Click on the	question-mark	icons to	display	help	windows

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ**

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)

2018

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

AI	or the	2018 calendar year	r, or tax year beginning , 2	018, and ending		, 20
В	Check if a	pplicable C Nan	me of organization he		D Employer ic	lentification number ht
	Address o	change Churc	ch 21 Inc		:	B21534780
	Name cha	ange Numbe	er and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone r	umber
=	Initial retu	I () AALI	nites Bridge Rd		20	07-831-0685
=	Final retui Amended	m/terminated City or	town, state or province, country, and ZIP or foreign postal code	00	F Group Exe	emption
$\overline{}$			ish, ME 04084	CO	Number	·
_		ting Method 🗸 C	ash ☐ Accrual Other (specify) ▶	н	Check ▶ □	if the organization is not
	Vebsite	_				ach Schedule B
JΤ	ax-exer	npt status (check only	one) - ✓ 501(c)(3)	(1) or 527	(Form 990, 99	0-EZ, or 990-PF).
			Corporation Trust Association Oth			
			ine 9 to determine gross receipts. If gross receipts are \$200,00	0 or more, or if total	assets	
(Pai	t II, col	umn (B)) are \$500,00	00 or more, file Form 990 instead of Form 990-EZ .		▶ 5	197718
P	art I	Revenue, Exp	penses, and Changes in Net Assets or Fund Bal	ances (see the	instructions	s for Part I) 🚾
			rganization used Schedule O to respond to any quest			
hε	1		fts, grants, and similar amounts received		1	196215
h٤	2	. •	revenue including government fees and contracts	ZACIO.	2	0
hε	3	-	a and accomments	.04.05.10	ച . 3	0
he	4	Investment incom	ne	1262019	4	0
	5a	Gross amount fro	om sale of assets other than inventory —	5a		
	b	Less: cost or other	er basis and sales expenses	5b		
	С		m sale of assets other than inventory (Subtract line 5b fr	om line 5a)	. 5c	0
	6	Gaming and fund		·		
	a	Gross income fi	from gaming (attach Schedule G if greater than			
e		\$15,000)		6a		
Revenue	ь	Gross income fro	om fundraising events (not including \$	of contribution	s	
ě			events reported on line 1) (attach Schedule G if the			
_		sum of such gros	ss income and contributions exceeds \$15,000)	6b		
	С	Less [,] direct expe	nses from gaming and fundraising events	6c		
	d	Net income or (lo	oss) from gaming and fundraising events (add lines 6a	and 6b and sub	otract	
		line 6c)			· · 6d	0
	7a	Gross sales of inv	ventory, less returns and allowances	7a		
	b	Less: cost of goo		7b		
	С	Gross profit or (le	ese) from sales of inventory (Subtract line 7b from line 7a	a)	7c	0
	8		escribe in Schedule O)		8_	1503
	9		dd lines 1, 2, 3, 4, 5c ad, 7c, and 8		. ▶ 9	197718
	10	Grants an finnia	ar _A appounta papd gist rischedule O)		10	174213
	11	Benefits page to o	of for members		. 11	0
es	12	Salaries, othebee	empensation, and employee benefits It		. 12	0
Sus	13		and other payments to independent contractors			1158
Expense	14	• •	Utilities, and maintenance		. 14	0
ú	15		ions, postage, and shipping		. 15	0
	16		describe in Schedule O) 🚾		. 16	3732
	17	Total expenses.	Add lines 10 through 16	<u> </u>		179103
ţ	18) for the year (Subtract line 17 from line 9)		18	18615
Se	19		nd balances at beginning of year (from line 27, column			
As			e reported on prior year's return)			51
Net Assets	20		net assets or fund balances (explain in Schedule O) .			0
	21		d balances at end of year. Combine lines 18 through 20	<u> </u>	▶ 21	18666
For	Panen	work Reduction Act	t Notice, see the separate instructions.	Cat No. 10642I		Form 990-EZ (2018)

