Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For	the	2020 calendar y	ear, or tax year begin	ning		, 2020,	and end	ing		, 20		
В	Chec	ck if a	pplicable:	C Name of organizationBE	LOUD SOPHIE	FOUNDATION				D Emplo	oyer identification num	nber	
	Addr	ress c	hange	Doing business as							46-4891415		
	Nam	ne cha	nge	Number and street (or P.0	D. box if mail is not deliv	ered to street address)		Room/su	ıite	E Teleph	none number		
	Initia	al retur	rn	106 LONG LEAF D)R						(919)967-09	934	
П	Final	l retur	n/terminated	City or town, state or prov	ince, country, and ZIP of	r foreign postal code				G Gross	s receipts		
Ī	Ame	nded	return	Chapel Hill, NO						\$	23	0,052	
П			n pending	F Name and address of prir		STEINER			H(a) Is this a d	-	or subordinates? Yes		
				406 LONGLEAF DE					H(b) Are all s		=	\equiv	
	Tax-	exem	pt status: X 501) (insert no.)	4947(a)(1) or	527		1 ''		t. See instructions		
		site:		DSOPHIE.ORG	, . (,				H(c) Group e				
			ganization: X Cor		ociation Other ►		L Year of forma	ation: 20	· ` / _ ·		al domicile: NC		
	ırt	_	Summary	porduori	Circle 2		L Tour or form	ation: 20.		rate or legi	ar dornione: 11C		
	1			the organization's missi	on or most signific	ant activities: To	CO-DEVEL	OP PRO	CRAMS A	T IINT	VERSITY OF 1	JORTH	
		•	-	-	_								
çe		CAROLINA (UNC) HOSPITALS THAT WILL IMPROVE THE CARE IT PROVIDES TO ADOLESCENT A CANCER PATIENTS.											
д			CINCLIC IIII	1111101									
Je.		2	Check this hov	if the organization	discontinued its of	nerations or dispos	ed of more than	25% of	ite nat accat	e			
Governance				g members of the gove						1 1		12	
		4		pendent voting members								12	
Activities &		5		individuals employed in						_		0	
ξ		6		volunteers (estimate if r	-								
Ac				business revenue from F	• /							30	
												0	
		D	ivet uniterated bu	usiness taxable income	110111 F01111 990-1,	raiti, iiile ii				76		0	
_			Contributions	d granta (Dart VIII. line	1 h \				Prior Year	0.2.4	Current Yea		
				d grants (Part VIII, line	•				323	,934	22	7,948	
nue		9	-	e revenue (Part VIII, line									
Revenue				me (Part VIII, column (A						773		2,104	
Ř		11	,	Part VIII, column (A), lin		•						0	
		12		add lines 8 through 11 (r	·	` ,	•			,707		0,052	
		13		ar amounts paid (Part I	, ,	*			337	,730	10	0,000	
		14		or for members (Part IX								0	
S		15	5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									0	
Expenses	1											0	
p			_	expenses (Part IX, col		-		<u> </u>			_		
ш				(Part IX, column (A), lin						,703		8,018	
				Add lines 13-17 (must						,433		8,018	
		19	Revenue less ex	rpenses. Subtract line 1	8 from line 12 .					,726)		2,034	
ō	Ses /		T					_	inning of Curre		End of Year		
sets	Salar	20	`	urt X, line 16)					337	,950	43	9,984	
Net Assets or	ב ב	21	,	Part X, line 26)								0	
_		22		nd balances. Subtract	ine 21 from line 20)		•	337	,950	43	9,984	
	ert		Signature declare	that I have examined this retur	n including accompany	ing schodules and states	nonts, and to the he	et of my kno	wlodgo and holi	iof it is			
				tion of preparer (other than office					wiedge and bei	iei, it is			
Sig	ın		LUCY ST Signature of o							Dat	Δ		
										Dat			
He	е		a	TEINER, PRESIDE: name and title	NT								
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D-1	الہ :		Print/Type prepare		Preparer's signature		Date		Check	□ "	PTIN		
Pai		. 	James Lut				01-19-2		self-emp	oloyed	P00649574		
	-	rer			and Account				Firm's EIN 🕨				
US	e C	nly	Firm's address		er Dr Suite				Phone no.				
					ill NC 27514						932-9112		
May	the	IRS	S discuss this retu	um with the preparer sh	own above? (see i	nstructions)					X Yes	No	

100,000

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 <i>Schedule B, Schedule of Contributors</i> See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а	complete Schedule D, Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	1 Iu		Λ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	מדו		Λ
	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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20 a		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	

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	990 (2020) BE LOUD SOPHIE FOUNDATION 46-48914 It IV Checklist of Required Schedules (continued)	Т2		age 4
rai	Checklist of Required Schedules (Continued)		.,	
22	Did the association was at more than \$5 000 of awarts as ather assistance to as for democial individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	330		
-	related examinations of "Vos " complete Schodule P. Part V. line 2	36		37

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-1	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_		X X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
•	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			Λ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		
	excess parachute payment(s) during the year?	15		х
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	ii 100, complete i dilli 7/20, comedia O.			

