If "No," complete |                                 |             | 1b         |          |      |
|                              | provision of all of the expenses described above? If No, complete<br>on require substantiation prior to reimbursing or allowing expenses      |                                 |             |            |          |      |
| •                            | ers, including the CEO/Executive Director, regarding the items che  | •                               |             | 2          |          |      |
| trustees, and one            | ers, including the OLO/Executive Director, regarding the items the  |                                 |             |            |          |      |
| 3 Indicate which, if         | any, of the following the organization used to establish the comper   | sation of the organization's    |             |            |          |      |
|                              | rector. Check all that apply. Do not check any boxes for methods u  | -                               | on to       |            |          |      |
|                              | sation of the CEO/Executive Director, but explain in Part III.  |                                 |             |            |          |      |
| X Compensati                 |   | ment contract                   |             |            |          |      |
|                              | compensation consultant X Compensation  |                                 |             |            |          |      |
|                              |   | e board or compensation co      | ommittee    |            |          |      |
|                              | · · · · · · · · · · · · · · · · · · ·   |                                 |             |            |          |      |
| 4 During the year, o         | id any person listed on Form 990, Part VII, Section A, line 1a, with  | respect to the filing           |             |            |          |      |
| organization or a            | elated organization:  |                                 |             |            |          |      |
| a Receive a severa           | ce payment or change-of-control payment?  |                                 |             | . 4a       |          | X    |
| <b>b</b> Participate in or r | eceive payment from a supplemental nonqualified retirement plan?  |                                 |             | . 4b       |          | X    |
| c Participate in or r        | eceive payment from an equity-based compensation arrangement?   |                                 |             | 4c         |          | X    |
| If "Yes" to any of           | ines 4a-c, list the persons and provide the applicable amounts for  | each item in Part III.          |             |            |          |      |
|                              |   |                                 |             |            |          |      |
| -                            | (c)(3), 501(c)(4), and 501(c)(29) organizations must complete line  |                                 |             |            |          |      |
| 5 For persons listed         | on Form 990, Part VII, Section A, line 1a, did the organization pay   | or accrue any compensatior      | า           |            |          |      |
| contingent on the            |   |                                 |             |            |          |      |
|                              |   |                                 |             |            |          | X    |
|                              | ization?  |                                 |             | 5b         |          | X    |
|                              | or 5b, describe in Part III.  |                                 |             |            |          |      |
|                              | on Form 990, Part VII, Section A, line 1a, did the organization pay   | or accrue any compensatior      | า           |            |          |      |
| contingent on the            | -   |                                 |             |            |          | v    |
|                              |   |                                 |             |            |          | X    |
|                              | ization?  |                                 |             | 6b         |          | X    |
|                              | or 6b, describe in Part III.  |                                 |             |            |          |      |
|                              | on Form 990, Part VII, Section A, line 1a, did the organization prov  |                                 |             | -          |          | X    |
|                              | ines 5 and 6? If "Yes," describe in Part III  |                                 |             | . 7        |          |      |
|                              | s reported on Form 990, Part VII, paid or accrued pursuant to a con   |                                 |             |            |          | X    |
|                              | eption described in Regulations section 53.4958-4(a)(3)? If "Yes," of   |                                 |             | 8          |          |      |
|                              | did the organization also follow the rebuttable presumption proced  |                                 |             | 9          |          |      |
|                              | on 53.4958-6(c)?<br>Reduction Act Notice, see the Instructions for Form 990.  |                                 |             |            |          | 2000 |
|                              | neulouon Act Notice, see the instructions for Form 990.   |                                 | Schedu      | le J (Forn | 1 990)   | 2022 |

232111 10-18-22

| Schedule J (Form 990) 2022 ME   | MESSIAH              |                | LIFEWAYS                          |  |   | 35-2443724                        | 724                            |                                    | Page 2                                    |
|---|----------------------|----------------|-----------------------------------|--|---|-----------------------------------|--------------------------------|------------------------------------|---|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed   | ey Emp               | loyee          | es, and Highest C                 | ompensated Empl  | oyees. Use duplica                        | te copies if additional s         | pace 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. | lust be r<br>on Form | repor<br>1 990 | ted on Schedule J<br>), Part VII. | , report compensati  | on from the organiza                      | ation on row (i) and from         | rrelated organizations         | s, described in the instr          | uctions, on row (ii).                     |
| 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   | i listed i           | ndivi          | dual must equal th                | e total amount of F  | orm 990, Part VII, Se                     | ction A, line 1a, applica         | tble column (D) and (E         | :) amounts for that indi           | vidual.                                   |
|   |                      | (B             | ) Breakdown of W                  | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | C and/or 1099-NEC                         | (C) Retirement and other deferred | <b>(D)</b> Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation<br>in column (B)         |
| (A) Name and Title  |                      |                | (i) Base<br>compensation          | (ii) Bonus &<br>incentive<br>compensation                          | (iii) Other<br>reportable<br>compensation | compensation                      |                                |                                    | reported as deferred<br>on prior Form 990 |
| (1) KARL J. BRUMMER   |                      | (j)            | 213,453.                          | .0   | .0  | 1,738.                            | 27,462.                        | 242,653.                           | •0  |
| PRESIDENT   |                      |                | •0                                | .0   | .0  | •0                                | •                              |                                    | .0  |
| (2) KIMBERLY VALVO  |                      | (i)            | 106,637.                          | 0.   | .0  | 1,632.                            | 7,059.                         | 115,328.                           | .0  |
| VP OF OPERATIONS  | (Ü                   | (ii)           | 40,718.                           | 0.   | • 0                                       | • 0                               | 3,443.                         | `                                  | .0  |
| (3) ALICIA TITUS  | (i                   | (i)            | 150,587.                          | • 0  | • 0                                       | 1,619.                            | 613.                           | 152,819.                           | .0  |
| SENIOR VICE PRESIDENT   | ii)                  | (ii)           | 0.                                | 0.   | • 0                                       | 0.                                | 0.                             | 0.                                 | .0  |
|   | ij                   | (i)            |                                   |  |   |                                   |                                |                                    |   |
|   | Ü                    | (ii)           |                                   |  |   |                                   |                                |                                    |   |
|   | i)                   | (i)            |                                   |  |   |                                   |                                |                                    |   |
|   | , ij                 |                |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | (i)            |                                   |  |   |                                   |                                |                                    |   |
|   | (Ü                   | (ii)           |                                   |  |   |                                   |                                |                                    |   |
|   | (i                   | (i)            |                                   |  |   |                                   |                                |                                    |   |
|   | (ii                  | (ii)           |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | (i)            |                                   |  |   |                                   |                                |                                    |   |
|   | (ii)                 | i)             |                                   |  |   |                                   |                                |                                    |   |
|   |                      | (i)            |                                   |  |   |                                   |                                |                                    |   |
|   | (ii)                 | (ii)           |                                   |  |   |                                   |                                |                                    |   |
|   | (j                   | (i)            |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | (ii)           |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | Ξ              |                                   |  |   |                                   |                                |                                    |   |
|   | (ii)                 | (i             |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | Ξ              |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | (ii)           |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | (i)            |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | (ii)           |                                   |  |   |                                   |                                |                                    |   |
|   | Ü                    | E              |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | (ii)           |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | (i)            |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | (ii)           |                                   |  |   |                                   |                                |                                    |   |
|   | ij                   | (i)            |                                   |  |   |                                   |                                |                                    |   |
|   | Ü                    | (ii)           |                                   |  |   |                                   |                                |                                    |   |
|   |                      |                |                                   |  |   |                                   |                                | Schedu                             | Schedule J (Form 990) 2022                |

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| Schedule J (Form 990) 2022 MESSIAH LIFEWAYS  | 35-2443724 Page 3                        |
|--|--|
| 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. | his part for any additional information. |
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|  | Schedule J (Form 990) 2022               |

SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



35-2443724

MESSIAH LIFEWAYS

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTENTIONAL AND MEANINGFUL COMMUNITY LIFE IS CENTRAL TO ACHIEVING THE

ORGANIZATION'S MISSION OF LIVING "LIFE.EMBRACED". WE BELIEVE LIFE CAN

BE ENHANCED WHEN PERSONS HAVE OPPORTUNITIES TO PURSUE THEIR OWN GROWTH

WITH AN INWARD JOURNEY OF THE BODY, MIND AND SOUL, HAVE OPPORTUNITIES

TO JOURNEY OUTWARD AND CARE FOR AND SHARE THEIR HEARTS AND HANDS WITH

OTHERS, AND HAVE OPPORTUNITIES TO JOYOUSLY JOURNEY TOGETHER WITH OTHERS

AND BUILD RESPECTFUL, PARTICIPATORY RELATIONSHIPS.

OUR DREAM IS TO INSPIRE EVERYONE 55 AND BETTER TO MORE FULLY EMBRACE LIFE; TO NOT FEAR GROWING OLDER, BUT TO RE-IMAGINE THE JOURNEY OF AGING AS A TIME OF PURPOSE, ZEST, AND FAITH-FILLED LIVING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MESSIAH LIFEWAYS BROUGHT IN REVENUES OF 5.9 M AND EXPENSES OF \$6.1M WHICH RESULTED IN OPERATING INCOME LOSS OF \$0.2M.

WITH THE HELP OF MARKETING EFFORTS, RESIDENTIAL LIVING ADDED 39 MOVE-INS. A LARGE AMOUNT OF TIME AND EFFORT WAS PUT INTO STRATEGIC HIRING PROMOTIONS. THE HUMAN RESOURCES OFFICE MADE 220 HIRES IN THE LAST FISCAL YEAR, WHILE EFFORTS CONTINUE TO FILL THE GAP OF OPEN CLINICAL POSITIONS.

FOR ADDITIONAL PROGRAM SERVICE ACCOMPLISHMENTS OF CONTROLLED ENTITIES,

PLEASE SEE THE 990 NARRATIVES FOR:

MESSIAH HOME

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

Schedule O (Form 990) 2022

Name of the organization

MESSIAH LIFEWAYS

Employer identification number 35-2443724

MESSIAH FAMILY SERVICES

MESSIAH LIFEWAYS COMMUNITY SUPPORT SERVICES

TO LEARN MORE, VISIT MESSIAHLIFEWAYS.ORG.

