Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

Den	artment of	the Treasury	► Do not enter socia	al security numbers on this	form as	it may be	made public	1/7K/	Open to I	
		ue Service	► Go to www.irs.	gov/Form990 for instruction	ns and tl	he latest in	formation.	141 <i>X</i> ()	Inspec	tion
A	For the	2018 cale	ndar year, or tax year beginning	3 Jul 01	, 2018, a	and ending	Jur	30	, 20 19	
В	Check if	applicable	C Name of organization Mountain					D Employe	r identification n	umber
	Address		Doing business as						35-2089289	
	Name ch	· ·	Number and street (or P O box if n	nail is not delivered to street add	ress)	Room/suite		E Telephon		
$\bar{\sqcap}$	Initial ret	•	PO Box 7053		•			•	812-870-5101	
\exists		n/terminated	City or town, state or province, cou	intry, and ZIP or foreign postal co	ode	l	- 1		812-8/0-3101	
H	Amende	1		,, ,	,,,,		1	C C****	names C	050 544
\exists			Terre Haute, IN 47802 F Name and address of principal office	on Duddate				G Gross red		252,541
ш	Applicati			•		1	1 ''	•	ubordinates? Yes	_
	····		PO Box 7053, Terre Haute, IN 4			- (1)			included? L. Yes list (see instruction	
<u>ٺ</u>		npt status	✓ 501(c)(3) □ 501(c)	() ◀ (insert no) 🔲 4947	(a)(1) or	甲約	4			ль)
<u>, , , , , , , , , , , , , , , , , , , </u>	Website		nhaitu.org		1	V	H(c) Group	1		
_			Corporation Trust Associ	ation Other ▶	L Yea	ar of formation	n 1999	M State	of legal domicile	IN
Ŀ	art (Summ		 						
_	1		escribe the organization's miss							
5			izens of Haitı. Fund operatıons				mothe, Hai	ti and ın [Dumay, Haiti P	rovide
Ē			or a medical clinic, for the scho							
ver			is box ▶ 🗌 if the organization				more than	25% of i	ts net assets.	
ဗိ	3		of voting members of the gove					3		6
త	4		of independent voting membe					4		
tie	5	Total nun	nber of individuals employed i	n calendar year 2 MAR Pa	}t 4 4,209	7 (7) .		5		3
Activities & Governance	6	Total nun	nber of volunteers (estimate if	necessary)				6		175
Ac	7a	Total unre	elated business revenue from	Part VIII, column (@) June	12			7a		0
	b	Net unrel	ated business taxable income	e from Form 990-T, hims 13	ስ. Uta	h _.		7b		0
		•			Prior Yea	ar	Current Ye	ear		
a)	8	Contributions and grants (Part VIII, line 1h)								252,541
Revenue	9		service revenue (Part Viil, line	•				263,135		0
ě	10	-	nt income (Part VIII, column (A					0		0
æ	11		enue (Part VIII, column (A), lin	•	11e)	<u> </u>		1,339		0
	12		enue—add lines 8 through 11 (i			12)		264,474		
	13		nd similar amounts paid (Part			10 12/		204,474		252,541
	14		paid to or for members (Part I			<u> </u>				189,379
	14-	-	other compensation, employee	• • • • • • • • • • • • • • • • • • • •		5 10\ H		400.040		445.000
ses	16a			-	1), IIIIes i	³⁻¹⁰⁾		183,240		115,398
Expenses	lua		nal fundraising fees (Part IX, o							
X	b		draising expenses (Part IX, co				<u>a</u>			<u></u>
	1		penses (Part IX, column (A), lir			.∵ ·		195,412		15,967
	18		enses. Add lines 13-17 (must		, line 25	" ·		378,652		320,744
	19	Revenue	less expenses. Subtract line	18 from line 12 .	· · ·			114,178)	End of Vo	(68,203)
Sign		T-4-1	ata (Dast V. Ivaa 40)			Бе	ginning of Cur		End of Ye	
Net Assets or	20		ets (Part X, line 16)			· ·	1	,659,149		1,350,502
e e	21		ilities (Part X, line 26)			· ·		295,846		123,604
			ts or fund balances. Subtract	line 21 from line 20	<u></u>		1	,363,303	•	1,226,898
	art li		ure Block							
Ur	nder penal	ties of perjui	ry, I declare that I have examined this ete. Declaration of preparer (other thai	return, including accompanying	schedules	s and stateme	ents, and to th	e best of m	y knowledge and	belief, it is
	ie, correct	, and compr	ete Declaration of preparer (other than			cn preparer n	as any knowle	<u> </u>		
٠.		4	Dorre L. Golin H					<u> </u>	6-2021)
Sig		Signa	afture of officer ""	•	_	- 1	Date	9		
He	ere	 	Jarris H. Aslin	Ir Board	Pre	Sulcat				
_		Туре	or print name and title							
P	nid	Print/Typ	pe preparer's name	Preparer's signature		Date		Check	of PTIN	
_	epare	r \coprod						self-empl		
	se Onl		ame ▶				Firm'	s EIN ▶		
_		y <u> </u>	ddress ►			-	Phor			
Ma	y the IR		s this return with the preparer	shown above? (see instru	ictions)				Yes	No No
			ction Act Notice, see the separa			Cat No.	11282Y			90 (2018)