Form 990 (2020) BE LOUD SOPHIE FOUNDATION Governance Management and Disclosure For each "Voo" reason Part VI

Section A.	Governing Body and Management
	Check if Schedule O contains a response or note to any line in this Part VI
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
L	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
3	any other officer, director, trustee, or key employee?	2	X	
3		3		v
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	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 become aware during the year of a significant diversion of the organizations assets:	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
14	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.5		Λ
•	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
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 Q	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	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		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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	401		
800	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	NIKLAUS STEINER (919)967-0934, 406 LONGLEAF DR, Chapel Hill, NC 27517			
	TITELOS SIBINDA (SIS)SOI OSSI, FOO BONGBERF DA, CHAPET HILL, NC 2/31/			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(1) PAUL YOUNGMAN						(C)					
Name and title	(A)	(B)					(D)	(E)	(F)		
Park week Park	Name and title	Average	box, unless person is both an					1	Reportable	Reportable	Estimated amount
Comparison of the large companies of the la							/trustee)				
Companies Comp		I .						organization			
(1) PAUL YOUNGMAN			or di	Insti	9	Key	emp High	Forr	(W-2/1099-MISC)		organization and
Content Cont		related	recto	u i	ĕ	emp	loye	ner			related organizations
Content Cont		"	or I trus	nal tr		loye	e omp				
(1) PAUL YOUNGMAN			stee	uste		Ф	ensa				
DIRECTOR		dotted line)		0			ated				
DIRECTOR											
DIRECTOR	(4) DAVIT MOVINGWAY	1 00									
AURICA MONTROSS		1.00							•		
DIRECTOR	-	1 00	Х						0	0	0
3 LOU ANNE CRUMPLER		1.00							•		
DIRECTOR		1 00	Х.						0	0	<u> </u>
(4) DON STEINBERG 1.00 DIRECTOR X (5) ERIC MONTROSS 1.00 DIRECTOR X (6) DR. STUART GOLD 1.00 DIRECTOR X 0 0 (7) STEVE BALCOM 1.00 DIRECTOR X (8) BEVERLY TYNDALL 1.00 DIRECTOR X (9) DR. IAN DAVIS 1.00 DIRECTOR X (10) BETH LEIRO 1.00 SECRETARY X Y X PRESIDENT X Y X TREASURER 1.00 TREASURER X (14)		1.00							•		
DIRECTOR		1 00							0	0	0
(5) ERIC MONTROSS		1.00							•		
DIRECTOR	-	1 00	Х						0	0	0
(6) DR. STUART GOLD		1.00									
DIRECTOR			Х						0	0	0
Treature Treature		1.00									
DIRECTOR			Х						0	0	0
(8) BEVERLY TYNDALL 1.00 DIRECTOR X 0 0 0 (9) DR. IAN DAVIS 1.00 0 0 0 0 DIRECTOR X X 0 0 0 (10)BETH LEIRO X X 0 0 0 SECRETARY X X 0 0 0 (11)LUCY STEINER 1.00 0 0 0 0 PRESIDENT X X 0 0 0 0 (12)NIKLAUS STEINER 1.00 X X 0 0 0 0 (13) X X X 0 0 0 0 0		1.00									
DIRECTOR									0	0	0
(9) DR. IAN DAVIS		1.00							_		_
DIRECTOR			х						0	0	0
(10)BETH LEIRO 1.00 SECRETARY X X (11)LUCY STEINER 1.00 PRESIDENT X X (12)NIKLAUS STEINER 1.00 TREASURER X X (13) 0 0 (14)		1.00							_		_
X									0	0	0
(11)LUCY STEINER 1.00 PRESIDENT X (12)NIKLAUS STEINER 1.00 TREASURER X (13) 0 (14) 0		1.00							_		_
PRESIDENT X X 0 0 0 (12)NIKLAUS STEINER 1.00 X X 0 0 0 TREASURER X X 0 0 0 0 (13) (14) (14) (14) (14) (14) (14) (14) (14) (14) (15) (16) (17) (18)					Х				0	0	0
(12)NIKLAUS STEINER		1.00							_		_
TREASURER			Х		х				0	0	0
(13)		1.00							_		_
(14)			Х		Х				0	0	0
	<u>(13)</u>										
	(14)										

