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2017

OMB No 1545-0052

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

Department of the Treasury

Form 990-PF

Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

or	caler	ndar year 2017, or tax year	beginning 01-01-20)17 , ar	nd ending 12-31-	2017	
		ndation C WORSHIP MINISTRIES INC			A Employer id	entification numbe	r
DR	AMATIC	WORSHIP MINISTRIES INC			20-1867313		
		street (or P O box number if mail is no ERTON PLAZA SUITE 300	ot delivered to street address)	Room/suite	B Telephone nu (817) 377-6200	ımber (see ınstructıor)	ns)
		, state or province, country, and ZIP or TX 76109	foreign postal code	1	C If exemption	application is pending	g, check here
G Ch	neck al	I that apply	☐ Initial return of a☐ Amended returnge ☐ Name change	former public charity	2 Foreign o	ganizations, check he ganizations meeting k here and attach cor	the 85%
1 Ch	eck ty	pe of organization 🗹 Section 5	501(c)(3) exempt private	foundation		undation status was t n 507(b)(1)(A), checl	
	Section	4947(a)(1) nonexempt charitable		e private foundation	under seede	11 307 (B)(1)(A), chec	KITCIC
of '	year <i>(f</i> .	rom Part II, col (c), \$ 2.622.568		☑ Cash ☐ Accru		ation is in a 60-month n 507(b)(1)(B), checl	
Pa	rt I	Analysis of Revenue and I of amounts in columns (b), (c), and (c) equal the amounts in column (a) (see	d) may not necessarily	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	1	Contributions, gifts, grants, etc ,		314,307	•		(cash basis only)
	2	schedule) Check ▶ ☐ If the foundation is n					
	3	Sch B	ry cash investments	3	3	3	
	4	Dividends and interest from secui	rities				
	5a	Gross rents		22,470	22,470	22,470	
	ь	Net rental income or (loss)	-12,775				
Ε	6a	Net gain or (loss) from sale of ass	sets not on line 10				
Revenue	b	Gross sales price for all assets on	line 6a 				
ã	7	Capital gain net income (from Par	rt IV, line 2)		О		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allow	vances 61,173				
	b	Less Cost of goods sold	557,649				
	С	Gross profit or (loss) (attach sche	edule) [']	-496,476	i	-496,476	
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11 .		-159,696	22,473	-474,003	
	13	Compensation of officers, director	rs, trustees, etc	26,000	0	0	0
	14	Other employee salaries and wag	es	12,308	12,308	12,308	0
s	15	Pension plans, employee benefits		494	494	494	0
Se	16a	Legal fees (attach schedule)		2,100	0	0	2,100
<u> </u>	ь	Accounting fees (attach schedule))	4,686	0	0	4,686
Operating and Administrative Expenses	С	Other professional fees (attach so	•	, , , , , , , , , , , , , , , , , , ,			,
e Si≤	17	Interest					
E	18	Taxes (attach schedule) (see inst	ructions)	983	983	983	0
<u>.</u>	19	Depreciation (attach schedule) ar	•	9,301	9,301	9,301	
Ē	20	Occupancy	•	1,248	· ·	'	1,199
Ad	21	Travel, conferences, and meeting		34,129			34,129
2	22	Printing and publications		34,123	<u> </u>		34,123
ਰ ਹ	23	Other expenses (attach schedule)		30,438	12,110	12,110	18,328
Ĕ.				30,130	12,110	12,110	10,320
era	24	Total operating and administrated Add lines 13 through 23	•	121 607	25 245	25 245	60.443
<u>ā</u>	25	-		121,687	-	35,245	60,442
_	25 26	Contributions, gifts, grants paid Total expenses and disbursem	nents. Add lines 24 and	59,989			59,989
		25		181,676	35,245	35,245	120,431
	27 a	Subtract line 26 from line 12 Excess of revenue over expens	ses and	-341,372			
	a	disbursements		341,372			
	b	Net investment income (If nega	•		0		
	С	Adjusted net income(if negative	· · · · · · · · · · · · · · · · · · ·			0	
in.	Danar	work Reduction Act Notice see	instructions		Cat No. 11380	/	~ QQQ-PE (2017)

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2,622,568

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15

16

17

18

19

20

21

22

23

24

25

26

28

29

31 Part III

Liabilities

Fund Balances

ŏ

Assets 27

Net 30

2

Other assets (describe > _

Deferred revenue .

