SCANNED MAY 0 2 2019

## **Short Form 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 1545-1150 2018

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

Open to Public Inspection

Rote to the 2018 calendar year, or tax year beginning   January   2018, and ending   December 31   20 18			of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information.		inspection
Setting and the properties of the properties	A F	or the	2018 calenda	ar year, or tax year beginning January , 2018, and ending De	cembe	r 31 <b>, 20</b> 18
Reserve   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	В	heck if ap	oplicable	C Name of organization 2 D Em	oloyer id	lentification number
Saf Poplar Pixe   Solid return   Safe Poplar Pixe   Solid Committee   Solid Pixer   Solid Committee   Solid Pixer   Solid Pix		Address o	change	Germantown Christian 49'ers, Inc	6	80608832
Royal part   Revenue, Expenses, and Changes in Net Association   Other (specify)   Part   Revenue, Expenses, and Changes in Net Association   Other (specify)   Part   Revenue, Expenses, and Schedule		Name cha	suite E Telephone number			
Promoted eventum   Certification   Control				8347 Poplar Pike	90	01-754-3389
Germantown. TN 38138-629  G Accounting Method	$\overline{}$			City or town, state or province, country, and ZIP or foreign postal code	oup Exe	emption
Recounting Method	_			Germantown, TN 38138-6259 \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	•	·
Website:   Variety status (check only one)   So1(e)(S   501(e)(S   4 (nsent no )   4947(a)(1) or   527   From or organization:   Corporation   Trust   Association   Other					▶ 🔽	if the organization is not
Form of organization:			•			
Part III. column (B)) are \$50, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets \$\$\$Part III. column (B)) are \$500,000 or more, file Form 990 netsed of Form 990-EZ.    Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	JΤ	ax-exen	npt status (che	ck only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 (Form	990, 99	0-EZ, or 990-PF)
Part II column (9) are \$500,000 or more, file Form 990 instead of Form 990-EZ.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Check if the organization used Schedule O to respond to any question in this Part I	KF	orm of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other		
Check if the organization used Schedule O to respond to any question in this Part 1	LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	3	
Check if the organization used Schedule O to respond to any question in this Part I	(Pai	t II, col			<b>▶</b> \$	
1   Contributions, gifts, grants, and similar amounts received   2   40,003     2   Program service revenue including government fees and contracts   3   0     3   Membership dues and assessesments   3   3   0     4   Investment income   4   5,574     5   5   5   5   5     5   6   6   6   6   6   6     6   6   6	P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ections	s for Part I) 🔯
Program service revenue including government fees and contracts  2 40,003 3 Membership dues and assessments 3 0 1			Check If	the organization used Schedule O to respond to any question in this Part I		<u> </u>
Membership dues and assessments	7	1	Contribution	ons, gifts, grants, and similar amounts received	1	0
Investment income	2	2	Program se	ervice revenue including government fees and contracts	2	40,003
Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses	?	3	Membersh	ip dues and assessments	3	0
b Less: cost or other basis and sales expenses	?	4	Investment	: income	4	5,574
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5a	Gross amo	unt from sale of assets other than inventory 5a		
Gaming and fundraising events:  a Gross income from gaming (attach Schedule G if greater than \$15,000)		b	Less: cost	or other basis and sales expenses	]	
a Gross income from gaming (attach Schedule G if greater than \$15,000).  b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).  c Less: direct expenses from gaming and fundraising events line 6c).  7a Gross sales of inventory, less returns and allowances .		C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
