## Form **990-EZ**

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

2018

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

OMB No 1545-1150

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	2018 calend	ar year, or tax year beginning , 2018, an	nd ending		, 20		
B	Check if ap	pplicable	C Name of organization		D Employer	identification number		
	Address c	change	S&R Ministries, Inc	nc <u>4</u> -				
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number			
Amended return			P O Box 563			405-340-2513		
			City or town, state or province, country, and ZIP or foreign postal code	itry, and ZIP or foreign postal code		xemption		
			Edmond, OK 73083	$\bigcirc$	Number	Number ▶		
		ting Method	✓ Cash	Н	Check ▶	If the organization is not		
	Nebsite	•	sandrinternational org			attach Schedule B		
				1		990-EZ, or 990-PF).		
		organization		1,89				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo		assets			
			5500,000 or more, file Form 990 instead of Form 990-EZ	,	•	\$ 81,893		
_	art I		e, Expenses, and Changes in Net Assets or Fund Balance	s (see the	instructio	ns for Part I)		
			the organization used Schedule O to respond to any question in					
_	1		ons, gifts, grants, and similar amounts received		. 1	<del></del>		
	2		ervice revenue including government fees and contracts	シンノ	1 2			
	3		ip dues and assessments	سيربا	$\frac{1}{3}$			
	4	Investmen	· / (1/4)	COAC	$\sqrt{4}$	<del></del>		
	1 1		bunt from sale of assets other than inventory		` ' \ <del>  -</del>	-		
	5a							
	b			o Fo\	50			
	, c	•	ss) from sale of assets other than inventory (Subtract line 5b from line and fundraging exerts)	e 5a)	30	·		
	6	-	d fundraising events:					
Revenue	а	a Gross income from gaming (attach Schedule G if greater than \$15,000)						
Ver	b		<u>.</u>	contribution	ıs İ			
æ			aising events reported on line 1) (attach Schedule G if the					
		sum of suc	th gross income and contributions exceeds \$15,000) 6b					
	С	Less direc	et expenses from gaming and fundraising events 6c					
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and	6b and sub	otract			
		line 6c)			. 60	0		
	7a	Gross sale	s of inventory, less returns and allowances					
	ь		of goods sold					
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		. • 70	0		
	8	•	nue (describe un Schedule O)		8	0		
	9		RIE Godines 2. 3, 4 5c, 6d, 7c, and 8		. ▶ 9	81,893		
	10		smilar amounts paid that in Schedule O)		10	82,088		
	11	1 - 1 -	aid to or for mampers O		11	0		
Ś	12	Salames o	ther compensation, and amployee benefits		12			
ISe		Profession	al-fees-and-other payments to independent contractors		. 13			
Expense	14	Occupanc	O GA Duites, and maintenance					
Ĕ	15	Printing n	ubilications, postage, and shipping		. 15			
	16	Other eyns	enses (describe in Schedule O)		16			
	17		enses. Add lines 10 through 16					
	18	Evece	(deficit) for the year (Subtract line 17 from line 9)	<u> </u>	18	-		
şts	19		contact for the year (Subtract line 17 from line 9)			(100)		
SSE	'5		ar figure reported on prior year's return)			3,741		
ţ,	000	-						
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)					
	21	net assets	or fund balances at end of year. Combine lines 18 through 20 .		. ▶   21	1 3,011		