FORM 990, PART VI, SECTION A, LINE 7A:

AT LEAST 51% OF THE DIRECTORS OF THE CORPORATION ARE TO BE MEMBERS OF THE

BRETHREN IN CHRIST CHURCH WHO SHALL BE APPROVED BY THE GENERAL ASSEMBLY

BOARD OF THE BRETHREN IN CHRIST CHURCH.

FORM 990, PART VI, SECTION A, LINE 7B:

THE GENERAL ASSEMBLY BOARD OF THE BRETHREN IN CHRIST CHURCH HAS THE RIGHT

TO CONFIRM OR DENY ONLY THE 51% OF THE BRETHREN IN CHRIST DIRECTORS

APPROVED BY THE GENERAL ASSEMBLY BOARD AND APPROVES ALL AMENDMENTS TO THE

ARTICLES OF INCORPORATION AND BYLAWS.

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

MANAGEMENT REVIEWED THE FORM 990 IN DETAIL. THE FORM 990 WAS THEN POSTED ON THE BOARD WEBSITE FOR MEMBER ACCESS AND REVIEW. DURING THEIR NOVEMBER MEETING OF THE FINANCE & SHARED SERVICES COMMITTEE OF THE MESSIAH LIFEWAYS BOARD, THE FORMS 990 OF MESSIAH LIFEWAYS AND EACH OF ITS CONTROLLED ENTITIES WERE REVIEWED BEFORE BEING FILED WITH THE IRS. THE REVIEW WAS LED BY THE CFO.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY BOARD MEMBERS AND EXECUTIVE TEAM AFFIRM IN WRITING THEIR AWARENESS AND COMPLIANCE WITH THE CODE OF ETHICS AND CONDUCT POLICY AND CONFLICT OF INTEREST POLICY. ALL ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST AND 232212 10-28-22 35

10081115 144198 99274

2022.05000 MESSIAH LIFEWAYS

| Schedule O (Form 990) 2022                                 | Page <b>2</b>                  |
|--|--------------------------------|
| Name of the organization                                   | Employer identification number |
| MESSIAH LIFEWAYS   | 35-2443724                     |
| AGREE TO REFRAIN FROM PARTICIPATING IN ANY DELIBERATIONS,  | DECISIONS, OR                  |
| VOTING RELATING TO THE MATTER. THE POLICY IS MONITORED BY  | MANAGEMENT OF                  |
| MESSIAH LIFEWAYS. CORPORATE COMPLIANCE & RISK MANAGEMENT V | ERIFIES THAT ALL               |
| FORMS ARE COMPLETED AND SIGNED ANNUALLY. ANY VIOLATIONS OF | THE POLICY WILL                |
| BE HANDLED AS DEEMED NECESSARY IN ACCORDANCE WITH THE POLI | CY. ANY MEMBER                 |
| WHO INTENTIONALLY VIOLATES THE POLICY MAY BE REMOVED FROM  | THE BOARD.                     |

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS HAS A "PRESIDENTIAL RELATIONS COMMITTEE" WHICH CONDUCTS AN ANNUAL REVIEW OF THE PRESIDENT. THIS COMMITTEE HAS THE SAME COMPOSITION AS THE EXECUTIVE COMMITTEE. IN ADDITION TO ESTABLISHING THIS COMMITTEE THE BOARD HAS ESTABLISHED A POLICY TO GUIDE THE WORK OF THE COMMITTEE. THE PURPOSE OF THE COMMITTEE IS TO CONDUCT THE ANNUAL PERFORMANCE EVALUATION OF THE PRESIDENT, REVIEW PAST GOALS AND ESTABLISH FUTURE GOALS, SHARE A SUMMARY OF THE EVALUATION WITH THE FULL BOARD, AND RECOMMEND TERMS OF COMPENSATION TO THE FULL BOARD. IN DETERMINING COMPENSATION, THE BOARD REVIEWS SALARY DATA FROM VARIOUS SOURCES SUCH AS TRADE ASSOCIATION AND HEALTHCARE ALLIANCES. THEIR REVIEW IS DOCUMENTED IN THE BOARD MINUTES.

REGARDING OTHER OFFICERS OF THE ORGANIZATION, THE PRESIDENT CONDUCTS AN ANNUAL PERFORMANCE EVALUATION. IN DETERMINING THE OFFICERS' COMPENSATION, THE PRESIDENT REVIEWS SALARY DATA FROM APPROPRIATE TRADE ASSOCIATIONS AND ALLIANCES. THE BOARD OF DIRECTORS GIVES FINAL APPROVAL OF THE COMPENSATION OF THESE OFFICERS INDIRECTLY THROUGH REVIEW AND APPROVAL OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

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|  | Page <b>2</b>                                |
|--|--|
| Schedule O (Form 990) 2022 Name of the organization MESSIAH LIFEWAYS | Employer identification number<br>35-2443724 |
| THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INT           | EREST POLICY ARE                             |
| AVAILABLE FOR INSPECTION UPON REQUEST. THE ORGANIZATION'S            | FINANCIAL                                    |
| STATEMENTS ARE AVAILABLE ON ITS WEBSITE (WWW.MESSIAHLIFEWA           | YS.ORG), AND UPON                            |
| REQUEST. ADDITIONALLY THE FINANCIAL STATEMENTS ARE INCORPO           | RATED INTO THE                               |
| DISCLOSURE STATEMENT PREPARED FOR MESSIAH HOME AND MESSIAH           | FAMILY SERVICES,                             |
| AS REQUIRED BY THE DEPARTMENT OF INSURANCE. MESSIAH ALSO P           | OSTS THE AUDITED                             |
| STATEMENTS OUT TO THE EMMA WEBSITE (WWW.EMMA.MSRB.ORG).              |  |
|  |  |
| FORM 990, PART VI, LINE 1:   |  |
| OFFICERS OF THE BOARD OF DIRECTORS (CHAIR, VICE CHAIR) AND           | UP TO THREE                                  |
| MEMBERS AT LARGE MAKE UP THE EXECUTIVE COMMITTEE. IN ADDIT           | ION TO OTHER                                 |
| DUTIES ASSIGNED TO IT BY THE CHAIR OR THE BOARD OF DIRECTO           | RS, IT WILL:                                 |
| (1) GOVERN THE ACTIVITIES AND RESPONSIBILITIES OF THE CORP           | ORATION WHEN                                 |
| THE BOARD OF DIRECTORS IS NOT AVAILABLE FOR MEETING OR BET           | WEEN MEETINGS                                |
| OF THE BOARD OF DIRECTORS.   |  |
| (2) PROVIDE CONTINUITY IN GOVERNMENT OF THE CORPORATION.             |  |
|  |  |
|  |  |
| FORM 990, PART VII, SECTION A:                                       |  |
| ALISA MILLER, INTERIM CFO, RECEIVES COMPENSATION FROM KAIR           | OS HEALTH                                    |

SYSTEMS, INC. THIS CORPORATION IS REIMBURSED FOR SERVICES ALISA MILLER

PROVIDES TO MESSIAH GROUP. THE AMOUNT REIMBURSED DURING THE FISCAL YEAR

2022-23 WAS \$91,974.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE LABOR:

PROGRAM SERVICE EXPENSES

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Schedule O (Form 990) 2022

0.

| lame of the organization<br>MESSIAH LIFEWAYS           | Employer identification numb |
|--|------------------------------|
| IANAGEMENT AND GENERAL EXPENSES                        | 89,127.                      |
| FUNDRAISING EXPENSES                                   | 0.                           |
| TOTAL EXPENSES   | 89,127.                      |
| CONSULTING FEES:                                       |                              |
| PROGRAM SERVICE EXPENSES                               | 48,316.                      |
| IANAGEMENT AND GENERAL EXPENSES                        | 731,888.                     |
| FUNDRAISING EXPENSES                                   | 2,762.                       |
| TOTAL EXPENSES   | 782,966.                     |
| AUTHORITY TRUSTEE FEES:                                |                              |
| PROGRAM SERVICE EXPENSES                               | 0.                           |
| IANAGEMENT AND GENERAL EXPENSES                        | 21,030.                      |
| FUNDRAISING EXPENSES                                   | 0.                           |
| TOTAL EXPENSES   | 21,030.                      |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 893,123.                     |
|  |                              |
|  |                              |
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232212 10-28-22

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| SCHEDULE R<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service   | Related Organizations and Unrelated Partnerships<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.<br>Attach to Form 990.<br>Go to www.irs.gov/Form990 for instructions and the latest information. | anizations and Unrelated Partnership<br>n answered "Yes" on Form 990, Part IV, line 33, 34, 35k<br>Attach to Form 990.<br>ov/Form990 for instructions and the latest information. | <b>tnerships</b><br>e 33, 34, 35b, 36<br>information. | , or 37.  |                                      | OMB No. 1545-0047<br>2022<br>Open to Public<br>Inspection |
|--|---|---|---|---|--------------------------------------|---|
| Name of the organization MESSIAH LIFEWAYS  |   |   |   |   | Employer identificatio<br>35-2443724 | Employer identification number 35-2443724                 |
| <b>Part I</b> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | ete if the organization answered "Yes"  | on Form 990, Part IV, line 3(   |   |   |                                      |   |
| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity  | <b>(b)</b><br>Primary activity  | <b>(c)</b><br>Legal domicile (state or<br>foreign country)  | r Total income  | (e)<br>End-of-year assets                                 |                                      | (f)<br>Direct controlling<br>entity                       |
|  |   |   |   |   |                                      |   |
|  |   |   |   |   |                                      |   |
|  |   |   |   |   |                                      |   |
|  |   |   |   |   |                                      |   |
| Part II         Identification of Related Tax-Exempt Organizations.           organizations during the tax year.                 | Complete if th  | e organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt  | , Part IV, line 34, t                                 | pecause it had one  | or more related tax-ex               | empt  |
| <b>(a)</b><br>Name, address, and EIN<br>of related organization  | <b>(b)</b><br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country)   | (d)<br>Exempt Code<br>section                         | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity  | (g)<br>Section 512(b)(13)<br>controlled<br>entity?        |
| MESSIAH HOME D/B/A MESSIAH LIFEWAYS AT<br>MESSIAH VILLAGE - 23-1458000, 100 MT. ALLEN<br>DRIVE, MECHANICSBURG, PA 17055          | SENIOR HEALTHCARE   | PENNSYLVANIA  | 501(C)(3)   | LINE 10   | MESSIAH LIFEWAYS                     |   |
| MESSIAH FAMILY SERVICES D/B/A MESSIAH<br>LIFEWAYS AT MOUNT JOY COUNTRY HOMES - , 100<br>MT. ALLEN DRIVE, MECHANICSBURG, PA 17055 | HOUSING FOR SENIOR ADULTS   | PENNSYLVANIA  | 501(C)(3)   | LINE 10   | MESSIAH LIFEWAYS                     | ×   |
| MESSIAH LIFEWAYS COMMUNITY SUPPORT SERVICES - 32-0375859, 100 MT. ALLEN DRIVE, MECHANICSBURG, PA 17055                           | SENIOR HEALTHCARE   | PENNSYLVANIA  | 501(C)(3)   | LINE 10   | MESSIAH LIFEWAYS                     | X   |
|  |   |   |   |   |                                      |   |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | ns for Form 990.  |   |   |   | Schedule F                           | Schedule R (Form 990) 2022                                |