Unrestricted

Temporarily restricted Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other liabilities (describe >_

instructions Also, see page 1, item I)

Grants payable.

Accounts payable and accrued expenses .

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶				
S.	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis ►				
		Less accumulated depreciation (attach schedule) ▶ 667,851	2,319,786	∞ ,	2,352,110	2,352,110

2,786,764

2,786,764

2,786,764

2,786,764

2,622,568

177,176

177,176

2,445,392

2,445,392

2,622,568

2

3

4

5

6

2,786,764

-341,372

2,445,392

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0 2,445,392

instructions

Page 3

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a						
(-)	(f)		(g)	(h)	
(e) Gross sales price	Depreciation allowed		other basis			
	(or allowable)	plus exp	ense of sale	(e) plus (f) minus (g)	
b						
<u>c</u>						
d						
е						
Complete only for assets	showing gain in column (h) and ow	i				
(i)	(j) Adjusted basis		(k) of col(i)			
F M V as of 12/31/69	as of 12/31/69		(j), if any		Cate acquired mo , day, yr) (h) Gain or (loss) (e) plus (f) minus (g) (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
a			377			
b						
С						
d						
e						
		If gain, also enter in P	art I. line 7			
2 Capital gain net income	or (net capital loss)	If (loss), enter -0- ın F		2		
3 Net short-term capital o	gain or (loss) as defined in sections 1	1222(5) and (6)				
If gain, also enter in Pa	rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	- 1			
ın Part I, line 8			}	3		
_	Jnder Section 4940(e) for Re					
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment incon	ne)		
If section 4940(d)(2) applies, le	eave this part blank					
, , , , , , ,	•	hl		, n		
	e section 4942 tax on the distributal ot qualify under section 4940(e) Do		in the base period	, П. М.	es 🖭 No	
·	nount in each column for each year,		making any entrie	15	_	
(a)	· · ·		. making any chara			
Base period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	Distribution rat		
year (or tax year beginning in)	133,239		220,147	(col (b) divided by c		
2016 2015	126,995		255,804			
2014	83,825		162,044			
2013	53,924		195,758			
2012	59,975		165,703			
2 Total of line 1, column (·		2			
•	o for the 5-year base period—divide t	the total on line 2 by 5		1		
number of years the four	dation has been in existence if less	than 5 years	<u>3</u>			
4 Enter the net value of no	ncharitable-use assets for 2017 fron	n Part X, line 5	4		287,457	
5 Multiply line 4 by line 3			5		129,723	
	ent income (1% of Part I, line 27b)		6		0	
					129,723	
8 Enter qualifying distributi	ons from Part XII, line 4 ,		8		120,431	
If line 8 is equal to or gre	eater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part usi	ng a 1% tax rate Se	e the Part VI	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

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Part VIII Information About Cand Contractors	Officers, Directors, Trust	tees, Foundation Ma	inagers, Highly Paid Er	nployees,
1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-pa	id employees (other than t	hose included on line 1	—see instructions) If no	ne enter "NONF "
2 Compensation of five ingliest-par			Contributions to	ne, enter NONE.
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over	er \$50,000			0
3 Five highest-paid independent co				
(a) Name and address of each person	n paid more than \$50,000	(b) Тур	e of service	(c) Compensation
		_		
Total number of others receiving over \$50				0
Part IX-A Summary of Direct (List the foundation's four largest direct charitable		uda valauant etatietieal inform	astion such as the number of	
organizations and other beneficiaries served, con 1 THE ORGANIZATION CARRIED OUT IT	ferences convened, research paper	s produced, etc		Expenses
OF LIVE AND PUBLISHED MATERIALS, 2	PRIMARILY THROUGH ITS OP	ERATION OF CAPERNAUI	M VILLAGE	59,989
3				
4				
Part IX-B Summary of Program Describe the two largest program-related inve	m-Related Investments		and 2	Amount
1	seriorio made by the foundation u	aring the tax year off filles I		Amount