\$15,000)		6	Gaming an	d fundraising events:		
sum of such gross income and contributions exceeds \$15,000).  c Less: direct expenses from gaming and fundraising events	e	а			0	
sum of such gross income and contributions exceeds \$15,000).  c Less: direct expenses from gaming and fundraising events	ē	b	-		۱	
sum of such gross income and contributions exceeds \$15,000).  c Less: direct expenses from gaming and fundraising events	ě	-		······································		
c Less: direct expenses from gaming and fundraising events 6c 710 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances 7a		c	Less: direc		0	
line 6c)  7a Gross sales of inventory, less returns and allowances		d			7	
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 2 13 Professional fees and other payments to independent contractors 2 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Vet assets or fund balances at end of year. Combine lines 18 through 20 19 Net assets or fund balances at end of year. Combine lines 18 through 20 10 Other changes in net assets or fund balances (explain in Schedule O) 10 Other expenses in net assets or fund balances (explain in Schedule O) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes 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 22 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20					_	610
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 2 13 Professional fees and other payments to independent contractors 2 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Vet assets or fund balances at end of year. Combine lines 18 through 20 19 Net assets or fund balances at end of year. Combine lines 18 through 20 10 Other changes in net assets or fund balances (explain in Schedule O) 10 Other expenses in net assets or fund balances (explain in Schedule O) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes 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 22 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20		7a	Gross sale	s of inventory, less returns and allowances		
8 Other revenue (describe in Schedule O)		b			<u> </u>	
8 Other revenue (describe in Schedule O)		С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Octage (list in Schedule O)  RECEIVED  APR 0 1 2019  Total 2019  APR 0 1 2019  Total expenses. Add lines 10 through 16  APR 0 1 2019  Total expenses. Add lines 10 through 16  APR 0 1 2019  Total expenses. Add lines 10 through 16  Total expenses. Add lines 10 t		8			8	0
Benefits paid to or for members  Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance  Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  110  120  120  13  14  0  15  0  16  17  18  2,662  19  18  2,662  19  19  451,038  20  10  453,700		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,187
Salaries, other compensation, and employee benefits 2		1	Grants and	I similar amounts paid (list in Schedule O)	10	42,912
Printing, publications, postage, and shipping		11		aid to or for members	11	0
Printing, publications, postage, and shipping	es	12		ther compensation, and employee benefits 🔯 🏹 . 🔥 🐧 🐧 🔭 🐧 . 💢	12	0
Printing, publications, postage, and shipping	Sus	13		al fees and other payments to independent contractors 📳 . 👯 🐧 💆 2019 . 🔘	13	0
16 Other expenses (describe in Schedule O) 16 613 17 Total expenses. Add lines 10 through 16	ğ	14		y, rent, utilities, and maintenance	14	0
Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16	ŵ	15	Printing, pi	ublications, postage, and shipping OGDEN : IT	15	0
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16		enses (describe in Schedule O) 🔯		613
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)					17	43,525
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ţ	I			18	2,662
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Se	19				
21 Net assets or fund balances at end of year. Combine lines 18 through 20	As		-			451,038
21 Net assets or fund balances at end of year. Combine lines 18 through 20	é	20				0
For Pananyark Badyatian Act Natice and the congrets instructions Cot No. 400401 Form 990-F7 (2019)	_	21			21	453,700 Form <b>990-F7</b> (2018)