| Schedule R (Form 990) 2022 MESSIAH  | IAH LIFEWAYS                   | ß  |  |   |   |   |   |   | 35-24   | 2443724  | Page 2  |
|---|--------------------------------|--|--|---|---|---|---|---|---|--|---|
| <b>Part III</b> Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.                   | ganizations Taxable a          | <b>as a Partne</b><br>X year.                                |  | the organiza  | Complete if the organization answered "Y  | "Yes" on Form 990, Part IV, line 34, because it had one or more related | Part IV, line                                   | 34, becaus                              | ie it had one or r  | nore relate  | φ   |
| <b>(a)</b><br>Name, address, and EIN<br>of related organization   | <b>(b)</b><br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) |   | (f)<br>Share of total<br>income<br>er                                   | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or l<br>x managing<br>le partner?<br>55) Yes No | (k)<br>r Percentage<br>ownership                                |
|   |                                |  |  |   |   |   |   |   |   |  |   |
|   |                                |  |  |   |   |   |   |   |   |  |   |
|   |                                |  |  |   |   |   |   |   |   |  |   |
|   |                                |  |  |   |   |   |   |   |   |  |   |
| Part IV         Identification of Related Organizations Taxable as a Corporation           organizations treated as a corporation or trust during the tax year. | ganizations Taxable a          | <b>as a Corpo</b><br>ng the tax y                            | or Trust.                                  | omplete if the  | Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related | wered "Yes" on I  | <sup>-</sup> orm 990, Pa                        | urt IV, line 3                          | 4, because it ha  | d one or n   | ore related   |
| (a)<br>Name, address, and EIN<br>of related organization  | N. c                           | Prin   | <b>(b)</b><br>Primary activity             | (c)<br>Legal domicile<br>(state or<br>foreign<br>country)   | (d)<br>Direct controlling<br>entity   | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust)                  | (f)<br>Share of total<br>income                 | f total<br>me                           | (g)<br>Share of<br>end-of-year<br>assets                                | (h)<br>Percentage<br>ownership                                 | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity?<br>Yes No |
|   |                                |  |  |   |   |   |   |   |   |  |   |
|   |                                |  |  |   |   |   |   |   |   |  |   |
|   |                                |  |  |   |   |   |   |   |   |  |   |
|   |                                |  |  |   |   |   |   |   |   |  |   |
|   |                                |  |  |   |   |   |   |   |   |  |   |
| 232162 09-14-22   |                                |  |  | 40  |   |   |   |   | Sched   | lule R (Fo   | Schedule R (Form 990) 2022                                      |

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| LIFEWAYS    |
|-------------|
| MESSIAH     |
| ) 2022      |
| Form 990    |
| chedule R ( |

| Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36                      | ered "Yes" on Form                      | 990, Part IV, line 34, 35t    | o, or 36.  | -            | -      |
|---|---|-------------------------------|--|--------------|--------|
| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |   |                               |  | 1            | Yes No |
| 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? | with one or more rel                    | ated organizations listed     | in Parts II-IV?  |              |        |
| Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   |   |                               |  | <b>1</b> a   | R      |
| Gift, grant, or capital contribution to related organization(s)   |   |                               |  | 1b           | X      |
| (S)   |   |                               |  | <del>ب</del> |        |
| Loans or loan guarantees to or for related organization(s)  |   |                               |  |              | ×      |
|   |   |                               |  | 1e           | X      |
|   |   |                               |  |              |        |
|   |   |                               |  | 1f           | n      |
|   |   |                               |  | 1g           | X      |
|   |   |                               |  | 4<br>H       | Х      |
|   |   |                               |  | 1i           | Х      |
| Lease of facilities, equipment, or other assets to related organization(s)  |   |                               |  | 1            | X      |
|   |   |                               |  |              |        |
| Lease of facilities, equipment, or other assets from related organization(s)  |   |                               |  | ¥            | ×      |
| Performance of services or membership or fundraising solicitations for related organization(s)  | zation(s)                               |                               |  | 1            | X      |
| Performance of services or membership or fundraising solicitations by related organization(s)   | zation(s)                               |                               |  | ц<br>Т       | X      |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | n(s)                                    |                               |  | 1<br>L       | X      |
| Sharing of paid employees with related organization(s)  |   |                               |  | 10           | Х      |
|   |   |                               |  |              |        |
| Reimbursement paid to related organization(s) for expenses  |   |                               |  | 1p           | X      |
| Reimbursement paid by related organization(s) for expenses  |   |                               |  | ę            | ×      |
|   |   |                               |  |              |        |
| Other transfer of cash or property to related organization(s)   |   |                               |  | ١r           | X      |
| Other transfer of cash or property from related organization(s)   |   |                               |  | 1s           | 2      |
| s for infor   | o must complete thi                     | s line, including covered     | mation on who must complete this line, including covered relationships and transaction thresholds. |              |        |
|   | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved   | volved       |        |
| LIFEWAYS AT   | р                                       | 852,666.                      | CASH   |              |        |
| SUPPORT   | р                                       | 1,060,382.                    | CASH   |              |        |
| S D/B/A MESSIAH<br>COUNTRY HOMES  | Д                                       | 47,355.                       | CASH   |              |        |
| LIFEWAYS AT   | 4                                       |                               | 110 40   |              |        |
|   | 4                                       | 14U,03Z.                      | САЗН   |              |        |
| SERVICES D/B/A MESSIAN<br>NT JOY COUNTRY HOMES  | ц                                       | 170,400.COST                  | COST   |              |        |
| Ēų  |   |                               |  |              |        |

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(6) MESSIAH VILLAGE

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5,676,579. COST

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Schedule R (Form 990) 2022

| Schedule R (Form 990) MESSIAH LIFEWAYS   |   |                               | 35-2443724                                      |
|--|---|-------------------------------|---|
| Part V Continuation of Transactions With Related Organizations (Schedule R (For  | le R (Form 990), Part V, line 2)        |                               |   |
| <b>(a)</b><br>Name of other organization   | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining<br>amount involved |
| MESSIAH LIFEWAYS COMMUNITY SUPPORT<br>(7) SERVICES                               | Г                                       | 198,000.                      | COST  |
| MESSIAH FAMILY SERVICES D/B/A MESSIAH<br>(8) LIFEWAYS AT MOUNT JOY COUNTRY HOMES | 0                                       | 51,171.EST.                   | EST. HOURS PER ORGANIZATION                     |
| MESSIAH HOME D/B/A MESSIAH LIF<br>MESSIAH VILLAGE                                | 0                                       | 292,228.                      | 228.EST. HOURS PER ORGANIZATION                 |
| MESSIAH<br>SERVICES  | 0                                       | 76,909.                       | HOURS   |
| (11)   |   |                               |   |
| (12)   |   |                               |   |
| (13)   |   |                               |   |
| (14)   |   |                               |   |
| (15)   |   |                               |   |
| (16)   |   |                               |   |
| (17)   |   |                               |   |
| (18)   |   |                               |   |
| (19)   |   |                               |   |
| (20)   |   |                               |   |
| (21)   |   |                               |   |
| (22)   |   |                               |   |
| (23)   |   |                               |   |
| (24)   |   |                               |   |
|  |   |                               |   |

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Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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Schedule R (Form 990) 2022 44 2022.05000 MESSIAH LIFEWAYS

#### UNRELATED BUSINESS INCOME

## **CARRYOVER DATA TO 2023**

| Name<br>MESSIAH LIFEWAYS   | Employer Identification 35-2443724 | Number<br><mark>1</mark> |
|--|------------------------------------|--------------------------|
| Based on the information provided with this return, the following are possible carryover amounts to next year. |                                    |                          |
| FEDERAL CONTRIBUTION - 50% CASH  |                                    | 14,883.                  |
|  |                                    |                          |
|  |                                    |                          |
|  |                                    |                          |
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|  |                                    |                          |

219341 04-01-22

| Name:   | Name: MESSIAH LIFEWAYS                                | AYS                        |   |                    |                    |                           |                    |                    |                    | FEIN:              | 35-2443724         |
|---|---|----------------------------|---|--------------------|--------------------|---------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Type ar<br>Section 36                             | Type and Entity: CON<br>Section 382 Annual Limitation | CONTRIBUTION - 508<br>0 Se | <pre>% CASH FED<br/>Section 382 Carrvover</pre> |                    | DETAIL CA          | DETAIL CARRYOVER SCHEDULE | EDULE              |                    |                    |                    |                    |
| СКСТЕСКА<br>Соста<br>2022<br>2022<br>2022<br>2022 | Original<br>Carryover<br>Amount<br>14, 883.           | Total<br>Amount<br>Used    | Amount<br>Used for                              | Used for Used for  | Amount<br>Used for | Amount<br>Used for        | Amount<br>Used for | Amount<br>Used for | Amount<br>Used for | Used for Used for  | Amount<br>Used for |
| ZODŒK0⊢⊃>3  |   |                            |   |                    |                    |                           |                    |                    |                    |                    |                    |
| Detail  |   | Amount<br>Used for         | Amount<br>Used for                              | Amount<br>Used for | Amount<br>Used for | Amount<br>Used for        | Amount<br>Used for | Amount<br>Used for | Amount<br>Used for | Amount<br>Used for | Amount<br>Used for |