Part	90 (2020) BE LOUD SOPHIE FO VII Section A. Officers, Directors, Trustee			and	d Hid	ihes	t Co	mne	ensated Employe	46-4891			Page
<u>r art</u>	(A) Name and title	(B) Average hours per week	(do no box,	ot checunless	(C) Positi ck more person a direct	on e than	one		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) mated amou of other empensation	r
		(list any hours for related organizations below dotted line)	employee Key employee Officer Institutional trustee Individual trustee or director		Highest compensated employee Key employee Officer		Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from) organiza related org		and	
1 <u>5</u>)													
16)													
17)													
18)													
19)													
20)													
21)													
22)													
23)													
24)													
25)													
1b	Subtotal							•					
C	Total from continuation sheets to Part VII, Secti												
d 2	Total (add lines 1b and 1c)								0 ore than \$100,000	0 of			0
-	reportable compensation from the organization		iolou ul	,ovo,	WIIC	1000	51400		10 than \$100,000	01			
												Yes	No
3	Did the organization list any former officer, direct	tor, trustee, I	key em	ploye	e, o	r higl	hest	com	pensated				
	employee on line 1a? If "Yes," complete Schedul										3		х
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater the	an \$150,000	? If "Ye	es," d	comp	lete	Sche	dule	e J for such				
_	individual										4		X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			_				5		v
ecti	on B. Independent Contractors	s, complete	Scriedo	ile J	101 5	исп ј	06/50	JII	• • • • • • •				X
1	Complete this table for your five highest compensations	ted independ	lent cor	tract	ors t	hat re	eceiv	ed r	more than \$100.00	00 of			
	compensation from the organization. Report comp												
	(A)				-		Ī		(B)		(C)		
	(^)						- 1		(-/		(-)		

(A)	(B)	(C)
Name and business address	Description of services	Compensation
	•	

Total number of independent contractors (including but not limited to those listed above) who 2 received more than \$100,000 of compensation from the organization

Part VIII

Statement of Revenue

		Check if Schedule O contains a respons	e or n	ote to any line in thi	s Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512–514
	1a	Federated campaigns	1a					Sections 312 311
	b	Membership dues	1b					
nts nts	C	Fundraising events	1c	32,890				
Gra	d		1d	32,090				
ts, (Government grants (contributions)	1e					
ia gi	e		ie					
Sin's	f	All other contributions, gifts, grants,	40	10- 0-0				
er 6		and similar amounts not included above	1f	195,058				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in						
S Pu		lines 1a-1f	1g					
	h	Total. Add lines 1a-1f			227,948			
				Business Code				
an a	2a							
<u>Š</u>	b							
Program Service Revenue	С							
	d							
88	е							
P.	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
		Investment income (including dividends, inte						
	"	other similar amounts)			2,104			2,104
	4	Income from investment of tax-exempt bond			•			,
		Royalties						
	•	(i) Real		(ii) Personal				
	62	Gross rents 6a		(ii) i croonar				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		` ′ [
	7a	Gross amount from (i) Securition	(ii) Other					
		sales of assets						
	١.	other than inventory 7a						
	b	Less: cost or other basis						
an (and sales expenses 7b						
.ver		Gain or (loss)						
æ		Net gain or (loss)	•					
Other Revenue	8a	Gross income from fundraising						
5		events (not including \$ 32,890						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising event	s	▶				
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances	10a	ı				
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sales of inventory	,					
		,		Business Code				
Ø	11a							
no n ne								
ella en	C							
Miscellanous Revenue		All other revenue						
Ξ		Total. Add lines 11a-11d						
		Total revenue. See instructions			230,052	0	0	2,104

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). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 100,000 100,000 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 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 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): Legal..... b 635 635 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 1,966 1,966 12 12,158 12,158 13 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BANKING FEES 78 78 b PRINTING 5,328 5,328 c SHIPPING AND POSTAGE 287 287 d WEBSITE 7,566 7,566 All other expenses е Total functional expenses. Add lines 1 through 24e. . 25 128,018 100,000 28,018 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2020) Part X