Part II	Balance Sheets (see the instructions	ior Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u></u> 🗹
				(A) Beginning of year		(B) End of year
22 Ca	sh, savings, and investments				22	18666
23 Lai	nd and buildings				23	
24 Oth	ner assets (describe in Schedule O)				24	
25 To	tal assets			51	25	18666
26 To	tal liabilities (describe in Schedule O) .		[(26	(
27 Ne	t assets or fund balances (line 27 of column	(B) must agree wit	h line 21) 🗍	51	27	18666
Part III	Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔒 . 🗸	١.	Expenses
What is th	e organization's primary exempt purpose?	provide charitable g	ving and support to p	plant churches	1 4	ured for section (3) and 501(c)(4)
as measu persons 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	, the number of		izations, optional for
	ributed grants to ongoing work of church planti		·			
	nses of church planters and of their supporting	or sending churches	, benefitting 5+ minis	try projects dire		
	people indirectly			····		
™ (Grar	7				28a	40
	ributed grants to ongoing work of church planti	**********				
expe	nses of church planters and of their supporting	or sending churches	, benefittıng 5+ minis	try projects dire		
500+	people indirectly					
(Gran	nts \$ 52000) If this amount	includes foreign gra	ints, check here .	▶ 🗸	29a	4
30 Conti	ributed grants to ongoing work of church plantii	ng, including training	, salaries, resource d	evelopment, and		
expe	nses of church planters and of their supporting	or sending churches	, benefitting 5+ minis	try projects dire		
500+	people indirectly	-				
(Gran	``````````````````````````````````````	includes foreign gra	ints, check here	▶ 🗸	30a	4
	r program services (describe in Schedule O)	o.uuuoo .o.o.g g	,	<u> </u>		
(Gran		includes foreign are	nte check here	▶ ☑	31a	4
	l program service expenses (add lines 28a t				32	16
Part IV						<u> </u>
raitiv	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				istruc	lions for Part IV)
	Check if the organization used Schedule	1	(c) Reportable ht	(d) Health benefits,	i i	· · · <u>· </u>
	ht (a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employ	ot	Estimated amount o ther compensation
ebastien (0.5				
President,	Director		0		0	
haron Ber	nier	1				
Secretary, I	Director	·	_			
ean-Christ					0	
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		0.2			0	

	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	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	Yes	No
he	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		_ v
	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 c	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		√
	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		√
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		√
	ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 51 Section 501(c)(7) organizations. Enter:			
	a b 40a	Initiation fees and capital contributions included on line 9	2		
	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		_
	С	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			
	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		-
	41	List the states with which a copy of this return is filed ► Maine			
	42a			1-068	5
	b	Located at ► 77 Whites Bridge Rd Standish, ME 04084 ZIP + 4 ► 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)?	040 42b	Yes	No
		If "Yes," enter the name of the foreign country ► 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		✓
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. I	► □ No
		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	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		/
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a 45b		✓ ✓

	90-EZ (2018)						Pa	age 4
46	Did the organization engage, directly or i	ndirectly in political o	campaign activities or	hehalf of or	in opposition		Yes	No
+0	to candidates for public office? If "Yes,"					46		_ _
art	VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	s Only ns must answer que	estions 47–49b and	52, and cor		1 1	or line	es
	Check if the organization used Sc	chedule O to respond	d to any question in t	his Part VI	<u> </u>			_ <u>_</u> _
17	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pai		section 501(h) election	on in effect o	during the tax	47	Yes	No ./
8	Is the organization a school as described in			Schedule E		48		
9a	Did the organization make any transfers t					49a		\
Ь	If "Yes," was the related organization a si					49b		
0	Complete this table for the organization's							i key
	employees) who each received more that	n \$100,000 of compe	nsation from the orga			nter "N	one."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health I contributions to benefit plans, a compen	o employee (e) and deferred	Estimated other com		
ne					_			
		•						
		i						
				<u> </u>				
•		or \$100 000	None	ı				
1	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp			who each re	ceived	more	than
1	Complete this table for the organization	's five highest companization. If there is no	ensated independent	contractors		npensatio		than
1	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."	contractors				than
1	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."	contractors				than
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ne d	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent contraction of the contract	's five highest companization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of sen	contractors	(c) Cor	mpensatic		than
d 2	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Scheduler (a) Total number of other independent control of the organization complete Scheduler (a) \$100,000 of compensation from the organization complete Scheduler (b) \$100,000 of compensation from the organization complete Scheduler (c) \$100,000 of compensation from the organization complete (c) \$100,000 of compensation from the organization complete (c) \$100,000 of c) \$100,000 of compensation from the organization (c) \$100,000 of c) \$100,000 of compensation from the organization from the organization (c) \$100,000 of c) \$100,000 of compensation from the organization from the organiza	's five highest companization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of sen over \$100,000 ection 501(c)(3) orga	contractors //ice	(c) Cor None ust attach a	mpensatic	on .	
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d d 2, com	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization of each independent contraction. Total number of other independent contractions of the organization complete Scheducompleted Schedule A	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All services and information officer) is based on all information.	ensated independent one, enter "None." (b) Type of sen over \$100,000	ontractors vice inizations m cents, and to the has any knowled	None ust attach a ▶ best of my knowledge	▼ Yes edge and		do
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d 2, gn ere	Complete this table for the organization \$100,000 of compensation from the organization from from from from from from from from	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All services and on all information officer) is based on all information.	ensated independent one, enter "None." (b) Type of sender	ontractors //ice //ice Inizations m ents, and to the has any knowled Date	None ust attach a best of my knowledge April 19,	▼ Yes edge and		do