Part II	Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		[
				(A) Beginning of year		(B) End of year
<b>22</b> Ca	sh, savings, and investments		[	451,038	22	453,70
<b>23</b> Lar	nd and buildings		[	0	23	
<b>24</b> Oth	her assets (describe in Schedule O)		[	0	24	
25 To	tal assets		[	451,038	25	453,70
26 To	tal liabilities (describe in Schedule O)		[	0	26	
27 Ne	t assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	451,038	_	453,70
art III	Statement of Program Service Accom					
	Check if the organization used Schedule					Expenses
hat is th	e organization's primary exempt purpose?					uired for section
s measu ersons b	the organization's program service accompli red by expenses. In a clear and concise menefited, and other relevant information for ea	nanner, describe the ach program title.	e services provided	rogram services, I, the number of	,	c)(3) and 501(c)(4) nizations, optional fo rs.)
	tribution to Catholic schools in Memphis, TN de	signated to be used to	defry tuition costs			
for c	hildren unable to pay					
						1
?! (Gran					28a	14,66
	H Senior High Youth Group to attend Catholic H	eart Workcamp where	e repairs are made to	homes		
in the	e por sections of the city					
(Gran					29a	, 5,00
30 Proje	ect Outreach Provides food, clothing, and educ	ation programs for th	ne needy in Fayette C	County,		
Tenn	nessee					
				***************************************		
(Grar	nts \$ 2,500) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	2,50
31 Othe	er program services (describe in Schedule O)					
(Gran	nts \$ 20,747) If this amount	includes foreign gra	ints, check here .	▶ □	31a	20,74
32 Tota	I program service expenses (add lines 28a				32	42,91
Part IV	List of Officers, Directors, Trustees, and Ke				nstruc	
	Check if the organization used Schedule					· · · · Γ
	<u></u>	(b) Average	(c) Reportable ?1		<del>i</del> ii	• • • • •
	?1 (a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of their compensation
Villiam Sa	nterlee Valley Cove, Cordova, TN 38017	President 1 Hr				
				, 	9	
rank McF		Vice President 1 Hr				
	prough Woods Place, Germantown, TN 38138			)	0	
Frank Lam	***************************************	Secretary 1 Hr			ı	
	erdwood Lane, Germantown, TN 38138		(	)	0	<del></del>
loward Gi		Treasurer 1 Hr				
3347 Popla	ar Pike, Germantown, TN 38138		(	)	0	
Thomas W	/ilson	Director 1 Hr				
2009 Myrtl	e Bend, Germantown, TN 38139	Director 1 Hi			0	
Chris Cam	bre	D:				
3441 Popla	ar Pike, Germantoen, TN 38138	Director 1 Hr		o l	0	
Edwin Har	mblen				_	
1559 Broo	kside Drive, Germantown, TN 38138	Director 1 Hr	)	o	o	
Cenneth N					7-	
	ck Lane, Germantown, TN 38138	Director 1 Hr	(		0	
George Ri		<del> </del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del>-</del>  -	
<del>-</del>	ny Creek Lane, Germantown, TN 38138	Director 1 Hr	,	J	ار	
JUSU SUNN	iy Creek Lane, Germantown, 114 38138	<del> </del>		<del>'                                     </del>	9	
		.				
		.				
		<u> </u>			L.	