SCANNED AUG 0 1 2019

SCANNED AND A LOND

٤,

roini :	990-EZ (2010)					Page Z
Pa	rt II Balance Sheets (see the instructions for	•				_
	Check if the organization used Schedule	O to respond to ar	y question in this			<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			3,741	_	3,011
23	Land and buildings				23	<del></del>
24 25	Total assets			3,741		3,011
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column		<u> </u>	3,741		3,011
	t III Statement of Program Service Accomp			-	,	-,
	Check if the organization used Schedule	·				Expenses
Wha		support for orphans, w	•		,,	uired for section
	cribe the organization's program service accomplis	hments for each of	its three largest r	program services		c)(3) and 501(c)(4) nizations, optional for
	neasured by expenses In a clear and concise ma				othe	
	ons benefited, and other relevant information for ea		·			
28	Provide over 95% financial operational support for Christ	for India Mission Socie	ety, directed by Sudh	akar Rao with		
	over 40 yr India experience, to give total & continual care					
	men, & also medical assistance, food, water to at least 40					
	(Grants \$ 48,975) If this amount				28a	48,975
29						,
	disbursement to a church in Mito Japan providing food, h		n to about 100 orpha	ns in Japan		
	and about 400 children (mostly orphans) in in schools in				-	22.442
20	(Grants \$ 33,113) If this amount	<b>y</b> . <b>y</b>			29a	33,113
30						
	(Grants \$ ) If this amount	includes foreign gra	nts. check here	▶ □	30a	
31	Other program services (describe in Schedule O)				-	
•		includes foreign gra			31a	
32	Total program service expenses (add lines 28a t				32	82,088
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not con	pensated-see the ir	nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar			<u> </u>	<u> 🗆</u>
		(b) Average	(c) Reportable compensation	<ul><li>(d) Health benefits, contributions to employ</li></ul>	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	0	ther compensation
		•	(if not paid, enter -0-	deferred compensation	1	
	d Odor, President	8		0		
	d of Directors, S&R Ministries, Inc			0	4	
	d of Directors, S&R Ministries, Inc	3		o	o	n
	avid Ross, Secretary & Treasurer			<del></del>	╫	
	d of Directors, S&R Ministries, Inc	14		o	o	C
					1	
					1	
						-
				ļ		
					+	
					+	
		<u></u>		<del>  •</del>	+-	-
					+	

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	[	Yes	No
•	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	-		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			_
25-	change on Schedule O. See instructions	34		<b>✓</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>√</b>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<b>√</b>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	-		
b	Did the organization file Form 1120-POL for this year?	37b	/82500.04A	A CONTRACTOR OF THE PARTY OF TH
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
.404	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		24	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	405	-	,
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	<b>10.728</b>	*
·	on organization managers or disqualified persons during the year under sections 4912,	N.		
•	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line  40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed ▶ Oklahoma			
42a	The digatization a books are in care of P	405-34		3
h	Located at ► 3608 Oak Hollow Dr , Edmond, OK 73013 ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	73013	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	,
	If "Yes," enter the name of the foreign country ▶	4-1-X		18.44
	See the instructions for exceptions and filing requirements for FinCEN Form.1.14, Report of Foreign Bank and	2.		1
_	Financial Accounts (FBAR).	420		2 2 2 2
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶	42c	I	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. 1	▶□
	41 To 1 To		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>√</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>/</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c	0,0000000000000000000000000000000000000	<b>√</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
b	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," Form 990 and Schedule R may need to be completed instead of	T. History		S S
	Form 990-EZ. See instructions	45b		✓

								162	140
46	Did th	ne organization engage, directly or in	idirectly, in political c	ampaign activities	on behalf of	f or in opposi	tion	AN. D	. 3
		ndidates for public office? If "Yes," of		, Part I	<u> </u>		· 46		✓
Part \		Section 501(c)(3) Organizations							
		All section 501(c)(3) organization	s must answer que	stions 47-49b an	d 52, and	complete th	e tables t	or line	es
		50 and 51.							
		Check if the organization used Sch	nedule O to respond	to any question ir	this Part	<u>/ </u>			<u>,                                    </u>
								Yes	No
47		ne organization engage in lobbying				ct during the			
	•	If "Yes," complete Schedule C, Par					. 47		<b>✓</b>
48		organization a school as described in		•					<b>√</b>
		ne organization make any transfers to						+	<b>√</b>
		s," was the related organization a se					49b		<u> </u>
50		plete this table for the organization's byees) who each received more than							
	empi	byees) who each received more than	1 \$ 100,000 of comper	isadon irom the ort	<del></del>	alth benefits,	e, enter i	vone.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit pla	ons to employee ns, and deferred	(e) Estimate other cor		
			devoted to position	( Simo W 2) 1000 IMC	com	pensation			
NONE									
4	Total	number of other employees paid ov	or \$100 000	. •	<u>_</u>		L		
51		plete this table for the organization		· ·	nt contract	- ore who eacl	h received	more	tha
31		000 of compensation from the organization			iii comiaci	ors who each	i ieceived	111016	LIIQI
			<del></del>			-	١٥		
	(a)	Name and business address of each independ	ient contractor	(b) Type of s	ervice	(6	) Compensat	ion	
NONE									
				j					
				Į					
			•••••						
				-	•				
	T-4-1			#100 000			0		
52		number of other independent contra	•	· ·			<del></del>		
32		the organization complete Schedu pleted Schedule A	ile A? Note: All se		_	must attac	n a .▶☑Yes	. 🗆	No
Linder p		of perjury, I declare that I have examined this i		<del></del>		the best of my k			
		d complete Declaration of preparer (other than					nowledge an	o beller,	IL IS
		Jaku				04/2.	3/2019	<del></del>	
Sign		Signature of officer				Date	-1		
Here		C David Ross, Secretary & Treasure	r, Board of Directors, S&	R Ministries, Inc					
		Type or print name and title	<del> </del>	<u>:</u>			•		
Paid		Print/Type preparer's name	Preparer's signature	1	Date	Check	l if PTIN	-	
Prepa	arer					self-employed			
Use (		Firm's name			Firm's EIN ▶				
		Firm's address ▶				Phone no			
Mayth	e IRS	discuss this return with the prepared	r shown ahove? See i	instructions			▶ □ Vac	. 🗆 1	Nο