Form **990-EZ** (2018)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number Church 21 Inc 821534780 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 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 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s). by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . Provide the following information about the supported organization(s). (vi) Amount of (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2014 Calendar year (or fiscal year beginning in) ▶ **(b)** 2015 (c) 2016 (d) 2017 (f) Total (e) 2018 grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 196215 196215 0 revenues levied organization's benefit and either paid to or expended on its behalf . . 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 Total. Add lines 1 through 3. . . . 0 0 196215 196215 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 10483 185612 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 196215 Amounts from line 4 0 0 196215 7 0 0 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 1503 1503 197718 11 **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) . . . 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 \checkmark Section C. Computation of Public Support Percentage % Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 14 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 % 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test -2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Parţ	Support Schedule for Organiza (Complete only if you checked the				nization faile	d to qualify up	uder Part II
	If the organization fails to qualify						ider rait ii.
Sect	ion A. Public Support	Gridor tho to	oto notou bon	5 w, p.o.c.o oc	ant and	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(0) 2011	(-,	(-,	<u> </u>	(4) = 4 / 4	
	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the]	
	organization's tax-exempt purpose					/	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					/	
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	:			/		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			j	P		
	received from disqualified persons .	į					
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C4!	line 6)		To come to get the in	4 (1 8)	≥ بند ادر	46 - 7417	
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2014	6 2015	(a) 2016	(4) 2017	(a) 2019	(f) Total
Calen 9		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(i) Total
э 10а			7				
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
ь	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975					· .	
С	Add lines 10a and 10b	<i>f</i>					
11	Net income from unrelated business						
	activities not included in line 10b, whether					Ì	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)			d Ab. ad 5	f.fal- 1		= E01(a\/0\
14	First five years. If the Form 990 is for the organization, check this box and stop he	•					
Cooti	on C. Computation of Public Suppor						· · - <u></u>
15	Public support percentage for 2018 (line 8			13 column (fl)		15	%
16	Public support percentage from 2017 Sch	. ,,,	•			16	
	on D. Computation of Investment Inc			· · · · · ·		101	
17	Investment/income percentage for 2018 (ov line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2017			-		18	%
19a	33 ¹ /3% support tests – 2018. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2017. If the organiz						
	line 18 is not more than 331/3%, check this is						
20	Private foundation. If the organization di		=				

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.)

OCCL	ion 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 Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
2-		<u> </u>		
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 Part VI 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)			-
•	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	and and asking a second and a second a			
	"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 Part VI how the organization had such control and discretion			
	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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	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		
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 Part VI.	6		
			-	

If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- C Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

7

8

9a

9b

9с

10a

10b

Part	IV Supporting Organizations (continued)			
			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		
Sect	ion 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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 expension energia for the honefit of any expension of the other than the supported			
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		
Secti	on C. Type II Supporting Organizations			
	on or type in outpersing organization.		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	ľ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	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	<u> </u>		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	<u> </u>		
_		_2_		
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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s)
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,
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,			
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>		
	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) 1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	ŀ		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	_3a_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b	_	

Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	jani	izations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
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 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		1-1 · 1			
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				
	٦				
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		2	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	y int	egrated Type III supporting	organization (see		
instructions)					

Par	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4 _5	Amounts paid to acquire exempt-use assets			
 6	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.			
$-\frac{3}{7}$	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which	h the erganization is res	noncuro	
	(provide details in Part VI). See instructions.	in the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6		·	
10	Line 8 amount divided by line 9 amount			
Sect	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 Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018		-	
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016	. 61 -U-971 AF _6 J 77 Tana-define	8- Mr	
E	From 2017		-	·
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			•
h	Applied to 2018 distributable amount		,	
<u>.</u> _i_	Carryover from 2013 not applied (see instructions)			* * *
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7 \$,, , ,,, ,, ,,	an a
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount	٠ , ډ ډ د ٠	11 1	<u> </u>
	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 Part VI. 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.	·		
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.			,
8	Breakdown of line /:			
a	Excess from 2014			
b	Excess from 2015		<u> </u>	
	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018	L		

_	C
Page	c

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury

(10)