# 04-01-22

| ç                                 | 3879-TE  |  | IRS  | e-file Signatu<br>for a Tax Exe  | re Authoriz   | ation  |   | OMB N                                       | No. 1545-0047  |
|-----------------------------------|--|--|--|--|---|--|---|---|--|
| Form 🖣                            | 075-1L   | For calendar yea   |  | l year beginning JUL 1   |   |  | 0, 20 2 3   |   | იიი  |
| Departm                           | ent of the Treasury  |  |  | Do not send to the IRS.  | Keep for your recor   | ds.  |   | 2   | 022  |
|                                   | Revenue Service  |  | Go to  | www.irs.gov/Form8879   | E for the latest info   | rmation.   | EIN or S  | 01  |  |
| Name o                            |  | H LIFEWA   | VC   |  |   |  |   | 5N<br>2443724                               | Λ  |
| Nomo                              | Ind title of officer or pe   |  |  | ROD LEO  |   |  | 35-   | 2443724                                     | <u>±</u>   |
| Marrie a                          |  | rson subject to ta   |  | EF FINANCIAL   | OFFICER   |  |   |   |  |
| Part                              | I Type of  | Return and   | Return I   | nformation   |   |  |   |   |  |
| Form 5<br>or <b>10a</b><br>whiche | 5330 filers may ente below, and the amo  | r dollars and ce<br>ount on that line<br>ank (do not ent                 | ents. For all<br>e for the ret<br>er -0-). But             | this Form 8879-TE and e<br>other forms, enter whole<br>turn being filed with this for<br>, if you entered -0- on the<br><b>fotal revenue,</b> if any (Form | dollars only. If you cl<br>orm was blank, then<br>eturn, then enter -0- | heck the bo<br>leave line <b>1</b><br>on the appli | x on line <b>1a, 2</b><br><b>b, 2b, 3b, 4b,</b> 4<br>icable line belo | a, 3a, 4a, 5a<br>5b, 6b, 7b, 8<br>w. Do not | a, 6a, 7a, 8a, 9a,<br>3b, 9b, or 10b,<br>complete more |
| 2a                                | Form 990-EZ che  |  |  | otal revenue, if any (Forn   |   |  |   |   |  |
| 2a<br>3a                          | Form 1120-POL  |  |  | otal tax (Form 1120-POL  |   |  |   |   |  |
| 4a                                | Form 990-PF che  |  |  | ax based on investment   |   |  |   |   |  |
| 5a                                | Form 8868 check  | _  |  | alance due (Form 8868,   |   |  |   |   |  |
| 6a                                | Form 990-T chec  | _  |  | <b>otal tax</b> (Form 990-T, Par   |   |  |   | 6b  | 221.   |
| 7a                                | Form 4720 check  | _  |  | <b>otal tax</b> (Form 4720, Part   |   |  |   |   |  |
| 8a                                | Form 5227 check  | _  |  | MV of assets at end of t   |   |  |   |   |  |
| 9a                                | Form 5330 check  |  | bT   | <b>ax due</b> (Form 5330, Part   | I, line 19)   |  |   |   |  |
| 10a                               | Form 8038-CP ct  |  |  | mount of credit paymen   |   |  |   | 10b   |  |
| Part                              | II Declarat  | ion and Sig  | nature A   | uthorization of Offi   | cer or Person S   | ubject to  | Tax   |   |  |
| payme<br>persor                   | ent of taxes to receiv   | e confidential i   | nformation   | lement) date. I also autho<br>necessary to answer inqu<br>for the electronic return a  | iries and resolve issu  | ues related t                                      | to the payment  | . I have sele                               | cted a   |
|                                   | X I authorize BA   | KER TILI   | LY US,   | LLP  |   |  | to enter my   | / PIN                                       | 99274  |
|                                   |  |  |  | ERO firm name  |   |  |   | Enter fi                                    | ive numbers, but<br>enter all zeros                    |
|                                   | with a state age<br>on the return's o<br>As an officer or<br>return. If I have | ncy(ies) regulat<br>lisclosure cons<br>person subject<br>ndicated within | ing charitie<br>ent screen<br>to tax with<br>a this returr | tronically filed return. If I h<br>is as part of the IRS Fed/S<br>respect to the entity, I wi<br>hat a copy of the return<br>I on the return's disclosur   | tate program, I also<br>I enter my PIN as my<br>is being filed with a s | authorize th<br>signature c                        | ne aforemention   | ned ERO to e                                | enter my PIN   |
| Signatur                          | e of officer or person subje   | et to tax<br>Ition and Au  | Ithentica  | ition  |   |  | D   | ate   |  |
|                                   | EFIN/PIN. Enter yo   |  |  |  |   |  |   |   |  |
|                                   | er (EFIN) followed by  | -  | -  | -  |   | 354715<br>not enter all :                          |   |   |  |
| submi                             |  |  |  | ch is my signature on the<br>ements of <b>Pub. 4163,</b> Mo  |   |  |   |   |  |
| ERO's s                           | signature KER  | RI N. BO   | )GDA,  | СРА  |   | Date   | 11/06/23  | 3   |  |
|                                   |  | Dalla  |  | Must Retain This Fo  |   |  |   |   |  |
|                                   |  |  |  | This Form to the IF  | -   | estea 10   | DO 20   | F 0   | 879-TE (2022)  |
| LHA                               | For Privacy Act and  | a Paperwork R  | eauction   | Act Notice, see instructio   | ins.  |  |   | Form <b>O</b>                               | JIJ-I∟ (2022)  |
| 202521                            | 12-16-22   |  |  | 4  | 7<br>05000 MEGO   |  |   |   | 00274  |

10081115 144198 99274

2022.05000 MESSIAH LIFEWAYS

| Form <b>990-T</b>   | Exempt Organization Business Income Tax Return<br>(and proxy tax under section 6033(e))  | ין י   | OMB No. 1545-0047  |
|---|--|--------|--|
|   | For calendar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 202  | :3     | 2022   |
| Department of the Treasury<br>Internal Revenue Service              | Go to www.irs.gov/Form990T for instructions and the latest information.<br>Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). | _      | Open to Public Inspection for 501(c)(3) Organizations Only |
| A Check box if<br>address changed                                   | Name of organization ( Check box if name changed and see instructions.)  |        | ever identification number                                 |
| B Exempt under section<br>X 501(c)(3)<br>408(e) 220(e<br>408A 530(a |  | EGroup | 5 – 2443724<br>exemption number<br>astructions)            |
| 529(a) 529A   | MECHANICSBURG, PA       17055         C Book value of all assets at end of year       4,050,065.   | _F     | Check box if an amended return.                            |
| G Check organization  |  | State  | college/university   |
| H Check if filing only  |  |        | <u> </u>   |
|   | organization filing a consolidated return with a 501(c)(2) titleholding corporation  |        |  |
|   | of attached Schedules A (Form 990-T)   |        | 1  |
| K During the tax yea  | , was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   |        | Yes X No   |
|   | name and identifying number of the parent corporation.   |        |  |
| L The books are in c  |  | /17-   | 697-4666   |
| Part I Total Ur   | related Business Taxable Income  |        |  |
| 1 Total of unrelate   | business taxable income computed from all unrelated trades or businesses (see  |        |  |
| instructions)   |  | 1      | 2,167.   |
| 2 Reserved  |  | 2      |  |
| 3 Add lines 1 and   |  | 3      | 2,167.   |
|   | butions (see instructions for limitation rules) STMT 1 STMT 2  | 4      | 117.   |
| 5 Total unrelated b   | usiness taxable income before net operating losses. Subtract line 4 from line 3  | 5      | 2,050.   |
| 6 Deduction for ne  | t operating loss. See instructions   | 6      |  |
| 7 Total of unrelate   | business taxable income before specific deduction and section 199A deduction.  |        |  |
| Subtract line 6 fr  |  | 7      | 2,050.   |
| 8 Specific deduction  | on (generally \$1,000, but see instructions for exceptions)  | 8      | 1,000.   |
| 9 Trusts. Section   | 199A deduction. See instructions   | 9      |  |
| 10 Total deduction  | s. Add lines 8 and 9   | 10     | 1,000.   |
| 11 Unrelated busin  | ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,   |        |  |
| enter zero  |  | 11     | 1,050.   |
| Part II Tax Cor   | •  |        |  |
|   | axable as corporations. Multiply Part I, line 11 by 21% (0.21)   | 1      | 221.   |
|   | t trust rates. See instructions for tax computation. Income tax on the amount on   |        |  |
| Part I, line 11 fro   |  | 2      |  |
| 3 Proxy tax. See i  |  | 3      |  |
|   | ts. See instructions   | 4      |  |
|   | num tax (trusts only)  | 5      |  |
|   | bliant facility income. See instructions   | 6      | 0.01   |
|   | 3 through 6 to line 1 or 2, whichever applies  | 7      | <u>221.</u>  |
| LHA For Paperwork   | Reduction Act Notice, see instructions.  |        | Form <b>990-T</b> (2022)                                   |