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	10,671	1	70,749
	2	Savings and temporary cash investments	327,279	2	369,235
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	337,950	16	439,984
	17	Accounts payable and accrued expenses	557,255	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here	J		
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions		27	
<u>la</u>	28	Net assets with donor restrictions		28	
Ba		Organizations that do not follow FASB ASC 958, check here			
Pun n		and complete lines 29 through 33.			
Ē	29	Capital stock or trust principal, or current funds		29	
ts c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	337,950	31	439,984
ťΑ	32	Total net assets or fund balances	337,950	32	439,984
ž	33	Total liabilities and net assets/fund balances	337,950	33	439,984
					,

orm	n 990 (2020) BE LOUD SOPHIE FOUNDATION	16-48914	15	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)			230,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		128,	018
3	Revenue less expenses. Subtract line 2 from line 1	. 3		102,	034
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		337,	950
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
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		439,	984
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	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 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audita, explain why an Cahadula O and describe any stone taken to undergo auch audita		26	1	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BE	TOU	D SOPHIE FOUNDATION					46-489141	5
Pa	rt I	Reason for Public Charity	Status. (All o	rganizations must c	omplete	this par	t.) See instructions	S.
The	orga	nization is not a private foundation bec					,	
1	Й	A church, convention of churches, or	,	<u> </u>	•	•		
2	П	A school described in section 170(b						
3	Н	A hospital or a cooperative hospital s						
4	H	A medical research organization ope	•				(1)(A)(iii) Enter the	
4	Ш	· · · · · · · · · · · · · · · · · · ·	rated in conjunctio	ii wiiii a nospitai describ	eu III Seci	1011 170(D)	(I)(A)(III). LIILEI LIIE	
_		hospital's name, city, and state:	.C				cal construction and the	
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	governmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete						
6	Ц	A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7	X	An organization that normally receive	s a substantial part	of its support from a gov	ernmental/	unit or from	m the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)				
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colleg	је
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or	
		university:						
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons, memb	ership fees, and gross	
	_	receipts from activities related to its e					-	
		support from gross investment income	•		•	,		
		acquired by the organization after Ju		,				
11	П	An organization organized and opera			•			
12	H	An organization organized and operation	•			. , , ,	carry out the numoses	•
12	ш	of one or more publicly supported org	•	•				
			=					•
	_	Check the box in lines 12a through 12				•		•
	а	Type I. A supporting organization		•		-		ng
		the supported organization(s) the			ity of the c	lirectors or	trustees of the	
		supporting organization. You mu	•					
	b		n supervised or co	entrolled in connection w	ith its supp	orted orga	anization(s), by having	
		control or management of the sup	porting organization	on vested in the same pe	rsons that (control or r	nanage the supported	
		organization(s). You must comp	olete Part IV, Sect	ions A and C.				
	С	Type III functionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fu	nctionally integrated wi	th,
		its supported organization(s) (see	e instructions). You	u must complete Part I'	V, Section	ns A, D, an	nd E.	
	d	☐ Type III non-functionally integr	rated. A supporting	g organization operated i	n connect	ion with its	supported organizatio	n(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution i	requiremer	nt and an attentiveness	
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
		functionally integrated, or Type III						
	f	Enter the number of supported organ	•					
	g	Provide the following information about		ganization(s)				
) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(.	, reality of supported organization	(11) 2.111	(described on lines 1-10	listed in you	Ü	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
					162	INO		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	il							

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	<u> </u>		•	•	•	
-	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	161,601	164,206	249,001	323,934	227,948	1,126,690
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	161,601	164,206	249,001	323,934	227,948	1,126,690
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)						2,401
6	Public support. Subtract line 5 from line 4						1,124,289
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	161,601	164,206	249,001	323,934	227,948	1,126,690
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	155	88	144	773	2,104	3,264
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,129,954
	Gross receipts from related activities, etc. (se	ee instructions)				12	
	First five years. If the Form 990 is for the or			d, fourth, or fift	h tax year as a	a section 501(c)(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 6, c			column (f))		14	99.50 %
	Public support percentage from 2019 Sched					15	90.35 %
16a	33 1/3% support test - 2020. If the organiza	ition did not che	eck the box on	line 13, and lin	ne 14 is 33 1/3	% or more, che	ck this
	box and stop here . The organization qualified						
k	33 1/3% support test - 2019. If the organiza	ition did not che	eck a box on lir	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more	e, check
	this box and stop here. The organization qu	alifies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test - 2020.	If the organiza	tion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 1	4 is
	10% or more, and if the organization meets t	he facts-and-ci	rcumstances to	est, check this	box and stop	here. Explain i	n
	Part VI how the organization meets the facts	-and-circumsta	nces test. The	organization q	ualifies as a p	ublicly supporte	ed
	organization			-	-		
b	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac						
	organization			-	-		
18	Private foundation. If the organization did n						
	instructions						▶ □

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.)