	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
		Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Fait	Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	···	
?	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 change on Schedule O. See instructions	34		~	72
	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	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		V	
	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		~	7
	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		1	_
	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		1	.21
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved				
	39	Section 501(c)(7) organizations. Enter:	] !	•		
	а	Initiation fees and capital contributions included on line 9	] !			
	ь 40а	Gross receipts, included on line 9, for public use of club facilities			•	
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 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	40b	-	~	<u> </u>
	c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		i		
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	E	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		·	
	41	List the states with which a copy of this return is filed ▶ Tennessee				
	42a	The organization of Dooks are in our of the	901-75	4-338	9	
		Located at ► 8347 Poplar Pike, Germantown Tennessee ZIP + 4 ►	38138			_
	b	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)?	42b	Yes	No ✓	- -
		If "Yes," enter the name of the foreign country ▶	1			
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	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		<b>/</b>	-
	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	· ·	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	res	NO	j
	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		_	İ
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V 	İ
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	T	Ė	-
	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 Form 990-EZ. See instructions	45b		7	

m 990-E	Z (2018)						۲	age 4
							Yes	No
	id the organization engage, directly or ir				n opposition			
to	candidates for public office? If "Yes," of	complete Schedule C	, Partl			46		~
art VI	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51.		stions 47–49b and	52, and com	plete the ta	bles f	or line	es
	Check if the organization used Scl	hedule O to respond	I to any question in t	his Part VI				
						•	Yes	No
	id the organization engage in lobbying ear? If "Yes," complete Schedule C, Par		section 501(h) election		iring the tax	47		~
ls	the organization a school as described in	n section 170(b)(1)(A)(ı	i)? If "Yes," complete	Schedule E		48		~
	id the organization make any transfers to					49a		~
	"Yes," was the related organization a se					49b		
	omplete this table for the organization's						es. an	d ke
	mployees) who each received more than							
		· · · · · · · · · · · · · · · · · · ·		(d) Health b	,			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to benefit plans, ar compens	employee (e) nd deferred o	Estimate ther com		
				Compens				
			1					
				<del>                                     </del>				
				<u> </u>				
		ı			ĺ			
				1				
				Ì				
\$ \$	omplete this table for the organization 100,000 of compensation from the orga (a) Name and business address of each independent	unization. If there is no	ensated independent one, enter "None." (b) Type of sen			npensati		tha
								<u> </u>
			1					
								•
			-		<u> </u>			-
			1					
				- t				
		·						
d T	otal number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>				<u>-</u> .
D	otal number of other independent contraid the organization complete Scheduompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga			V Yes		
Co er pena	id the organization complete Schedu ompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the b		✓ Yes		
D cer pena	id the organization complete Scheduompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the b				
D co er pena	id the organization complete Schedu ompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the b				
or pena correc	id the organization complete Schedu ompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the b				
D cr er pena correc n	id the organization complete Schedulompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the b				
D cer pena correc	id the organization complete Schedulompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the b				
or pena correct	id the organization complete Schedulompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the b	est of my knowle le. 3 - J			
D correct correct n re	id the organization complete Schedulompleted Schedule A  alties of perjury, I declare that I have examined this it, and complete. Declaration of preparer (other, that signature of officer  Type or print name and title  Print/Type preparer's name	return, including accompan officer) is based on all info	ection 501(c)(3) orga	ents, and to the b has any knowledo Date	est of my knowle le.  3 - J	edge and		
er pena correct n re id	id the organization complete Schedulompleted Schedule A  alties of perjury, I declare that I have examined this it, and complete. Declaration of preparer (other, that it is signature of officer  Type or print name and title  Print/Type preparer's name	return, including accompan officer) is based on all info	ection 501(c)(3) orga	ents, and to the b has any knowledge Date	est of my knowle le.  3 - J	edge and		
er pena correc	id the organization complete Schedulompleted Schedule A  alties of perjury, I declare that I have examined this it, and complete. Declaration of preparer (other, that it is signature of officer  Type or print name and title  Print/Type preparer's name  Firm's name	return, including accompan officer) is based on all info	ection 501(c)(3) orga	ents, and to the bhas any knowledge Date	est of my knowle le.  3 - J	edge and		
or penacorrection	id the organization complete Schedulompleted Schedule A  alties of perjury, I declare that I have examined this it, and complete. Declaration of preparer (other, that it is signature of officer  Type or print name and title  Print/Type preparer's name	return, including accompan notice) is based on all info	ection 501(c)(3) orga	ents, and to the b has any knowledge Date	est of my knowle le.  3 - J  Check ☐ If self-employed is EIN ▶	edge and	I belief,	ıt ıs

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public ation. Inspection

Employer identification number

Gern	nantown Christian 49'ers, Inc					68-06	08832			
Pa	t Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.			
The	organization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	۱			
1	☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in <b>section</b>	170(b)(1)(A)(ii). (	(Attach Schedule E (F	orm 990	or 990-E	Z).)				
3	A hospital or a cooperative hos									
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)(	(iii). Enter the			
_	hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in			
6	A federal, state, or local govern	ment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).				
7	An organization that normally			port from	a goveri	nmental unit or from	the general public			
	described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)							
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)	•					
9	An agricultural research organi- or university or a non-land-grai university.	nt college of agri	iculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or			
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fui income and unr	nctions—subject to co related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its			
11	☐ An organization organized and									
12	_	•	•	_			ry out the purposes			
	of one or more publicly suppo	rted organization	ns described in <b>secti</b>	on 509(a	)(1) or se	ction 509(a)(2). See	e section 509(a)(3).			
	Check the box in lines 12a throi	ugh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	s 12e, 12f, and 12g.			
a										
	the supported organization supporting organization. You					he directors or trust	ees of the			
b										
	control or management of to organization(s). You must o				persons	that control or man	age the supported			
¢	Type III functionally integrits supported organization(						ally integrated with,			
d		* -	•				ortod organization(e)			
~	that is not functionally integ	rated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an				
	requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.				
е	Check this box if the organ functionally integrated, or T						e II, Type III			
f	Enter the number of supported o	rganizations .								
g	Provide the following information	about the supp	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)				]						
(B)		_								
(C)							<u> </u>			
(D)			<del></del>							
(E) 										