Total number of other employees paid over	\$50,000				•		C
3 Five highest-paid independent cont	ractors for profession	nal services (see	e instructio	ns). If none, ent	er "NONE	".	
(a) Name and address of each person p	aıd more than \$50,000		(b) Type	of service		(c) Compensat	ion
NONE							
Total number of others receiving over \$50,0	00 for professional serv				•		
Part IX-A Summary of Direct Ch		1 1 1 1	<u> </u>				
List the foundation's four largest direct charitable ac		Include relevant sta	tistical informa	ation such as the num	per of		
organizations and other beneficiaries served, confer			ciocioai illioiilli	acioni da cira mann	30. 0.	Expenses	
1 THE ORGANIZATION CARRIED OUT ITS I					TION		
OF LIVE AND PUBLISHED MATERIALS, PR	RIMARILY THROUGH ITS	OPERATION OF	CAPERNAUM	VILLAGE		59	9,989
2							
3							
4							
Part IX-B Summary of Program-	Related Investmer	its (see instruct	tions)				-
Describe the two largest program-related investr	nents made by the foundati	on during the tax ye	ar on lines 1 a	and 2		Amount	
1							
2							
All other program-related investments Se	e instructions						
3							
Total. Add lines 1 through 3					. ▶		r
						Form 990-PF	(2017
						10HH 230-PF	(201/

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

2

3a 3h

4

5

120.431

120.431

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a From 2012. **b** From 2013. c From 2014. . . . d From 2015. e From 2016.

XII, line 4 ▶ \$

indicated below:

3 Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part

same amount must be shown in column (a))

a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . (d)

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Page 9

OIII	1 330-F1 (2017)	,					
R	art XIII U	ndistrib	uted Ir	come	see inst	ructions)
							(a) Corpus
1	Distributable a	mount for	2017 fro	m Part	XI, line 7		
2	Undistributed i	ncome, if a	ny, as o	f the e	nd of 2017		
а	Enter amount	for 2016 o	nly				
b	Total for prior	years 2	.0,	20	_ , 20		

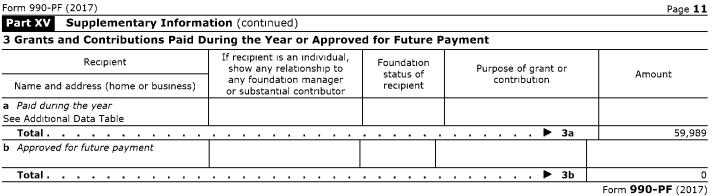
(b)

Years prior to 2016

(c)

2016

orr	m 990-PF (2017)					Page 10
;	Part XIV Private Operating Found	ations (see ınstru	ctions and Part VI	II-A, question 9)		
1a	If the foundation has received a ruling or det foundation, and the ruling is effective for 20			ating .		2004-09-29
b	Check box to indicate whether the organizati	on is a private opera	tıng foundatıon desc	ribed in section 🗹	4942(j)(3) or] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Iotai
	year listed	0	0	0	0	0
b	85% of line 2a	0	0	0	0	0
c	Qualifying distributions from Part XII, line 4 for each year listed	120,431	133,239	126,995	83,865	464,530
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	120,431	133,239	126,995	83,865	464,530
	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter (1) Value of all assets	2,411,158	2,786,764	2,230,365	2,032,368	9,460,655
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	2,411,158	2,786,764	2,230,365	2,032,368	9,460,655
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
C	"Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(III) (3) Largest amount of support					0
	from an exempt organization (4) Gross investment income	22,473	33,835	38,939	25,365	0 120,612
	Supplementary Information	· 1	<u> </u>	· · · · · · · · · · · · · · · · · · ·	,	
1 a	Information Regarding Foundation Mana. List any managers of the foundation who have before the close of any tax year (but only if See Additional Data Table. List any managers of the foundation who own ownership of a partnership or other entity) of the control	agers: e contributed more they have contribute 10% or more of the	han 2% of the total d more than \$5,000 e stock of a corporati) (See section 507(ion (or an equally la	(d)(2))	n
2	Information Regarding Contribution, Gra	ent. Gift. Loan. Sch	olarship, etc., Proc	grams:		
	Check here ▶ ☑ If the foundation only mak unsolicited requests for funds If the foundar other conditions, complete items 2a, b, c, are	es contributions to p ion makes gifts, gra	reselected charitable	e organizations and	does not accept or organizations un	der
а	The name, address, and telephone number of	r email address of th	ne person to whom a	applications should b	e addressed	
Ь	The form in which applications should be sub	mitted and informat	ion and materials the	ey should ınclude		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, suc factors	th as by geographica	l areas, charitable fi	elds, kınds of ınstıtu	tions, or other	