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2018
Open to Public

Inspection

Name of the organization

Employer identification number 4640131731748

SAR	Minist	ries, inc					4017.	* 1 1 C
Pai	_	Reason for Public Cha						ons.
The o	_	ization is not a private founda		,		-		
1		church, convention of churc						
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	- · · · · · · · · · · · · · · · · · · ·						ン・ 	
4	_	medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_		ospital's name, city, and state						
5	s	n organization operated for eection 170(b)(1)(A)(iv). (Com	olete Part II.)					al unit described in
6 7	✓ A	n federal, state, or local govern n organization that normally	receives a subs	tantial part of its sup				n the general public
_		lescribed in section 170(b)(1)						
8	_	community trust described in						
9	o u	n agricultural research organi ir university or a non-land-gra iniversity	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	re	on organization that normally receipts from activities related upport from gross investment cquired by the organization a	to its exempt full tincome and uni	nctions—subject to c related business taxal	ertain exi ble incon	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11		an organization organized and						
12		in organization organized and						rry out the purposes
	0	f one or more publicly suppo	rted organizatio	ns described in <b>sect</b> i	ion 509(a	1)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
	C	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	organizati	on and complete line	es 12e, 12f, and 12g
а		Type I. A supporting organ						
		the supported organization					the directors or trust	ees of the
	_	supporting organization. You	=					
b	L	Type II. A supporting organ						
		control or management of organization(s). You must				persons	that control or man	age the supported
С		Type III functionally integ	rated. A suppor	ting organization opei	rated in c			ally integrated with,
	_	its supported organization(		•				
d	L	Type III non-functionally i that is not functionally integ						
		requirement (see instruction						d an attentiveness
е	Г	Check this box if the organ	•	•				all Type III
	_	functionally integrated, or						on, type in
f	Ent	ter the number of supported of	• •					[
g		ovide the following information		orted organization(s).				
	(ı) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				, , , , , , , , , , , , , , , , , , ,		N.		·
					Yes	No		
(A)			_					
(B)					_			
(C)								
(D)								
(E)								
Tota	1							