Part	(Complete only if you checked th						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	òn A. Public Support		<del></del>				
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d</b> ) 2017	(e) 2018	(f) Total
1	Gifts), grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				·		
6	Public support. Subtract line 5 from line 4					<u> </u>	
	on B. Total Support	4 ) 654		1 / 1 / 2 / 2	T . n c =	T	
	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the		n's first, secon	ેવ, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop her			<u></u>			<b>&gt;</b> 🗀
	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line 6			1, column (f))		14	<u></u> %
15	Public support percentage from 2017 Sch				1	15	%
16a	331/3% support test—2018. If the organization qual				ia line 14 is 3	31/3% or more,	<b>.</b> –
<b>.</b>	331/3% support test—2017. If the organization						· · · <b>P</b> []
b	this box and <b>stop here.</b> The organization				`	is 33'/3% or m	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "torganization	118. If the orga	anization did n -and-circumst	ot check a boa	x on line 13, 1 neck this box	and <b>stop here</b> .	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the ets the factors.	e "facts-and-o ts-and-circum: 	circumstances' stances" test.	' test, check The organizat	this box and some in the control of	stop here. a publicly
18	<b>Private foundation.</b> If the organization did instructions					k this box and	sèe □

#### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	
2	Gross receipts from admissions, merchandise	<del></del>				,	
	sold or services performed, or facilities				'		
	furnished in any activity that is related to the organization's tax-exempt purpose	42,316	51,339	43,326	49,408	40,003	226,392
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	-339	610	271
4	Tax revenues levied for the				-337	- 010	
7	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities				-		
	furnished by a governmental unit to the				,		
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	42,316	51,339	43,326	49,069	40,613	226,663
7a	Amounts included on lines 1, 2, and 3	_					
	received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified			l			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	o	o	o	0	o	, 0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						226,663
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	42,316	51,339	43,326	49,069	40,613	226,663
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	5,010	4,186	4,861	5,253	5,574	24,884
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	o	0	o	. 0	o	,
c	Add lines 10a and 10b	5,010	4,186	4,861	5,253	5,574	24,884
11	Net income from unrelated business	- 0,010	.,,,,,	.,,,,	0,200	5,07.	21,001
	activities not included in line 10b, whether						
	or not the business is regularly carned on	o	o	o	0	o	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets		•				
	(Explain in Part VI.)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	47,326	55,525	48,187	54,322	46,187	251,547
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppor	t Percentage	e				
15	Public support percentage for 2018 (line 8	3, column (f), d	vided by line	13, column (f))		15	90.1 %
16	Public support percentage from 2017 Sch			<u> </u>	<u></u>	16	906 %
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (			•		17	99%
18	Investment income percentage from 2017					18	94 %
19a	331/3% support tests—2018. If the organ						
4	17 is not more than 33½%, check this box						
þ	331/3% support tests—2017. If the organiz line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization de	,					
20_	rrivate loungation. If the organization di	u not check a l	JUX On line 14,	i sa, or 190, c	neck this box	and see instru	ctions 🕨 🗌

#### Part IV **Supporting Organizations**

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

Section	A. All	Supportin	ng Orgai	nizations
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ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		L
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 <b>Part VI</b> 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			_
	(b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	36		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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 (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled as supported by organization with its supported associations.			
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		لــــا
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		1
	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 <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
l0a	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.	10a		
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.)