Part XVI-A Analysis of Income-Producing	Activities				Page 12
Enter gross amounts unless otherwise indicated		ousiness income	Excluded by section		(e) Related or exempl
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
a					
b					
c					
e					
f					
g Fees and contracts from government agencies2 Membership dues and assessments					
3 Interest on savings and temporary cash					
Investments			14	3	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property6 Net rental income or (loss) from personal property			16	-12,775	
7 Other investment income					
8 Gain or (loss) from sales of assets other than					
Inventory					
10 Gross profit or (loss) from sales of inventory					-496,470
11 Other revenue a					
b					
d					
e					
12 Subtotal Add columns (b), (d), and (e) L3 Total. Add line 12, columns (b), (d), and (e)		С		-12,772	-496,470 -509,248
(See worksheet in line 13 instructions to verify calcu			1	3	-509,248
Part XVI-B Relationship of Activities to th					
Line No. Explain below how each activity for which the accomplishment of the foundation's experiments are the second activity.					
instructions) EVENTS ORGANIZED AND HELD TO IMPROVIOUS ORPHANED AND HOMELESS	E THE LIVING C	ONDITIONS AND E	ASE HUMAN DISTRE	SS, SPECIFICALLY	THOSE THAT ARE
ON HARLE AND HOMELESS					
		-			-
			·	Fo	rm 990-PF (2017

orm 9	990-PF (Pa	ge 13
	t XVII	Exempt Organi:	zations				onships With Nonch			
		ganization directly or in Code (other than sectio					on described in section 5 organizations?	501	Yes	No
a Tra	ansfers i	from the reporting foun	dation to a non	icharitable exe	empt organization	of				
(1) Cash.							1a(1)		No
(2) Other	rassets						1a(2)		No
		sactions								
•	•	of assets to a nonchari	•	-				1b(1)		No
-	-	nases of assets from a n						. 1b(2)		No
•	-	al of facilities, equipmen	•					. 1b(3)		No
-	-	bursement arrangemen						1b(4)		No No
•	•	s or loan guarantees. mance of services or m						1b(5) 1b(6)		No
•	-	facilities, equipment, n	·	-				1c		No
of	the goo any trar	ds, other assets, or serv	vices given by t ngement, show	the reporting in column (d	foundation If the	foundation receiv goods, other ass	lways show the fair marked ed less than fair market ets, or services received f transfers, transactions, and	value	ngemen	nts
(-,		(-,	(-,			(-)				
2 a I c	the four	ndation directly or indire	actly affiliated v	with or relate	d to one or more	tay-eyempt organ	nizations			
de	scribed	ın section 501(c) of the	Code (other th					. 🗆 Yes	✓	No
b If	"Yes," c	omplete the following so (a) Name of organizatio		1 /) Type of organization	un I	(c) Description of r	alationshin		
		(a) Name of organization			y rype or organization		(c) Description of t	elacionship		
	of m		, it is true, corr				ring schedules and stater r than taxpayer) is based			
Sigr Here		****			2018-11-13	*****	re	lay the IRS di eturn outh the prepa		
	 	Signature of officer or to	rustee		Date	Title		elow see instr)? [✓ Yes	□ _{No}
		Print/Type preparer's	name P	reparer's Sıgr	nature	Date	Check if self-	N P00632	2483	
Paid		WILLIAM M SHAMBURGER JR					employed ▶ Ш			
	oarer Only		THOMAS SMI	TH & CO PC			Firm	ı's EIN ▶75	-16689	28
	- 2		222 MERIT DR	SUITE 1900						
		DALLAS TX 75251						ne no (972) 661-	5872