| Form 9     | 90-T (2022)   |            | F   | 2 Page |
|------------|---|------------|-----|--------|
| Part       | III Tax and Payments  |            |     |        |
| <b>1</b> a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   |            |     |        |
| b          | Other credits (see instructions) 1b   |            |     |        |
| с          | General business credit. Attach Form 3800 (see instructions)  |            |     |        |
| d          | Credit for prior year minimum tax (attach Form 8801 or 8827)  |            |     |        |
| е          | Total credits. Add lines 1a through 1d  | 1e         |     |        |
| 2          | Subtract line 1e from Part II, line 7   | 2          | 2   | 21.    |
| 3          | Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866   |            |     |        |
|            | Other (attach statement)  | 3          |     |        |
| 4          | Total tax. Add lines 2 and 3 (see instructions).  |            |     |        |
|            | section 1294. Enter tax amount here   | 4          | 2   | 21.    |
| 5          | Current net 965 tax liability paid from Form 965-A, Part II, column (k)   | 5          |     | 0.     |
| 6a         | Payments: A 2021 overpayment credited to 2022   |            |     |        |
| b          | 2022 estimated tax payments. Check if section 643(g) election applies 6b  |            |     |        |
| с          | Tax deposited with Form 8868 6c   |            |     |        |
| d          | Foreign organizations: Tax paid or withheld at source (see instructions) 6d   |            |     |        |
| е          | Backup withholding (see instructions) 6e  |            |     |        |
| f          | Credit for small employer health insurance premiums (attach Form 8941) 6f   |            |     |        |
| g          | Other credits, adjustments, and payments: Form 2439   |            |     |        |
|            | Form 4136 Other Total6g   |            |     |        |
| 7          | Total payments. Add lines 6a through 6g   | 7          |     |        |
| 8          | Estimated tax penalty (see instructions). Check if Form 2220 is attached  | 8          |     |        |
| 9          | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed                                    | 9          | 2   | 21.    |
| 10         | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid                             | 10         |     |        |
|            | Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded   | 11         |     |        |
| Part       | IV Statements Regarding Certain Activities and Other Information (see instructions)                                     |            |     |        |
| 1          | At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority   |            | Yes | No     |
|            | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file |            |     |        |
|            | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country         |            |     |        |
|            | here  |            |     | X      |
| 2          | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a    |            |     |        |
|            | foreign trust?  |            |     | X      |
|            | If "Yes," see instructions for other forms the organization may have to file.   |            |     |        |
| 3          | Enter the amount of tax-exempt interest received or accrued during the tax year \$                                      |            | _   |        |
| 4          | Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car                                    | ryover     |     |        |
|            | shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part           | I, line 6. |     |        |
| 5          | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce         |            |     |        |
|            | the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.      |            |     |        |
|            | Business Activity Code Available post-2017 NOL c  | arryover   | _   |        |
|            | \$  |            | _   |        |
|            | \$  |            |     |        |
| 6a         | Did the organization change its method of accounting? (see instructions)  |            |     | X      |
| b          | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"           |            |     |        |
|            | explain in Part V   |            |     |        |

### Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| Sign<br>Here               | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF FINANCIA |                              |       |                  | ne best of my knor<br>ge.<br>AL       | May t<br>the pr | e and belief, it is true,<br>the IRS discuss this return with<br>reparer shown below (see<br>uctions)? X Yes No |
|----------------------------|---|------------------------------|-------|------------------|---------------------------------------|-----------------|---|
| Paid<br>Preparer           | Print/Type preparer's name<br>KERRI N. BOGDA, CP.<br>Firm's name BAKER TILL   | A CPA                        | GDA,  | Date<br>11/06/23 | Check X<br>self- employ<br>Firm's EIN | if<br>ed        | PTIN<br>P00760402<br>39-0859910   |
| Use Only<br>223711 01-16-2 | 1570 FRU<br>Firm's address LANCASTE   | ITVILLE PIKE,<br>R, PA 17601 | SUITE | 400              |                                       | 71              | 7.740.4863<br>Form 990-T (2022)   |
|                            |   | 4                            | 9     |                  |                                       |                 |   |

2022.05000 MESSIAH LIFEWAYS

| FORM 990-T                     | CONTRIBUTIONS                | STATEMENT 1 |
|--------------------------------|------------------------------|-------------|
| DESCRIPTION/KIND OF PROPERTY   | METHOD USED TO DETERMINE FMV | AMOUNT      |
| PAXTON MINISTRIES              | N/A                          | 15,000.     |
| TOTAL TO FORM 990-T, PART I, L | JINE 4                       | 15,000.     |

| FORM 990-T CONTRIBUTIONS SUMMARY   | STATEMENT 2           |
|--|-----------------------|
| QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT<br>QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT  |                       |
| CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS<br>FOR TAX YEAR 2017<br>FOR TAX YEAR 2018<br>FOR TAX YEAR 2019<br>FOR TAX YEAR 2020<br>FOR TAX YEAR 2021 |                       |
| TOTAL CARRYOVER<br>TOTAL CURRENT YEAR 10% CONTRIBUTIONS  | 15,000                |
| TOTAL CONTRIBUTIONS AVAILABLE<br>TAXABLE INCOME LIMITATION AS ADJUSTED   | 15,000<br>117         |
| EXCESS CONTRIBUTIONS<br>EXCESS 100% CONTRIBUTIONS<br>TOTAL EXCESS CONTRIBUTIONS  | 14,883<br>0<br>14,883 |
| ALLOWABLE CONTRIBUTIONS DEDUCTION  | 117                   |
| TOTAL CONTRIBUTION DEDUCTION   | 117                   |

#### SCHEDULE A (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

1

Open to Public Inspection for 501(c)(3) Organizations Only

1

| Α | Name of the organization | tion     |
|---|--------------------------|----------|
|   | MESSIAH                  | LIFEWAYS |

**C** Unrelated business activity code (see instructions)

541610

35 - 2443724

1

of

B Employer identification number

D Sequence:

#### Describe the unrelated trade or business **CONSULTING SERVICES** E

| Pa      | t I Unrelated Trade or Business Income   | (A) Income | (B) Expenses | (C) Net |         |
|---------|--|------------|--------------|---------|---------|
| 1a<br>b | Gross receipts or sales 10,000.<br>Less returns and allowances c Balance               | 1c         | 10,000.      |         |         |
| 2       | Cost of goods sold (Part III, line 8)  | 2          |              |         |         |
| 3       | Gross profit. Subtract line 2 from line 1c   | 3          | 10,000.      |         | 10,000. |
| 4 a     | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a         |              |         |         |
| b       | Net gain (loss) (Form 4797) (attach Form 4797). See instructions)                      | 4b         |              |         |         |
| с       | Capital loss deduction for trusts  | 4c         |              |         |         |
| 5       | Income (loss) from a partnership or an S corporation (attach                           |            |              |         |         |
|         | statement)   | 5          |              |         |         |
| 6       | Rent income (Part IV)  | 6          |              |         |         |
| 7       | Unrelated debt-financed income (Part V)  | 7          |              |         |         |
| 8       | Interest, annuities, royalties, and rents from a controlled                            |            |              |         |         |
|         | organization (Part VI)   | 8          |              |         |         |
| 9       | Investment income of section 501(c)(7), (9), or (17)                                   |            |              |         |         |
|         | organizations (Part VII)   | 9          |              |         |         |
| 10      | Exploited exempt activity income (Part VIII)   | 10         |              |         |         |
| 11      | Advertising income (Part IX)   | 11         |              |         |         |
| 12      | Other income (see instructions; attach statement)                                      | 12         |              |         |         |
| 13      | Total. Combine lines 3 through 12  | 13         | 10,000.      |         | 10,000. |

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| 1   | Compensation of officers, directors, and trustees (Part X)                           |      |             | 1      |                        |
|-----|--|------|-------------|--------|------------------------|
| 2   | Salaries and wages   |      |             |        | 5,770.                 |
| 3   | Repairs and maintenance  |      |             | 3      |                        |
| 4   | Bad debts  |      |             | 4      |                        |
| 5   | Interest (attach statement). See instructions  |      |             |        |                        |
| 6   | Taxes and licenses   |      |             | 6      |                        |
| 7   | Depreciation (attach Form 4562). See instructions                                    |      |             |        |                        |
| 8   | Less depreciation claimed in Part III and elsewhere on return                        | 8a   |             | 8b     |                        |
| 9   | Depletion  |      |             | 9      |                        |
| 10  | Contributions to deferred compensation plans   |      |             |        |                        |
| 11  | Employee benefit programs  |      |             |        | 1,730.                 |
| 12  | Excess exempt expenses (Part VIII)   |      |             | 12     |                        |
| 13  | Excess readership costs (Part IX)  |      |             | 13     |                        |
| 14  | Other deductions (attach statement)  | E S  | STATEMENT 3 | 14     | 333.                   |
| 15  | Total deductions. Add lines 1 through 14   |      |             | 15     | 7,833.                 |
| 16  | Unrelated business income before net operating loss deduction. Subtract line 15 from | Part | I, line 13, |        |                        |
|     | column (C)   |      |             | 16     | 2,167.                 |
| 17  | Deduction for net operating loss. See instructions                                   |      |             |        | 0.                     |
| 18  | Unrelated business taxable income. Subtract line 17 from line 16                     |      |             |        | 2,167.                 |
| LHA | For Paperwork Reduction Act Notice, see instructions.                                |      |             | Schedu | le A (Form 990-T) 2022 |