10b

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Part I	Supporting Organizations (continued)			
	(c		Yes	No
11	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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			•
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 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		
ectio	on C. Type II Supporting Organizations			
			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		_
ectio	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		<u> </u>	
		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
_	·	2	ļ	
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's	1	1	
	supported organizations played in this regard.	3		
ectio	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
' a	The organization satisfied the Activities Test. Complete line 2 below.			-7.
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	
а	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,	ŀ	1	
	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 (a) 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	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard.	3b	I	l

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	tru	st on Nov. 20, 1970 (exp	laın in Part VI). <b>See</b> tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes 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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)			
Sect	Current Year					
1_	Amounts paid to supported organizations to accomplish	· · · <u>-</u> · · ·				
2	Amounts paid to perform activity that directly furthers exe					
	organizations, in excess of income from activity					
3_	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)	<u></u> .				
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.					
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	ion E-Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			,		
3	Excess distributions carryover, if any, to 2018					
э	From 2013	,		1 ( 4		
b	From 2014					
С	From 2015		,			
d	From 2016					
е	From 2017		,			
f	Total of lines 3a through e			1		
<u>g</u>	Applied to underdistributions of prior years			' '		
<u>h</u>	Applied to 2018 distributable amount					
<u>i</u>	Carryover from 2013 not applied (see instructions)			-		
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from Section D, line 7: \$		,			
а	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount	,				
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	ı	,			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			, , , , ,		
8	Breakdown of line 7:					
а	Excess from 2014			, , , , , , , , , , , , , , , , , , ,		
b	Excess from 2015	*		** * * * * *		
c	Excess from 2016			, AIN		
<u>d</u>	Excess from 2017	,				
е	Excess from 2018		,	, ]		

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.)			
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#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Name of the organization Germantown Christian 49'ers, Inc	Employer identification number 68-0608832
Part 1 Line 10 Grants & Sımılar Amounts Paid	
St Michael's School	\$ 4,888
St. Ann School	4,888
St Paul School	4,889
OLPH Catholic School Annual Endowment Fund	1,000
OLPH Catholic Church Major Repairs	247
St Vincent DePaul Society - Region	2,500
St. Vincent DePaul Society - OLPH Chapter	2,500
The Angel Program	2,500
OLPH Senior High Youth Group	5,000
Dorothy Day House	2,500
Room In The Inn - Carpenter House	2,000
Fellowship of Catholic University Students	500
Project Outreach	2,500
Laboure Society	500
Birthright of Memphis	2,500
Catholic Charities of West Tennessee	2,500
Fisher's of Men	1,500
Total Line 10	42,912
Line 16 Other Expenses	
Fidelity Bond	388
State of Tennessee Annual Report	20
State of Tennessee Annual Solicitation Fee	120
Postage and Check Printing	85
Total Line 16	613

Name of the organization	Employer identifica	tion number
Germantown Christian 49'ers, Inc	68-06	08832
Part III, Line 31 Statement of Program Service Accomplishments		
Donation to St. Vincent DePaul Society to aid the poor in payment of rent and utilities		
and operation of Soup Kitchen for the homeless	\$ 5,000	
Donation to Birthright of Memphis providing guidance to women for an alternative		
, , , , , , , , , , , , , , , , , , ,	·······	
to abortion and provide clothing and other needs for newborns	2,500	
Cathalia Charitias of West Topposess provides food, housing, and clothing to the poods.	2 500	
Catholic Charities of West Tennessee provides food, housing, and clothing to the needy	2,500	
The Angel Program provides a Catholic education to young children living with autism	2,500	
Room in The Inn - Carpenter House repairs to the facility which provides for the		
homeless in the community	2,000	
Dorothy Day House provides food, clothing and shelter for homeless families	2,500	
OLPH Catholic Church major roof repairs	247	
FOCUS reach out to college students through gospel teachings	500	
Laboure Society assists seminarians in education for priesthood	500	
Fisher's of Men evangelize and engage Catholic men to a closer relationship to God	1,500	
OLPH Catholic School Endowment Fund - support Catholic education	1,000	
Total Line 31a	20,747	
···		