DALLAS, TX 75251

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation

			'	
TAMMY LANE	PRESIDENT/DIRECTOR	0	0	
5000 OVERTON PLAZA SUITE 300 FORT WORTH, TX 76109	20 00			

·				
BRITT LANE	SECRETARY/DIRECTOR	0	0	0
5000 OVERTON PLAZA SUITE 300 FORT WORTH, TX 76109	1 4 00			
BOBBY D COY	TREASURER/DIRECTOR	0	0	0

FORT WORTH, TX 76109				
BOBBY D COX	TREASURER/DIRECTOR	0	0	0
5000 OVERTON PLAZA SUITE 300 FORT WORTH, TX 76109	2 00			

BOBBY D COX	TREASURER/DIRECTOR	0	0	0
5000 OVERTON PLAZA SUITE 300 FORT WORTH, TX 76109	2 00			
GLENN LYNCH	DIRECTOR	0	0	0
5000 OVERTON PLAZA SUITE 300	7 1 00			

FORT WORTH, TX 76109				
GLENN LYNCH	DIRECTOR	0	0	0
5000 OVERTON PLAZA SUITE 300 FORT WORTH, TX 76109	1 00			

TIM SHIFLDS	DIRECTOR	26 000	0	
5000 OVERTON PLAZA SUITE 300 FORT WORTH, TX 76109	1 1 00			
GLENN LYNCH	DIRECTOR	O	U	U

5000 OVERTON PLAZA SUITE 300 FORT WORTH, TX 76109				
TIM SHIELDS	DIRECTOR	26,000	0	0
	1 4 00	1	1	1

ORT WORTH, TX 76109				
M SHIELDS	DIRECTOR	26,000	0	
	1 1 00			

TIM SHIELDS	DIRECTOR	26,000	0	
5000 OVERTON PLAZA SUITE 300	1 00			

FORT WORTH, TX 76109

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total
contributions received by the foundation before the close of any tax year (but only if they have contributed more
than \$5,000).
TAMMVIANE

I I AMMY LANE

BOBBY D COX

BRITT LANE

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
WESTERN HARVEST MINISTRIES 6577 OLD SPRINGTOWN RD WEATHERFORD, TX 76085	N/A	PC	GENERAL SUPPORTGENERAL SUPPORT	500	
INDIA ORPHANS LEPERS AND FLOOD VICT FLAT 301 SWATHI ENCLAVE HYDERABAD, TELANGANA 500081	NONE	I	SUPPORT ORPHANS, LEPERS, AND FLOOD VICTIMS IN INDIA	19,850	

INDIA ORPHANS LEPERS AND FLOOD VICT FLAT 301 SWATHI ENCLAVE HYDERABAD, TELANGANA 500081 IN	NONE	I	SUPPORT ORPHANS, LEPERS, AND FLOOD VICTIMS IN INDIA	19,850
PANNELL ORPHANSFBC BENBROOK	N/A	PC	GENERAL SUPPORT	1,000

I 1100 JOHN REAGAN

BENBROOK, TX 76126 59,989 За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year				
NORTH POINT COMMUNITY CHURCH 11700 INDUSTRY AVE FONTANA. CA 92337	N/A	PC	SUPPORT ORPHANAGE IN INDIASUPPORT ORPHANAGE IN INDIA	37,639

ONTANA, CA 92337			INDIA	
LOBAL YOUTH INITIATIVE EADERSHIP FOUNDATIONS	N/A	PC	GENERAL SUPPORT	

За

CLOBAL YOUTH INITIATIVE EADERSHIP FOUNDATIONS	N/A	PC	GENERAL SUPPORT	1,000
02 MARKET ST NO A ACOMA, WA 98402				

D2 MARKET ST NO A ACOMA, WA 98402		
Total	 	 59.989

efile GRAPHIC print - DO NOT PRO	OCESS A	As Filed Data -			LN: 93491319016638		
TY 2017 Accounting Fee	TY 2017 Accounting Fees Schedule						
Name: DRAMATIC WORSHIP MINISTRIES INC							
	EIN : 20	20-1867313					
Accounting Fees Schedule		<u>.</u>					
Category	Amoun		t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