223741 01-16-23

|          | ule A (Form 990-T) 2022   |                          |                            |                 | Page 2              |
|----------|---|--------------------------|----------------------------|-----------------|---------------------|
| Part     |   | thod of inventory valua  | tion                       |                 |                     |
| 1        |   |                          |                            |                 |                     |
| 2<br>3   | Purchases   |                          |                            |                 |                     |
| 3<br>4   | Cost of labor<br>Additional section 263A costs (attach statement)                               |                          |                            |                 |                     |
| 5        | Other costs (attach statement)  |                          |                            |                 |                     |
| 6        | Total.         Add lines 1 through 5  |                          |                            |                 |                     |
| 7        | Inventory at end of year  |                          |                            | _               |                     |
| 8        | Cost of goods sold. Subtract line 7 from line 6. Enter  | here and in Part I, line | 2                          | 8               |                     |
| 9        | Do the rules of section 263A (with respect to property  |                          |                            |                 | Yes No              |
| Part     | IV Rent Income (From Real Property an   | d Personal Prope         | rty Leased with R          | eal Property)   |                     |
| 1        | Description of property (property street address, city,   | state, ZIP code). Checl  | < if a dual-use. See instr | ructions.       |                     |
|          |   |                          |                            |                 |                     |
|          | B   |                          |                            |                 |                     |
|          | C   |                          |                            |                 |                     |
|          |   | Α                        | В                          | С               | D                   |
| 2        | Rent received or accrued  |                          |                            |                 |                     |
| а        | From personal property (if the percentage of  |                          |                            |                 |                     |
|          | rent for personal property is more than 10%   |                          |                            |                 |                     |
|          | but not more than 50%)  |                          |                            |                 |                     |
| b        | From real and personal property (if the   |                          |                            |                 |                     |
|          | percentage of rent for personal property exceeds  |                          |                            |                 |                     |
|          | 50% or if the rent is based on profit or income)  |                          |                            |                 |                     |
| с        | Total rents received or accrued by property.  |                          |                            |                 |                     |
|          | Add lines 2a and 2b, columns A through D  |                          |                            |                 |                     |
| 3        | Total rents received or accrued. Add line 2c columns  | A through D. Enter here  | and on Part L line 6 o     | olumn (A)       | 0.                  |
| Ū        | Deductions directly connected with the income   |                          |                            |                 |                     |
| 4        | in lines 2(a) and 2(b) (attach statement)   |                          |                            |                 |                     |
|          |   |                          |                            |                 |                     |
| 5        | Total deductions. Add line 4 columns A through D. E   | inter here and on Part I | , line 6, column (B)       |                 | 0.                  |
| Part     |   |                          |                            |                 |                     |
| 1        | Description of debt-financed property (street address,  | city, state, ZIP code).  | Check if a dual-use. See   | e instructions. |                     |
|          |   |                          |                            |                 |                     |
|          | B C   |                          |                            |                 |                     |
|          | D   |                          |                            |                 |                     |
|          |   | Α                        | В                          | С               | D                   |
| 2        | Gross income from or allocable to debt-financed   |                          |                            |                 |                     |
|          | property  |                          |                            |                 |                     |
| 3        | Deductions directly connected with or allocable   |                          |                            |                 |                     |
|          | to debt-financed property   |                          |                            |                 |                     |
| а        | Straight line depreciation (attach statement)   |                          |                            |                 |                     |
| b        | Other deductions (attach statement)   |                          |                            |                 |                     |
| с        | Total deductions (add lines 3a and 3b,  |                          |                            |                 |                     |
|          | columns A through D)  |                          |                            |                 |                     |
| 4        | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) |                          |                            |                 |                     |
| 5        | Average adjusted basis of or allocable to debt-   |                          |                            |                 |                     |
| 5        | financed property (attach statement)  |                          |                            |                 |                     |
| 6        | Divide line 4 by line 5   |                          | 6 %                        | %               | %                   |
| 7        | Gross income reportable. Multiply line 2 by line 6  |                          |                            |                 |                     |
| 8        | Total gross income (add line 7, columns A through D   |                          | art I, line 7, column (A)  |                 | 0.                  |
|          |   |                          |                            |                 |                     |
| 9        | Allocable deductions. Multiply line 3c by line 6  |                          |                            |                 |                     |
| 10       | Total allocable deductions. Add line 9, columns A th  |                          | id on Part I, line 7, colu | mn (B)          |                     |
|          | Total dividends-received deductions included in line  | e IU                     |                            |                 | 0.                  |
| 223721 ( | 01-16-23  | 53                       |                            | Schedule        | A (Form 990-T) 2022 |

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|                   |  |                        |               |              |                             |             |                                  |               |             |        |                                       | 1          |
|-------------------|--|------------------------|---------------|--------------|-----------------------------|-------------|----------------------------------|---------------|-------------|--------|---------------------------------------|------------|
| Sched             | ule A (Form 990-T) 2022<br>VI   Interest, Annu | uitios Povalti         | ac and D      | onto fron    | n Control                   |             | agnization                       | <b>D</b> (a a |             | :      | Page                                  | э <b>З</b> |
| Part              | VI Interest, Annu                              |                        | es, anu n     |              |                             |             | Exempt Control                   |               | e instruct  | ,      |                                       |            |
|                   | 1. Name of controlle                           | d 2                    | Employer      | 3 Net        | unrelated                   |             | al of specified                  |               | rt of colur | r      | 6. Deductions direct                  |            |
| organization      |  |                        | ntification   |              | ne (loss)                   |             | nents made                       | that is       | included    | in the | connected with                        |            |
|                   | 3  | r                      | number        | (see ins     | tructions)                  |             |                                  |               | olling orga |        | income in column (                    | ō          |
| (1)               |  |                        |               |              |                             |             |                                  |               | 9.000 110   |        |                                       |            |
| (2)               |  |                        |               |              |                             |             |                                  |               |             |        |                                       | _          |
| (3)               |  |                        |               |              |                             |             |                                  |               |             |        |                                       |            |
| <u>(4)</u>        |  |                        |               |              |                             |             |                                  |               |             |        |                                       |            |
|                   |  | <b>F</b>               | No            | -            | Controlled Or               | -           | ons                              |               |             |        |                                       |            |
| 7                 | . Taxable Income                               | 8. Net unr             |               |              | otal of specif              |             | 10. Part of that is inc          |               |             | 11.    | Deductions directly                   |            |
|                   |  | income (<br>see instru | , ,           | pa           | yments mad                  | е           | controlling                      | organiz       | ation's     | in     | connected with come in column 10      |            |
|                   |  |                        |               |              |                             |             | gross                            | incom         | e           |        |                                       |            |
| ( <u>1</u> )      |  |                        |               |              |                             |             |                                  |               |             |        |                                       | —          |
| ( <u>2</u> )      |  |                        |               |              |                             |             |                                  |               |             |        |                                       |            |
| <u>(3)</u><br>(4) |  |                        |               |              |                             |             |                                  |               |             |        |                                       | —          |
| <u>(-)</u>        |  |                        |               |              |                             |             | Add colum                        | ins 5 ar      | nd 10       | Ad     | d columns 6 and 11.                   | —          |
|                   |  |                        |               |              |                             |             | Enter here                       |               |             |        | er here and on Part I,                | ,          |
|                   |  |                        |               |              |                             |             | line 8, c                        | column        | (A)         |        | line 8, column (B)                    |            |
| Totals            |  |                        |               |              |                             |             |                                  |               | 0.          |        | C                                     | ).         |
| Part              | VII Investment I                               | ncome of a S           | Section 50    | )1(c)(7), (  | 9), or (17)                 | Orgar       | nization <sub>(s</sub>           | ee instr      | ructions)   |        |                                       | _          |
|                   | <b>1.</b> Desc                                 | cription of income     | •             |              | 2. Amou                     |             | 3. Deductio                      |               |             | asides |                                       |            |
|                   |  |                        |               |              | incon                       | ne          | directly conno<br>(attach stater |               | (attach st  | ateme  | nt) and set-asides<br>(add cols 3 and |            |
|                   |  |                        |               |              |                             |             | (attaon state)                   | nong          |             |        |                                       |            |
| <u>(1)</u>        |  |                        |               |              |                             |             |                                  |               |             |        |                                       |            |
| <u>(2)</u>        |  |                        |               |              |                             |             |                                  |               |             |        |                                       |            |
| (3)<br>(4)        |  |                        |               |              |                             |             |                                  |               |             |        |                                       | —          |
| (4)               |  |                        |               |              | Add amou                    | unts in     |                                  |               |             |        | Add amounts in                        | <u></u>    |
|                   |  |                        |               |              | column 2                    |             |                                  |               |             |        | column 5. Ente                        |            |
|                   |  |                        |               |              | here and or<br>line 9, colu |             |                                  |               |             |        | here and on Par<br>line 9, column (l  |            |
| Totals            |  |                        |               |              |                             | Û.          |                                  |               |             |        |                                       | ).         |
| Part              | VIII Exploited E                               | xempt Activit          | y Income      | , Other T    | han Adve                    | ertising    | g Income (                       | see ins       | tructions)  |        |                                       | —          |
| 1                 | Description of exploite                        | ed activity:           | -             |              |                             |             |                                  | •             | ,           |        |                                       |            |
| 2                 | Gross unrelated busin                          | ess income from        | trade or bus  | iness. Ente  | r here and o                | n Part I,   | line 10, colum                   | n (A)         |             | 2      |                                       |            |
| 3                 | Expenses directly con                          | nected with produ      | uction of unr | elated busi  | ness income                 | e. Enter l  | here and on Pa                   | art I,        |             |        |                                       |            |
|                   |  |                        |               |              |                             |             |                                  |               |             | 3      |                                       |            |
| 4                 | Net income (loss) from                         | unrelated trade o      | or business.  | Subtract lir | ne 3 from line              | e 2. If a g | gain, complete                   |               |             |        |                                       |            |
|                   |  |                        |               |              |                             |             |                                  |               |             | 4      |                                       |            |
| 5                 | Gross income from ac                           |                        |               |              |                             |             |                                  |               |             | 5      |                                       |            |
| 6                 | Expenses attributable                          |                        |               |              |                             |             |                                  |               |             | 6      |                                       |            |
| 7                 | Excess exempt expense                          |                        |               |              |                             |             |                                  |               |             |        |                                       |            |
|                   | 4. Enter here and on P                         | art II, line 12        |               |              |                             |             |                                  |               |             | 7      |                                       |            |