Open To Public

Internal Re	venue Service	► Go	to www.irs.gov/F	orm99	0 for instru	uctions and t	he late	st information.		<u>l</u>	rspec	tion		
Name of the organization . '		••						Emplo	Employer identification number					
Church 21 Inc			82153478						80					
Part I		fit Transaction	ns (section 501	(c)(3)	, section	501(c)(4), a	nd 50	1(c)(29) organız	ations only	·).				
	Complete if the	ne organization	answered "Ye	s" on	Form 99	0, Part IV, II	ine 25	a or 25b, or Fo	rm 990-EZ	, Part	V, line	40b.		
4 (a) Name of descriptions			(b) Relationship between disqualified person and				(a) Decemption of transportion				(d) Con	ected?		
1 (a) Name of disqualified person		person	organization				(c) Description of transaction					Yes	No	
(1)									-					
(2)														
(3)														
(4)		-			-									
(5)	•							_					-	
(6)				•										
	nter the amount	of tax incurred	d by the organ	nizatio	on manag	gers or disc	qualif	ed persons du	ring the ye	ear				
	inder section 4958									▶ 5	8			
3 E	nter the amount o	of tax. If anv. on	line 2. above.	reıml	oursed by	the organi	zatıor			▶ \$	<u> </u>			
		,,,	,,								`			
Part II	Loans to and	/or From Inter	rested Person	•										
	Complete if th	ne organization	answered "Ye	s" on	Form 99	0-EZ, Part \	V, line	38a or Form 99	90, Part IV,	line 2	26; or 1	f the		
	organization r	eported an am	ount on Form 9	990, F	Part X, line	e 5, 6, or 22	2.							
			T					(-),		A				
(a) Name of interested person		(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Origin principal am			(g) In default? (h) Approve by board committee				(i) Written agreement?	
		,				P						1		
				То	From				Yes No	Yes	No	Yes	No	
(1) Sha	aron Bernier	Officer	open acct	1	1,4,11		51	51		1			1	
(2)				Ť						<u> </u>	1			
(3)								···		1	<u> </u>			
(4)											1			
(5)				_					· · · ·	+	1			
(6)					+						t		-	
(7)			_								†			
(8)					-				1	+				
(9)			†		+					<u> </u>			-	
(10)										†				
Total		ı		ı			. •	51		 	· L			
Part III	Grants or Ass	sistance Bene				· · ·			·l					
T GIT TIT	Complete if the	e organization	answered "Ye	s" on	Form 99	0, Part IV, II	ne 27							
	·	<u>_</u> _			Γ					a) Dura		ton	••	
		nship between interested (c) A and the organization		(C) Amount	Amount of assistance		d) Type of assistance	e "	(e) Purpose of assistance					
(1)								· · · · · · · · · · · · · · · · · · ·						
(2)												_		
(3)		-			 									
(4)					 									
(5)		-												
(6)					 									
(7)					 									
(8)														

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.								
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?				
					Yes	No			
(1)			<u>-</u>			 			
(2)			_			 			
(4)									
(5)									
(6)									
(7)									
(8)									
(10)									
Part V	Supplemental Information. Provide additional information for	or responses to questions	on Schedule L (see	instructions)	· · · · · · · · · · · · · · · · · · ·				
\$51 was lo	paned by Mrs Bornior to Church 21 Inc	o in December 2017 in orde	r to open the bank ac	count so that the organization co	uld begi	n			
	funds and pay expenses								
		- 							
									
•									
		•							
		••••••		······					
·									
									
									
						.			
·									
		·							

SCHEDULE 0 (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

821534780

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Church 21 Inc

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information. Inspection **Employer identification number**

Line 8: \$1503 was received in bank credit due to a currency exchange mistake they made in sending a wire payment
Line 10: A total of \$174213 in ministry grants for church planting activities was sent to Initiative 22, Quebec, Canada as follows:
\$60000 on March 7, 2018
\$52000 on July 10, 2018
\$60750 on November 30, 2018
\$1463 on December 7, 2018
Line 16: Other expenses included \$600 ME registration fee, \$346 bank fees, \$2736 PayPal service fees, \$50 ME charitable org application
Lines 19,22,25,27: \$51 was used to open the corporate bank account in December 2017. No tax return was filed for 2017.
Line 31: The fourth grant amount of \$1463 was originally intended to be included in the third grant. The bank made an error in sending
the wire payment and then credited the amount \$1503 which was then forwarded to the grantee minus the wire fee of \$40
Lines 28-32: There were four grants provided in 2018 to a Canadian church planting church, the \$160 of program expenses was also
included in the total expenses above as "bank fees"

Schedule Q (Form 990 or 990-EZ) (2018)	Page Z
Name of the organization	Employer identification number
	·
•	