4,686

4,686

ACCOUNTING FEES

TY 2017 Land, Etc. Schedule

Name: DRAMATIC WORSHIP MINISTRIES INC

EIN: 20-1867313

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
CREDIT CARD MACHINE	2,451	2,451	0	0
FILM EQUIPMENT	894	894	0	0
HOUSE - 10700 N FM 920, PEASTER, TX	310,000	63,923	246,077	246,077
LAND - 10700 N FM 920, PEASTER, TX	30,000	0	30,000	30,000
BUILDINGS, CAPERNAUM VILLAGE	255,962	52,777	203,185	203,185
SITE IMPROVEMENTS, CAPERNAUM VILLAGE	246,038	189,652	56,386	56,386
LAND 39.59 ACRES, CAPERNAUM VILLAGE	200,000	0	200,000	200,000
CAPERNAUM VILLAGE STRUCTURES	158,921	32,770	126,151	126,151
PRAYER GARDEN STRUCTURES	309,660	63,851	245,809	245,809
CAPERNAUM BUILDING IMPROVEMENTS	45,329	7,978	37,351	37,351
PRAYER GARDEN BUILDING IMPROVEMENTS	26,748	5,157	21,591	21,591
STAR OF BETHLEMEN BLDG IMPROVMENTS	1,602	318	1,284	1,284
PASSOVER BLDG IMPROVMENTS	8,689	1,673	7,016	7,016
AIR CONDITIONER	2,789	2,789	0	0
LIGHTING EQUIPMENT	2,062	2,062	0	0
CAPERNAUM LANDSCAPING	8,971	4,261	4,710	4,710
PRAYER GARDEN LANDSCAPING	14,813	7,533	7,280	7,280
CAPERNAUM BUILDING IMPROVEMENTS	84,722	12,796	71,926	71,926
HILLTOP WHSE/SHOP IMPROVEMENTS	170,661	26,135	144,526	144,526
HILLTOP WHSE/SHOP IMPROVEMENTS	21,838	3,572	18,266	18,266
COMPUTER EQUIP	3,995	3,995	0	0
FURN/EQUIP	1,000	947	53	53
AUDIO SYS	3,426	2,995	431	431
FURN/EQUIP	16,762	14,669	2,093	2,093
MACH/EQUIP	1,229	1,166	63	63
MACH/EQUIP	900	822	78	78
FILM EQUIPMENT	565	496	69	69
SITE IMPROVEMENTS, CAPERNAUM VILLAGE	4,326	1,836	2,490	2,490
LANDSCAPING, CAPERNAUM VILLAGE	2,050	839	1,211	1,211
CANVAS COVER	1,123	820	303	303