Sed	ction A. Public Support				-		
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support	() 0040	4.) 0047	() 0040	(1) 00 (0	() 0000	(n = l
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Net income from unrelated business						
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
12	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for the orga	unization's first	second third	fourth or fifth	tay year as a se	ection 501(c)(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor						· · · · · ·
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In						
	Investment income percentage for 2020 (line			ine 13, column	n (f))	17	%
	Investment income percentage from 2019 So		• •			18	%
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-			-

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
2		
3a		
3b		
3с		
4a		
41-		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9с		
10a		
40L		
10b		

Pai	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ion B. Type I Supporting Organizations	110		
000	ion b. Type I dupporting digunizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ion D. All Type III Supporting Organizations	•		
	ion bit till Typo in oupporting organizationo		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations	4	iono)	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	uc	iioris)	•
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions
	Activities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2 L		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2020 BE LOUD SOPHIE FOUNDATION		46-489	1415	Page
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	ntions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 <i>(expla</i>	in in Part V	/I). See
	instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	ns A throug	jh E.
Can	tion A. Adiusted Net Income		(A) Dries Vees	(B) Cu	ırrent Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(or	otional)
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			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	` '	rrent Year
1	Aggregate fair market value of all non-exempt-use assets (see			(0)	71.011.01.
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e			
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 .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Curr	ent 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			

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

EEA

5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V	Type III Non-Functionally	Integrated 509(a)(3	Supporting (Organizations	(continued)
I GIL V	i ypc iii i toii i ailotioilali	y iiitogiatoa oootano	/ Cupporting v	o qui lizationo	(OOI IIII IUOU)

Sec	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

10	10 Line 8 amount divided by line 9 amount 10				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
_ 3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				
			0-11	/=	

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.)
-	
_	

Schedule B

(Form 990, 990-EZ, or 990-PF) Internal Revenue Service

Name of the organization

Department of the Treasury

OMB No. 1545-0047

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

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

Schedule of Contributors

Employer identification number

BE LOUD SOPHIE FOUNDATION 46-4891415 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Name of organization

BE LOUD SOPHIE FOUNDATION

Employer identification number

46-4891415

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OAL FOUNDATION 870 UN PLAZA 15F New York NY 10017	\$\$	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MAKE A DIFFERENCE FUND PO BOX 912 Rocky Mount NC 27802-0912	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SIMS REVOCABLE TRUST 315 ALBERTO STREET Charlotte NC 28207	\$5,000	Person 🛣 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NIKLAUS STEINER 406 LONGLEAF DRIVE Chapel Hill NC 27517	\$10,000	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FIDELITY CHARITABLE DONOR ADV-BARR PO BOX 770001 Cincinnati OH 45277-0053	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MEG SLOAN 2121 248TH PL SE Sammamish WA 98075	\$25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
			1

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

lame of the organization						Employer ide	ntification number
E LOUD SOPHIE FOUNDATION						46-48	91415
Part I Fundraising Activities	. Complete if the	he organiz	ation ans	wered "Yes" on	Form 99	0, Part IV,	line 17.
Form 990-EZ filers are no	t required to com	nplete this p	oart.				
1 Indicate whether the organization rais	sed funds through a	any of the foll	owing activit	ies. Check all that a	pply.		
a Mail solicitations		е 🗌 🤄	Solicitation of	f non-government gr	ants		
b Internet and email solicitations		f 🗌 9	Solicitation of	f government grants			
c Phone solicitations		g 🗌 S	Special fundr	aising events			
d In-person solicitations				•			
2a Did the organization have a written or	r oral agreement w	rith any indivi	dual (includin	ng officers, directors	, trustees,		
or key employees listed in Form 990,						□ Y	es No
b If "Yes," list the 10 highest paid individ				_		raiser is to b	e
compensated at least \$5,000 by the o		, ,		•			
,	3						
		(iii) Did fun	drainar hava		(v) Amo	ount paid to	(vi) Amount poid to
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or ret	ained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) / totavity		utions?	from activity		er listed in ol. (i)	organization
		Yes	No			<i>n</i> . (1)	
1		163	110	-			
•							
2							
2							
3							
3							
4							
4							
F							
5							
6							
7							
8							
_							
9							
0							
otal							
3 List all states in which the organization	is registered or lic	censed to soli	icit contributi	ons or has been not	tified it is ex	empt from	
registration or licensing.							