Part								
(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.)								
	on A. Public Support	<u>'</u>						
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total	
1	Gifts, Grants, Contributions, and				•	,		
	membership fees received. (Do not include any "unusual grants.")	. 05440	70520	, ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	04000	404707	
•		. 85410	70529	75030	. 88785	81893	401737	
2	Tax revenues levied for the organization's benefit and either paid	1	٠	,		, -,		
	to or expended on its behalf	l . o	О	o	`` <sub>`</sub>	ه ۱	n	
3	The value of services or facilities.		<del>-</del>					
•	furnished by a governmental unit to the		-					
	organization without charge		' о	О	0	0	, , 0	
4	Total. Add lines 1 through 3	. 85410	70529	75030	88785	81863	401737	
5	The portion of total contributions by	\$3. KB - 3	71 1.7					
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on	ि । श्रिका			10 m		****	
	line 1 that exceeds 2% of the amount	<b>建</b> 计像对象				300	~	
	shown on line 11, column (f)	45 1 8 E C C	A STATE OF THE STA	<b>第4</b>			232115	
6	Public support. Subtract line 5 from line 4	The state of the s	·秦·八公震路上5:	Calledon Salenis	makan dakan	Later the Charles	169625	
	on B. Total Support	4.3.0044	#12 004 F	(-) 0040		(1) 0040	(0 T-1-1	
	dar year (or fiscal year beginning in)	(a) 2014 85410	<b>(b)</b> 2015 70529	(c) 2016 75030	(d) 2017 88785	(e) 2018 81893	(f) Total 401737	
7	Amounts from line 4	, 65410	70529	1/,5030	00/05	01093	401737	
8	Gross'income from interest, dividends,		•			· ·		
	payments received on securities loans, rents, royalties; and income from	, ,					•-	
	similar sources	0	o		ه ا	٥	. 0	
9	Net income from unrelated business			,		_		
•	activities, whether or not the business	,	-		''		•	
•	is regularly carried on	о	. 0	0	0	" - O	. 0	
10	Other income Do not include gain or	.,.						
	loss from the sale of capital assets							
	(Explain in Part VI.)	0	0	2 O	0	0	0	
11	<b>Total support.</b> Add lines 7 through 10		A1542 Y			776.27	401737	
12	Gross receipts from related activities, etc					_12	, 0	
13	First five years. If the Form 990 is for the		i's first, secon	id, third, fourth	, or fifth tax yo	ear as a sectio	n 501(c)(3)	
C4:	organization, check this box and stop he						· · • <u> </u>	
	on C. Computation of Public Support Public Support percentage for 2018 (line			11		14	42 22 %	
14 15	Public support percentage for 2016 (line Public support percentage from 2017-Sci		•	. , , , , ,		15	<del>42 22 %</del>	
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organ							
	box and <b>stop here.</b> The organization qua							
b	331/3% support test-2017. If the organ						. –	
	this box and stop here. The organization				•			
17a	10%-facts-and-circumstances test-2	<b>018.</b> If the orga	anization did r	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is	
	10% or more, and if the organization me							
	Part-VI how the organization meets the '							
	organization						▶ 🗆	
b	10%-facts-and-circumstances test-2	<b>017.</b> If the org	anızatıon dıd r	not check a bo	x on line 13, 1	6a, 16b, or 17	a, and line	
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization in	meets the "fac			The organizati	on qualifies as	a publicly	
	supported organization		•				<b>&gt;</b> 🗆	
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see	

## SCHEDULE O (Form 990 or 990-EZ)

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.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization S&R Ministries, Inc

Employer identification number 46181748

Supplemental Information Form 990EZ, Part 1, Line 10
General In 2018, S&R Ministries made grants only to other organizations characterized as [1] an organization physically located in a country
foreign to the USA, [2] with a ministry as defined not only by standard of living in the US but also in the area local in that country (India, Japan)
Grants have been given to organizations duly registered in their country of location as tax exempt charitable entities, in India and Canada, who
report the oversight and distribution to their respective governing agencies S&R has not paid money directly to individuals or paid salaries in any
accountable as wage earnings to the US IRS The only expenses paid by S&R has been for bank wire fees to India, a P.O. Box rental, and postage
India Money from the US bank account of S&R Ministries, Inc. has been wired to the Christ for India Mission Society, an organization duly
registered with the Indian Fed Government and the State of Andrah Pradesh as a humanitarian work and certified to receive foreign contributions
under the direction of Sudhakar Rao, providing over 95% financial support for giving complete care over 100 orphan children including food,
board, medical needs, health needs, school needs, tuition, clothes, proving housing and food for about 20 widows and aged men who have no
other place to go, providing a livelihood of sewing for widows and poor women, providing training in remote villages in education and life
improvement, leaving books behind when financially possible. The money is granted to the CIMS for educational purposes and humanitarian
work in keeping with the S&R charter (Total grants in 2018 = \$48,975)
Japan/Cambodia Money from the US bank of S&R Ministries, Inc. has been sent by check to the Tintern Church of Christ in Ontario to go toward
the "Tinterm Asia Mission" supporting the church in Mito Japan for orphanages and schools for education of children and help for the needs in
Japan and Cambodia The Tinterm church is registered by and reports to the Canadian fed government (Total grants in 2018 = \$33,113)
•