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
CAPERNAUM BUILDING IMPROVEMENTS	4,285	539	3,746	3,746
PRAYER GARDEN BUILDING IMPROVEMENTS	3,514	444	3,070	3,070
HILLTOP WHSE/SHOP IMPROVEMENTS	5,640	711	4,929	4,929
COMPUTER EQUIP	3,104	3,104	0	0
COMPUTER EQUIP	3,585	3,585	0	0
COMPUTER EQUIP-PRAYER GARDEN	29,251	29,251	0	0
MESQUITONIX	2,288	1,758	530	530
DISPLAY LIGHTING	1,938	1,420	518	518
SIGNAGE	3,047	1,111	1,936	1,936
BUILDING IMPROVEMENTS	11,360	1,148	10,212	10,212
CANVAS TENT	1,243	867	376	376
POLARIS 4 WHEEL-PEOPLE MOVER	1,561	1,287	274	274
LANDSCAPE LIGHTING EQUIPMENT	24,056	15,037	9,019	9,019
LANDSCAPE LIGHTING EQUIPMENT	2,371	1,483	888	888
LANDSCAPE LIGHTING EQUIPMENT	3,818	2,385	1,433	1,433
LANDSCAPE LIGHTING EQUIPMENT	24,806	14,619	10,187	10,187
LANDSCAPE LIGHTING EQUIPMENT	2,371	1,398	973	973
LAPTOP	2,500	1,750	750	750
PARKING LOT IMPROVEMENT	130,444	22,827	107,617	107,617
HILLTOP HOUSE REMODEL	73,666	5,910	67,756	67,756
HILLTOP HOUSE FURNITURE	17,649	6,177	11,472	11,472
CAPERNAUM BUILDING	102,033	5,208	96,825	96,825
GATOR MOTO UTILITY VEHICLES	7,432	1,460	5,972	5,972
GATOR MOTO UTILITY VEHICLES	13,803	2,711	11,092	11,092
FURN/EQUIP	14,953	2,430	12,523	12,523
FURN/EQUIP	4,749	653	4,096	4,096
FURN/EQUIP	9,329	1,283	8,046	8,046
FURN/EQUIP-APOCALYPSE EXPERIENCE SETS	36,905	4,152	32,753	32,753
FURN/EQUIP-EQUIP LIGHTING, SOUND EFFECTS	31,455	5,056	26,399	26,399
FURN/EQUIP-COSTUMES	10,670	1,715	8,955	8,955

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURN/EQUIP-STAR OF BETHLEHEM SETS	9,569	1,077	8,492	8,492
FURN/EQUIP	2,188	246	1,942	1,942
LANDSCAPING	26,580	1,994	24,586	24,586
BUILDING IMPROVEMENTS	318,139	9,610	308,529	308,529
BUILDING IMPROVEMENTS	70,205	804	69,401	69,401
PARKING LOT IMPROVEMENT	16,335	408	15,927	15,927
COMPUTER EQUIP	2,673	267	2,406	2,406
COMPUTER EQUIP	2,862	286	2,576	2,576
FURN/EQUIP-PASSOVER SETS	4,961	248	4,713	4,713
FURN/EQUIP-STAR OF BETHLEHEM SETS	5,695	285	5,410	5,410
FURN/EQUIP-APOCALYPSE EXPERIENCE SETS	19,095	955	18,140	18,140
EQUIPMENT	17,088	854	16,234	16,234
MACH/EQUIP	3,219	161	3,058	3,058

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	l: 93491319016638
TY 2017 Legal Fees Schedu	ıle	_	_	
Nan	ne: DRAMATIC V	VORSHIP MINISTR	RIES INC	
E	IN: 20-1867313			
Category	Amount	Net Investment	Adjusted Net	Disbursements
		Income	Income	for Charitable Purposes
LEGAL FEES	2,100	0	0	2,100

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491319016638	
TY 2017 Other Expenses Sche	dule	·	<u> </u>		
Name:	DRAMATIC WO	RSHIP MINISTRIE	S INC		
EIN:	EIN: 20-1867313				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

Other Expenses Schedule							
Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
3,422	0	0	3,422				
	Expenses per Books	Expenses per Income Books	Expenses per Income Income Books				

·	Expenses per Books	Income	Income	Charitable Purposes
PAYROLL SERVICE	3,422	0	0	3,422
COMPUTER SUPPLIES	9,299	0	0	9,299

5,607

9,786

1,795

529

0

9,786

1,795

529

9,786

1,795

529

PROGRAM OPERATING EXP

CONTRACT SERVICES

REPAIRS & MTNCE

SUPPLIES

5,607

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319016638			
TY 2017 Substantial Contribut	ors					
Schedule						
Name: DRAMATIC WORSHIP MINISTRIES INC						
EIN:	20-1867313					
Name Address						
1101110			Address			
LAKESHORE VILLAGE		l l	3 SANTA FE DR THERFORD, TX 76086			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	<u>-</u>]	DLN	N: 93491319016638	
TY 2017 Taxes Schedule	·				
Name: DRAMATIC WORSHIP MINISTRIES INC EIN: 20-1867313					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