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

		gross receipts greater than	\$5 OOO			
		gioss receipts greater triair	(a) Event #1 BE LOUD! '19 (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	32,890			32,890
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	32,890			32,890
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines Net income summary. Subtract line	32,890			
Pa	rt II	Gaming. Complete if the o				
		\$15,000 on Form 990-EZ,	•		,	
venue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	
ect Expenses	3	Cash prizes		bingo/progressive bingo		
ect Expenses	2 3 4	Cash prizes	(a) Bingo Yes% No		(c) Other gaming Yes % No	
ect Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo Yes % No	☐ Yes% ☐ No	
ect Expenses	2 3 4 5	Cash prizes	☐ Yes % No 2 through 5 in column (d)	bingo/progressive bingo Yes % No	☐ Yes % ☐ No	
ect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column ion conducts gaming activities.	bingo/progressive bingo Yes % No mn (d)	☐ Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Entitle is	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column ion conducts gaming activities.	bingo/progressive bingo Yes % No mn (d)	☐ Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En is:	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colur ion conducts gaming activities in each of	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Part I General Information on Grants and Assistance						46-4891415	
				aibilite for the grount or	:		
1 Does the organization maintain records the selection criteria used to award the							. 🕱 Yes 🗌 N
2 Describe in Part IV the organization's							. X res IN
Part II Grants and Other Assist				te Complete if the	organization answered	"Ves" on Form 99	<u> </u>
Part IV, line 21, for any red				•	•	163 0111 01111 990	Ο,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grand or assistance
(1)MEDICAL FOUNDATION OF NC					54.16.7		
880 MLK JR BLVD CB7565							PROGRAM
Chapel Hill NC 27514	56-6057494		100,000				FUNDING
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3)3 Enter total number of other organization	-					_	

	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
IV Supplemental Information	Provide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addit	tional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number BE LOUD SOPHIE FOUNDATION 46-4891415 01. Officer, directors, etc. family relationship (Part VI, line 2) LUCY STEINER AND NIKLAUS STEINER ARE MARRIED ERIC MONTROSS AND LAURA MONTROSS ARE MARRIED DR. STUART GOLD AND DON STEINBERG ARE MARRIED 02. Form 990 governing body review (Part VI, line 11) THE FORM 990 IS PREPARED AND REVIEWED BY A CPA. THE FORM IS THEN PRESENTED TO THE BOARD FOR REVIEW BEFORE FILING WITH THE INTERNAL REVENUE SERVICE 03. Conflict of interest policy compliance (Part VI, line 12c) THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH BOARD MEMBERS ANNUALLY AT THE FIRST BOARD MEETING OF THE YEAR. AT THAT TIME AND PERIODICALLY THROUGHOUT THE YEAR BOARD MEMBERS DISCUSS AND DISCLOSE POTENTIAL CONFLICTS FOR RESOLUTION. 04. Other officer or key employee compensation (Part VI, line 15b NO COMPENSATION IS PAID TO ANY OFFICER OR TOP OFFICIAL 05. Governing documents, etc, available to public (Part VI, line 19) FINANCIAL STATEMENTS AND ORGANIZATIONAL POLICIES ARE PROVIDED UPON REQUEST. FORM 990 IS POSTED TO THE ORGANIZATION'S WEBSITE FOR PUBLIC REVIEW. 06. General explanation attachment Schedule I, Part I, Ln 2 - Monitoring Procedures

Be Loud! currently makes a limited number of grants per year to one recipient

Schedule O (Form 990 or 990-EZ) (2020) Page 2

Name of the organization	Employer identification number
BE LOUD SOPHIE FOUNDATION	46-4891415
organization. Be Loud! and the organization also have agreements in effect	that direct how
the grant funds are to be used. The recipient organization also provides a	n annual
accounting of how the funds are being used. The limited scope of the grant	s, the annual
accounting requirement and the agreements in place collectively allow us t	o monitor for
the proper and effective use of funds.	

990 **2020** Page 1 **Overflow Statement** FEIN Name(s) as shown on return BE LOUD SOPHIE FOUNDATION 46-4891415 INVESTMENT INCOME Description Amount TRUIST BANK INT 2,104 Total: \$__ 2,104