Schedule A (Form 990-T) 2022

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|                   | ule A (Form 990-T) 2022                              |                                 |                    |                 | Page 4             |
|-------------------|--|---------------------------------|--------------------|-----------------|--------------------|
| Part              | IX Advertising Income                                |                                 |                    |                 |                    |
| 1                 | Name(s) of periodical(s). Check box if reporting     | ng two or more periodicals on a | consolidated basi  | S.              |                    |
|                   | Α 🛄  |                                 |                    |                 |                    |
|                   | в 🛄  |                                 |                    |                 |                    |
|                   | c 🗌  |                                 |                    |                 |                    |
|                   | D  |                                 |                    |                 |                    |
| Enter a           | amounts for each periodical listed above in the      | corresponding column.           |                    |                 |                    |
|                   |  | Α                               | В                  | С               | D                  |
| 2                 | Gross advertising income                             |                                 |                    |                 |                    |
|                   | Add columns A through D. Enter here and or           |                                 |                    |                 | 0.                 |
| а                 | Ū.   |                                 |                    |                 |                    |
| 3                 | Direct advertising costs by periodical               |                                 |                    |                 |                    |
| а                 | Add columns A through D. Enter here and or           | n Part I. line 11. column (B)   |                    |                 | 0.                 |
|                   | · · · · · · · · · · · · · · · · · · ·                |                                 |                    |                 |                    |
| 4                 | Advertising gain (loss). Subtract line 3 from li     | ne                              |                    |                 |                    |
| -                 | 2. For any column in line 4 showing a gain,          |                                 |                    |                 |                    |
|                   | complete lines 5 through 8. For any column i         | n                               |                    |                 |                    |
|                   | line 4 showing a loss or zero, do not complet        |                                 |                    |                 |                    |
|                   | lines 5 through 7, and enter zero on line 8          |                                 |                    |                 |                    |
| 5                 | Readership costs                                     |                                 |                    |                 |                    |
| 6                 | Circulation income                                   |                                 |                    |                 |                    |
| 7                 | Excess readership costs. If line 6 is less than      |                                 |                    |                 |                    |
| •                 | line 5, subtract line 6 from line 5. If line 5 is le |                                 |                    |                 |                    |
|                   | than line 6, enter zero                              |                                 |                    |                 |                    |
| 8                 | Excess readership costs allowed as a                 |                                 |                    |                 |                    |
| •                 | deduction. For each column showing a gain            | on                              |                    |                 |                    |
|                   | line 4, enter the lesser of line 4 or line 7         |                                 |                    |                 |                    |
| а                 | Add line 8, columns A through D. Enter the g         |                                 | al or zero here an | d on            |                    |
| u                 | Part II, line 13                                     |                                 |                    |                 | 0.                 |
| Part              |  | rectors, and Trustees (s        | ee instructions)   |                 | • •                |
|                   |  |                                 |                    | 3. Percentage   | 4. Compensation    |
|                   | 1. Name  | <b>2.</b> Title                 |                    | of time devoted | attributable to    |
|                   | in traine  |                                 |                    | to business     | unrelated business |
| (1)               |  |                                 |                    | %               |                    |
| (2)               |  |                                 |                    | %               |                    |
| <u>(2)</u><br>(3) |  |                                 |                    | %               |                    |
|                   |  |                                 |                    | %               |                    |
| <u>(4)</u>        |  |                                 |                    | /0              |                    |
| Total             | Enter here and on Part II, line 1                    |                                 |                    |                 | 0.                 |
| Part              |  | a instructions)                 |                    |                 | 0.                 |
| i uit             |  |                                 |                    |                 |                    |
|                   |  |                                 |                    |                 |                    |
|                   |  |                                 |                    |                 |                    |
|                   |  |                                 |                    |                 |                    |
|                   |  |                                 |                    |                 |                    |
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|                   |  |                                 |                    |                 |                    |
|                   |  |                                 |                    |                 |                    |
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|                   |  |                                 |                    |                 |                    |
|                   |  |                                 |                    |                 |                    |
|                   |  |                                 |                    |                 |                    |
|                   |  |                                 |                    |                 |                    |
|                   |  |                                 |                    |                 |                    |
|                   |  |                                 |                    |                 |                    |

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| hadula | A (Form | QQU'T | 2022 |
|--------|---------|-------|------|
|        |         |       |      |

| FORM 990-T (A)           | OTHER DEDUCTIONS | STATEMENT 3 |
|--------------------------|------------------|-------------|
| DESCRIPTION              |                  | AMOUNT      |
| TRAVEL                   |                  | 333.        |
| TOTAL TO SCHEDULE A, PAR | T II, LINE 14    | 333.        |

35-2443724

| Mail to:<br>Pennsylvania Department of State<br>Bureau of Corporations and Charitable Organizations<br>207 North Office Building<br>Harrisburg, PA 17120<br>See www.dos.pa.gov/charities for more information                      | Charitable Organization<br>Registration Statement<br>BCO-10 (rev. 2/2022)<br>Fee: See instructions   |
|--|--|
| Certificate number: $\frac{102391}{(N/A \text{ if initial registration})}$<br>Fiscal year ended: $\frac{06/30/2023}{MM DD YYYY}$<br>FEIN: $\frac{35-2443724}{MM DD YYYY}$  | If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:  Organization is exempt from registration because  Organization does not solicit contributions in Pennsylvania |
| <ol> <li>Legal name of organization: <u>MESSIAH LIFEWAYS</u></li> <li>Check if name change and give previous name</li> <li>All other names used to solicit contributions:</li> <li><u>SEE ATTACHED</u></li> </ol>                  |  |
| <ul> <li>3. Contact person: <u>JARROD LEO</u>, CFO</li> <li>4. Principal address of organization:</li> </ul>   | Contact's E-mail: JLEO@MESSIAHLIFEWAYS.ORG<br>Mailing address: (if different than principal address):  |
| 100 MT. ALLEN DRIVE<br>MECHANICSBURG<br>PA 17055<br>County: <u>CUMBERLAND</u>  | Phone number: <u>717-697-4666</u>  |
| <ul> <li>800 number:</li> <li>Email (if different than Contact's email):</li> <li>Website: WWW.MESSIAHLIFEWAYS.ORG</li> <li>5. Type of organization (e.g. non-profit corporation, unincorpor<br/>NON PROFIT CORPORATION</li> </ul> | Fax number:  |
| Where established: MECHANICSBURG, PA *Initial registrants must submit copies of organizational documents   |  |

constitution or other organizational instrument and by-laws.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

#### SEE ATTACHED

| 7. | Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may |
|----|---|
|    | file a short form registration, which permits the organization to register without filing a financial report. Check the   |
|    | section that describes the organization. If the organization does not meet any of the criteria below for short form       |
|    | registration, check "Not Applicable":   |

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

\$162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

#### X Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

| Items 8 and 9 are required to be completed by initi<br>Date organization first solicited contributions from Pennsylvania residents:   | iai regis | uant | 5 only |  |
|---|-----------|------|--------|--|
|   | MM        | DD   | YYYY   |  |
| Other   |           |      |        |  |
|   |           |      |        |  |
| If organization solicited Pennsylvania residents and received gross* contribut<br>\$25,000 in any given fiscal year, provide the date the organization first receiv<br>than \$25,000. |           | 0    |        |  |
| \$25,000 in any given fiscal year, provide the date the organization first received   |           | 0    |        |  |

| _ and attach a  |
|---|
| I? Yes X No<br>ment, if any, and if not previously submit   |
| EZ, 990PF or 990N and applicable  |
| An organization that<br>must file a   |
| e.):  |
| D DONOR CULTIVATION.  |
| be used, and a statement  |
| ity?<br>t if necessary.)  |
| rson, who solicits contributions in<br>essional solicitors? (Do not check                                 |
|   |
| s from Pennsylvania   |
| ation uses or intends to use to<br>ning and ending dates of all<br>(Attach a separate sheet if necessary) |
|   |
|   |
|   |

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17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

|   | SEE STATEMENT 3   |
|---|---|
|   |   |
| • | Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization:<br>(Attach a separate sheet if necessary)   |
|   | NONE  |
| - | If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?<br>(See note "Affiliate and Parent Organization") X Yes No No Not Applicable  |
|   | If "Yes," give all names and certificate numbers of the affiliate organizations:<br>(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group<br>return and file a public disclosure form (BCO-23) for each affiliate.)             |
|   | MESSIAH HOME (DBA MESSIAH LIFEWAYS AT MESSIAH VILLAGE) - 15617  |
|   | MESSIAH FAMILY SERVICES - 100659  |
|   | MESSIAH LIFEWAYS COMMUNITY SUPPORT SERVICES - 15617   |
| [ | Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration<br>on the registering charity's behalf? (See note "Affiliate and Parent Organization")<br>Yes No X Not Applicable   |
|   | If "Yes," provide the name and, if available, certificate number of the parent organization.<br>(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return<br>and file a public disclosure form (BCO-23) for each affiliate.) |
|   | Legal name of parent organization Pennsylvania certificate number   |
| • | Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)   |
|   | SEE STATEMENT 4   |
|   |   |
|   |   |

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Form BCO-10 (rev. 2/2022)

4 2022.05000 MESSIAH LIFEWAYS

#### 35-2443724

#### MESSIAH LIFEWAYS

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

#### WILLIAM CODER, VP OF DONOR DEVELOPMENT

#### 100 MT. ALLEN DRIVE MECHANICSBURG, PA 17055

B. Have final responsibility for the custody of contributions:

#### KARL J. BRUMMER, PRESIDENT

#### 100 MT. ALLEN DRIVE MECHANICSBURG, PA 17055

C. Have final responsibility for final distribution of contributions:

#### KARL J. BRUMMER, PRESIDENT

#### 100 MT. ALLEN DRIVE MECHANICSBURG, PA 17055

D. Are responsible for custody of financial records:

#### JARROD LEO

#### 100 MT. ALLEN DRIVE MECHANICSBURG, PA 17055

**23.** Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

| Α. | Any other officer, director, trustee, or employee? |  | Yes | Х | No |
|----|--|--|-----|---|----|
|----|--|--|-----|---|----|

- B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* Yes X No
- C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*

#### Yes X No

\*\*(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

- 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
  - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?
  - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
  - C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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Form BCO-10 (rev. 2/2022)

2022.05000 MESSIAH LIFEWAYS

99274\_\_1

**Certification** - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

| Signature of Chief Fiscal Officer                        | Date |
|--|------|
| JARROD LEO, CFO  |      |
| Type or print name and title of Chief Fiscal Officer     |      |
|  |      |
| Signature of Other Authorized Officer                    | Date |
| KARL J. BRUMMER, PRESIDENT                               |      |
| Type or print name and title of Other Authorized Officer |      |

| Checklist for registration:  |   |  |  |  |
|--|---|--|--|--|
| Х  | Completed registration statement properly signed and dated.   |  |  |  |
| X  | A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer |  |  |  |
|  | Public Disclosure Form BCO-23 (if required)   |  |  |  |
| X  | Applicable Financial Statements (audited, reviewed, compiled or internally prepared)                            |  |  |  |
| X  | Registration fee and any late filing fees   |  |  |  |
|  | Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.           |  |  |  |
| See Instructions for more information on completing this form and attachments. |   |  |  |  |

BCO-10 P3,4

STATEMENT 1

FOR THE FISCAL YEAR ENDING JUNE 30, 2023, MESSIAH LIFEWAYS AND CONTROLLED ENTITIES ("MESSIAH LIFEWAYS") WAS ONCE AGAIN HEAVILY IMPACTED BY THE COVID-19 PANDEMIC AND THE HEALTHCARE/LONG-TERM CARE WORKFORCE CHALLENGES. BUT DESPITE THESE OBSTACLES HERE ARE SOME NOTABLE ACCOMPLISHMENTS.