Р	age	2

Part	art III Statement of Program Service Accompl	
ì		or note to any line in this Part III
•	· ,	to the situane of Haiti Subsidizes cohools including a lunch groups
		to the citizens of Haiti. Subsidizes schools, including a lunch program, plies for a medical clinic in Gramothe, Haiti, and operates a church
	in One and a Hair	
	ін Gramotrie, паш.	
2	2 Did the organization undertake any significant pro	ogram services during the year which were not listed on the
_	-	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule	
3		ke significant changes in how it conducts, any program
•		· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.	
4		omplishments for each of its three largest program services, as measured by
•		ations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each p	
	, , , , , , , , , , , , , , , , , , , ,	
4a	4a (Code:) (Expenses \$ 281.332 ii	ncluding grants of \$) (Revenue \$252,240)
		penses and scholarships for over 1,300 Haitian children in the villages of
		mothe, Haitı.
4b	4b (Code:) (Expenses \$ ır	ncluding grants of \$) (Revenue \$)
	•••••	
	•••••	
4c	4c (Code.) (Expenses \$ If	ncluding grants of \$) (Revenue \$)
4d	• • • • • • • • • • • • • • • • • • • •	
	(Expenses \$ including grants of \$) (Revenue \$
40	AN LOTAL PROGRAM CONJUCA CANODICAC -	one non

art IV	Checklist	of Bor	uired (Schadulas
artiv	OHECKHIST	VI NE	aun eu ,	Juliennies

			Yes	No
ì	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		√
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	✓	√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓

Part	Checkins of nequired schedules (continued)			
· 22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	· · · ·	Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		√
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		\
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
	reportable gaming (gambling) winnings to prize winners?	1c		✓

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
· Èa	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	7			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Ť		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,					
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1		
b	If "Yes," enter the name of the foreign country			Ť		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>		\vdash		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-	Ť		
b	gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
а	and services provided to the payor?	7a		7		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-		
С	required to file Form 8282?	7c		1		
А	If "Yes," indicate the number of Forms 8282 filed during the year					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1		
f						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		1		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ		
0	sponsoring organization have excess business holdings at any time during the year?	8		1		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1		
10	Section 501(c)(7) organizations. Enter:			Ė		
а	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			ŀ		
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders			}		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1				
	against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1				
	Is the organization licensed to issue qualified health plans in more than one state?	13a		 		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand	1				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		1		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1		
	If "Yes." complete Form 4720. Schedule O.			Ì		

Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change. Check if Schedule O contains a response or note to any line in this Part VI				ioris. . 🔽
Secti	on A. Governing Body and Management				<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a (<u> </u>		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	416	_		
b	Enter the number of voting members included in line 1a, above, who are independent.	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2	√	
3	Did the organization delegate control over management duties customarily performed by or		3		
4	supervision of officers, directors, or trustees, or key employees to a management company or other Did the organization make any significant changes to its governing documents since the prior Form 99		4		1
5	Did the organization become aware during the year of a significant diversion of the organization		5		7
6	Did the organization have members or stockholders?		6		1
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			
	one or more members of the governing body?		7a		✓
þ	Are any governance decisions of the organization reserved to (or subject to approva	by) members,			
	stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
_	the year by the following:			1	
a	The governing body?		8a 8b	∀	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be supported in the governing body?		00	_	_
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Secti	on B. Policies (This Section B requests information about policies not required by th		nue C	ode.))
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption.		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	\	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the	oolicy? If "Yes,"	120		
40	describe in Schedule O how this was done		12c		1
14	Did the organization have a written whistleblower policy?		14		V
15	Did the process for determining compensation of the following persons include a review a		 • • •		<u> </u>
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?	<u> </u>		لــِــا
a	The organization's CEO, Executive Director, or top management official		15a	<u> </u>	1
b	Other officers or key employees of the organization		15b		-
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	lar arrangement			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure	<u> </u>	100		<u> </u>
17					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e), 990, and 990-	T (Sec	tion (501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sci.	it apply.	•		` '
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	· ·	terest	policy	v. and
	financial statements available to the public during the tax year.				, , wild
20	State the name, address, and telephone number of the person who possesses the organization of the person of the pe	OH S DOOKS AND FE	coras		

Pane	•

Part VII	Compensation of Officers, Direct	tors, Trustees	, Key Employees	, Highest	Compensated	Employees,	and
	Independent Contractors						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ,1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
			`		C)					
(A)	(B)	/40.5	at at		ition	e than o		(D)	(E)	(F)
Name and Title	Average	box, ι	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any			_	_	or/trust		compensation from	compensation from related	amount of other
	hours for	or d	Inst	Officer	Key employee	릙	Former	the	organizations	compensation
	related organizations	rect	<u></u>	ğ	3	lest	ᅙ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	al tru	<u>a</u>		ŏ	e co				and related
	line)	Individual trustee or director	Institutional trustee		8	pens			1	organizations
			ee			Highest compensated employee				
(1) Willem Charles	40	1		,						
Director (0)	<u> </u>	V		✓			-	35,000	0	0
(2) Budd Aplin	11			1					٥	0
President (3) Shape Miller	1		 	┷				<u> </u>		
(3) Elnora Miller Vice President	 			1					0	0
(4) Lori Aplin	1	-		Ť						
Secretary	† -			1				0	0	0
(5) Marcia Favalı	1									
Treasurer	†			1				0	o	0
(6) Eleanor Martin	1									
Member				✓				0	0	0
(7)										
(8)	1						-		-	
	†			l			1			
(9)										
							<u>L</u>			
(10)	ļ						İ			
	<u> </u>			<u> </u>		<u> </u>	ļ			
(11)	ļ									
(12)										
40)	 		<u> </u>	ļ	_	<u> </u>	\vdash			
(13)	 									
(14)										
			L			L	I _	l	L	

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office Individua	unles	s pe	ition more	than or Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fi related organizations (W-2/1099-MIS	sC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)							<u> </u>					
(16)							_					
(17)												
(18)			,									
(19)												
(20)							-					
(21)												
(22)												.
(23)										:	-	
(24)												
(25)			,					ļ				
1b c d	Sub-total	VII, Sectio	n A					▶ ▶	35,000 35,000			
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w),000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						emp		est compens	sated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg greater that	portal an \$1	ole (50,	com 000	per ? <i> </i> -	nsatio "Ye:	n a s,"	nd other comp complete Sch	ensation fror edule J for 	n the such	4 1
5	Did any person listed on line 1a receive of for services rendered to the organization?											5 √
Section	n B. Independent Contractors		_									
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat port compe	ed ind	depe	end or th	ent ne c	contr alend	acto ar y	ear ending wit	ed more than h or within th	\$100,00 e organ	zation's tax
	(A) Name and business add	Iress							(B) Description of s	ervices	Con	(C)
												
