

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)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A For the 2020 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
**BEACON HILL**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2807 ARCTIC BLVD**  
 City or town, state or province, country, and ZIP or foreign postal code  
**ANCHORAGE AK 99503**

**D Employer identification number**  
**27-1779531**

**E Telephone number**  
**907-222-0925**

**F Name and address of principal officer:**  
**Rebecca More**  
**13155 Stephenson St**  
**Anchorage AK 99515**

**G Gross receipts** **840,150**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** **N/A**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **2009** **M State of legal domicile:** **AK**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>Strengthen the family, provide loving temporary homes for children, and find loving adoptive homes for children needing families.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	584,805	805,510
	9 Program service revenue (Part VIII, line 2g)		22,140
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,500
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	584,806	840,150
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	336,015	444,023
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>58,107</b>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	227,096	248,171
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	563,111	692,194	
19 Revenue less expenses. Subtract line 18 from line 12	21,695	147,956	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	119,688	386,826
	21 Total liabilities (Part X, line 26)	18,463	85,550
	22 Net assets or fund balances. Subtract line 21 from line 20	101,225	301,276

**Part II Signature Block**

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 Here**

Signature of officer: **Rebecca More** Date: \_\_\_\_\_  
 Type or print name and title: **President**

**Paid Preparer Use Only**

Print/Type preparer's name: **JOHN RODGERS, CPA** Preparer's signature: **JOHN RODGERS, CPA** Date: **03/30/21** Check  if self-employed PTIN: **P00166369**

Firm's name: **Laughlin, Ogle & Rodgers** Firm's EIN: **20-1702251**  
 Firm's address: **605 W Tudor Rd Anchorage, AK 99503-3949** Phone no.: **907-563-5270**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020)