PAYROLL TAXES

efile GRAPHIC print -	OO NOT PROCESS		DLN: 93491319016638				
Schedule B	Schedule of Contributors		OMB No 1545-0047				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its <u>www.irs.gov/form990</u>	instructions is at	2017				
Name of the organizate DRAMATIC WORSHIP MI		Employer id	entification number				
		20-1867313					
Organization type (ch	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a privat	e foundation					
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private for	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, r property) from any one contributor. Complete Parts I and II. See instruc						
Special Rules							
under sections received from a	tion described in section $501(c)(3)$ filing Form 990 or 990 -EZ that met the $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990 or 990 on 990 on 990 one contributor, during the year, total contributions of the greater of (1 ne 1h, or (ii) Form 990 -EZ, line 1 Complete Parts I and II	0-EZ), Part II, line 13,	16a, or 16b, and that				
during the year	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable the prevention of cruelty to children or animals. Complete Parts I, II, and	le, scientific, literary, c					
during the year If this box is che purpose Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no icked, enter here the total contributions that were received during the year complete any of the parts unless the General Rule applies to this organizable, etc., contributions totaling \$5,000 or more during the year	such contributions tota ar for an <i>exclusively</i> re zation because it recei	led more than \$1,000 ligious, charitable, etc ,				
990-EZ, or 990-PF), bu	on that isn't covered by the General Rule and/or the Special Rules doesn t it must answer "No" on Part IV, line 2, of its Form 990, or check the box Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirer	x on line H of its					
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions Cat No 30613X 10-PF	Schedule B (Form 990	, 990-EZ, or 990-PF) (2017)				

Name of organization DRAMATIC WORSHIP MINISTRIES INC

Employer identification number

			20-186731	3
Part I	Contributors (See Instructions) Use duplicate copies of Part I if additional space	ıs needed		
(a) No.	(b) Name, address, and ZIP + 4	(c Total con	c) tributions	(d) Type of contribution
	See Additional Data Table	\$		Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c Total cont	:) tributions	(d) Type of contribution
		\$ 		Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c Total con	s) tributions	(d) Type of contribution
		\$ 		Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c Total con		contribution) (d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c Total cont		(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c Total con	:) tributions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Additional Data

Software ID:

Software Version:

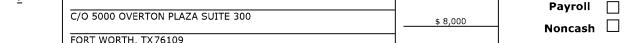
EIN: 20-1867313

Name: DRAMATIC WORSHIP MINISTRIES INC

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BOBBY D AND LEONA COX		Person 🗸
<u>1</u>			Payroll 🗌
	5000 OVERTON PLAZA SUITE 300	\$ 60,000	Noncash \Box
	FORT WORTH, TX76109		(Complete Part II for nor contribution)
2	BRITT AND TAMMY LANE		Person 🗸
<u>2</u>	5000 OVERTON PLAZA SUITE 300	\$ 107,500	Payroll 🗌
	FORT WORTH, TX76109		Noncash \square
	, s.v. neixun, n.v. saas		(Complete Part II for nor contribution)
_	LAKESHORE VILLAGE		Person 🗸
3	1500 CANTA SE DRIVE		Payroll 🗌
	1508 SANTA FE DRIVE	<u>\$ 52,800</u>	Noncash \Box
	WEATHERFORD, TX76086		(Complete Part II for nor contribution)
	TY AND LAURA LANE		Person 🗸
<u>4</u>			Payroll 🗌
	5805 CR 7700	\$ 6,368	Noncash \Box
	LUBBOCK, TX79424		(Complete Part II for nor contribution)
	ASCO FOUNDATION		Person 🗸
<u>5</u>			Payroll 🗌
	2318 MILL RD STE 800	\$ 5,000	Noncash \square
	ALEXANDRIA, VA 22314		(Complete Part II for nor contribution)
	GLENN LYNCH		Person 🗸
<u>6</u>			Payroll
	2425 OLD DENNIS ROAD	\$ 5,000	Noncash
	WEATHERFORD, TX76087		
			(Complete Part II for nor contribution)

(a) No. (c) Name, address, and ZIP + 4 Total contributions Type of contribution ROYAN MCCLESKEY Person

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.



FORT WORTH, TX76109 (Complete Part II for noncash

contribution)