MESSIAH LIFEWAYS AT MESSIAH VILLAGE RECEIVED \$151,535 WITHOUT DONOR RESTRICTIONS AND \$1,106,590 WITH DONOR RESTRICTIONS FOR A TOTAL OF \$1,258,125. INCLUDED IN THE TOTAL WAS \$1,133,792 GIVEN IN SUPPORT OF BENEVOLENT CARE FOR RESIDENTS WHO HAVE OUTLIVED THEIR RESOURCES, THROUGH NO FAULT OF THEIR OWN, WITH \$1,002,770 BEING DESIGNATED TO THE ENDOWMENT FUND FOR BENEVOLENT CARE AND \$131,022 DESIGNATED TO MEET CURRENT-YEAR EXPENSES RELATED TO BENEVOLENT CARE.

MESSIAH LIFEWAYS BROUGHT IN REVENUES OF 5.9 M AND EXPENSES OF \$6.1M WHICH RESULTED IN OPERATING INCOME LOSS OF \$0.2M.

WITH THE HELP OF MARKETING EFFORTS, RESIDENTIAL LIVING ADDED 39 MOVE-INS. A LARGE AMOUNT OF TIME AND EFFORT WAS PUT INTO STRATEGIC HIRING PROMOTIONS. THE HUMAN RESOURCES OFFICE MADE 220 HIRES IN THE LAST FISCAL YEAR, WHILE EFFORTS CONTINUE TO FILL THE GAP OF OPEN CLINICAL POSITIONS.

FOR ADDITIONAL PROGRAM SERVICE ACCOMPLISHMENTS OF CONTROLLED ENTITIES, PLEASE SEE THE 990 NARRATIVES FOR: MESSIAH HOME MESSIAH FAMILY SERVICES MESSIAH LIFEWAYS COMMUNITY SUPPORT SERVICES

TO LEARN MORE, VISIT MESSIAHLIFEWAYS.ORG.

| MESSIAH LIFEWAYS    |                       | 35-2443724         |
|---------------------|-----------------------|--------------------|
| FORM BCO-10         | ALL PROFESSIONAL SOLI | CITORS STATEMENT 2 |
| NAME AND ADDRESS    |                       | PHONE NUMBER       |
| CONTRACT BEGIN DATE | CONTRACT END DATE     | SOLICIT DATE       |

| FORM BCO-10         | PROFESSIONAL FUNDRAISING COUNSE | LS STATEMENT 3 |
|---------------------|---------------------------------|----------------|
| NAME AND ADDRESS    |                                 | PHONE NUMBER   |
| NONE                |                                 |                |
| CONTRACT BEGIN DATE | CONTRACT END DATE SERVICE DAT   | R.             |
|                     |                                 | _              |

| FORM BCO-10   | OFFICERS, | DIRECTORS, | TRUSTEES | AND  | EXECUTIVES   | STATEMENT | 4 |
|---|-----------|------------|----------|------|--------------|-----------|---|
| NAME AND ADDRESS  |           |            |          | TITI | ιE           |           |   |
| KARL J. BRUMMER<br>100 MT. ALLEN DRI<br>MECHANICSBURG, PA |           |            |          | PRES | IDENT        |           |   |
| NAME AND ADDRESS  |           |            |          | TITI | Ε            |           |   |
| KIMBERLY VALVO<br>100 MT. ALLEN DRI<br>MECHANICSBURG, PA  |           |            |          | VP C | F OPERATIONS |           |   |
| NAME AND ADDRESS  |           |            |          | TITI | ιE           |           |   |
| ALICIA TITUS<br>100 MT. ALLEN DRI<br>MECHANICSBURG, PA    |           |            |          | SENI | OR VICE PRES | IDENT     |   |

| MESSIAH LIFEWAYS  | 35-                            |
|---|--------------------------------|
| NAME AND ADDRESS  | TITLE                          |
| CHRISTINA WEBER<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055     | VP OF CSS AND HR               |
| NAME AND ADDRESS  | TITLE                          |
| MATTHEW GALLARDO  | VP OF RES. SER. (UNTIL 8/31/22 |
| 100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055                        |                                |
| NAME AND ADDRESS  | TITLE                          |
| JARROD LEO<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055          | CFO (BEG. 3/27/23)             |
| NAME AND ADDRESS  | TITLE                          |
| DAVID WARREN<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055        | CHAIR                          |
| NAME AND ADDRESS  | TITLE                          |
| A. WESLEY CARR, JR.<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055 | VICE CHAIR                     |
| NAME AND ADDRESS  | TITLE                          |
| ANDREA BRITTON<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055      | BOARD MEMBER                   |
| NAME AND ADDRESS  | TITLE                          |
| JENNIFER DOSE<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055       | BOARD MEMBER                   |
| NAME AND ADDRESS  | TITLE                          |
| KEITH EBERSOLE<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055      | BOARD MEMBER                   |
| NAME AND ADDRESS  | TITLE                          |
| TERRY FREED<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055         | BOARD MEMBER                   |
| NAME AND ADDRESS  | TITLE                          |
| RAEANN HAMON<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055        | BOARD MEMBER                   |

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## STATEMENT(S) 4 99274\_\_1

| MESSIAH LIFEWAYS   | 35-2443724                  |
|--|-----------------------------|
| NAME AND ADDRESS   | TITLE                       |
| KIMBERLY HENDERSON<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055 | BOARD MEMBER                |
| NAME AND ADDRESS   | TITLE                       |
| GLEN HEISE<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055         | BOARD MEMBER                |
| NAME AND ADDRESS   | TITLE                       |
| MICHAEL HOFFNER<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055    | BOARD MEMBER                |
| NAME AND ADDRESS   | TITLE                       |
| MITCHELL MARTIN<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055    | BOARD MEMBER                |
| NAME AND ADDRESS   | TITLE                       |
| KYLE PETTY<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055         | BOARD MEMBER                |
| NAME AND ADDRESS   | TITLE                       |
| KATHLEEN STUEBING<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055  | BOARD MEMBER                |
| NAME AND ADDRESS   | TITLE                       |
| DELBERT TURMAN<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055     | BOARD MEMBER                |
| NAME AND ADDRESS   | TITLE                       |
| ALISA MILLER<br>100 MT. ALLEN DRIVE<br>MECHANICSBURG, PA 17055       | INTERIM CFO (UNTIL 3/27/23) |

## **PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23**

| (Re            | v. 5-09) PENNSYLVANIA PUBLIC DISC                                       | CLOSURE FORM BC         | )-23  |            |
|----------------|---|-------------------------|-------|------------|
|                | ORGANIZATION NAME: MESSIAH LIFEWAYS                                     |                         |       |            |
|                | CERTIFICATE NUMBER: 102391  | FOR FISCAL YEAR ENDED:  | 06/30 | 0/2023     |
| Par            | I: Gross Contributions  | $\rightarrow$           |       |            |
|                | 1) General Contributions  |                         | 1     | 30.        |
|                | 2) Gross Receipts from Special Events                                   |                         | 2     | 0.         |
|                | 3) Contributions from Affiliates  |                         | 3     | 0.         |
|                | 4) Contributions Received from Federated Fundraising Organizations      |                         | 4     | 0.         |
|                | 5) Receipts from Membership Dues in Excess of Bona Fide Dues            |                         | 5     | 0.         |
|                | 6) Gross Contributions (add lines 1 through 5)                          | $\rightarrow$           | 6     | 30.        |
| Par            | II: Other Income  |                         |       |            |
|                | 7) Program Service Revenues   |                         | 7     | 5,922,000. |
|                | 8) Bona Fide Membership Dues and Assessments                            |                         | 8     | 0.         |
|                | 9) Government Grants and Contracts                                      |                         | 9     | 0.         |
|                | 10) Miscellaneous Income  |                         | 10    | 0.         |
|                | 11) Total Income (add lines 6 through 10)                               |                         | 11    | 5,922,030. |
| Par            | III: Expenses   |                         |       |            |
|                | 12) Program Services  |                         | 12    | 3,852,702. |
|                | 13) Administrative Expenses   |                         | 13    | 2,181,193. |
|                | 14) Fundraising Expenses  |                         | 14    | 202,016.   |
|                | 15) Payments to Affiliated Organizations                                |                         | 15    | 0.         |
|                | 16) Other Expenses from Special Events (other than fundraising expenses | )                       | 16    | 0.         |
|                | 17) Miscellaneous Expenses  |                         | 17    | 0.         |
|                | 18) Total Expenses (add lines 12 through 17)                            | $\rightarrow$           | 18    | 6,235,911. |
| Par            | IV: Net Assets  |                         |       |            |
|                | 19) Excess or (Deficit) for the Year (subtract line 18 from line 11)    |                         | 19    | -313,881.  |
|                | 20) Net Assets or Fund Balances at Beginning of Year                    |                         | 20    | 3,143,078. |
|                | 21) Other Changes in Net Assets or Fund Balances (attach explanation)   |                         | 21    | 0.         |
|                | 22) Net Assets or Fund Balances at End of Year (combine lines 19, 20,   | , and 21) $\rightarrow$ | 22    | 2,829,197. |
| 2758;<br>07-07 | (See Next Page for "Salaries and Expense Allowance Statement")          |                         |       |            |

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#### SALARIES AND EXPENSE ALLOWANCE STATEMENT

Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) Salaries and Expense:

| Name of Individual           | Title and Average Hours Per Week<br>Devoted to Position | Salary | Expense Account<br>and Other Allowances |
|------------------------------|---|--------|---|
| Five Highest Paid Employees: |   |        |   |
| <u>1.</u>                    |   |        |   |
| 2.                           |   |        |   |
|                              |   |        |   |
| 3.                           |   |        |   |
| 4.                           |   |        |   |
| 5.                           |   |        |   |
|                              |   |        |   |
| Officers:                    |   |        |   |
|                              |   |        |   |
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