2	Total number of independent contractor							th	ose listed abo	ove) who		

	30 (201	<u> </u>			 		· · · · · · · · · · · · · · · · · · ·	rage
Par	VIII	Statement of Revo						_
į ,		Check if Schedule C) contains a res	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ıts its	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b		1			
s, G	С	Fundraising events .	1c	301				
Sift lar,	d	Related organizations	s 1d			i		
iE.	e	Government grants (cor				_ i		
tion S r	f	All other contributions, g				-		
ğ Ĕ		and similar amounts not inc	cluded above 1f	252,240				
a st	g	Noncash contributions include					,	
	. h	Total. Add lines 1a=1	ſ <u>.</u>	>	252,541			
뒬				Business Code				
š	2a							
æ	b	•••••						
Ğ.	С							ļ
Se	d							
ra m	е							
Program Service Revenue	f	All other program ser						
<u> </u>	<u>g</u> 3	Total. Add lines 2a-2 Investment income						
	3	and other similar amo	•					}
	4		=	L				
	4	Income from investment of tax-exempt bo Royalties			-	-		
	5	noyames	(i) Real	(ii) Personal				
	60	Gross rents	(1) 11041	(ii) i crosmai	1			
	6a	Gross rents Less rental expenses		 				
	b	Rental income or (loss)	· · · · · · · · · · · · · · · · · · ·					İ
	d	Net rental income or	(loss)	<u> </u>				
		Gross amount from sales of	(i) Secunties	(ii) Other	-			
	7a	assets other than inventory						
	ь	Less, cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss) .		▶				
Other Revenue	8a	Gross income from fu	ındraısing	1	1	i		
Ver		events (not including \$						
Re		of contributions reporte						
ē		See Part IV, line 18 .	-					
ਰੋ		Less: direct expenses						
_		Net income or (loss) f		events . ►				
	9a	Gross income from ga See Part IV, line 19 .						
	b	Less: direct expenses	s b	,				
	С	Net income or (loss) f	rom gaming act	ivities ▶				
	10a	Gross sales of in						
		returns and allowance	es a		•			
	b	Less: cost of goods s	old b	,				
		Net income or (loss) f						
Ì		Miscellaneous R		Business Code				
	11a						_	
	b		-					
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-	11d	▶				

Total revenue. See instructions . . .

Part IX Statement of Functional Expenses

Secuo	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	189,379	189,379		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	35,000		35,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56065	56,065		
9	Other employee benefits				
10	Payroll taxes	24,333	19,921	4,412	
11 a	Fees for services (non-employees): Management				
b	Legal				
c d	Accounting	3,406	3,406		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	· · · · · · · · · · · · · · · · · · ·			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,900	2,900		
13	Office expenses	868	868		
14	Information technology	1,037	1,037		
15	Royalties				
16	Occupancy	450	450		
17	Travel	1,196	1,196		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization . Insurance	450	450		
23 24	Other expenses. Itemize expenses not covered	458	458		
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	Port Charges	5 652	5,652		
a b		5,652	3,032		
C					
d		~····			······································
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	320,744	281,332	39,412	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	rt X		
•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	538,280	1	481,257
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	-	3	
	4	Accounts receivable, net	9,442	4	102,237
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	Ģ	Loans and other receivables from other disqualified persons (as defined under section			. · · · · · · · · · · · · · · · · · · ·
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	N N	i	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	, , , , , , , , , , , , , , , , , , ,	,	
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1074 943			
				40-	
	b	Less: accumulated depreciation 10b 307,935	1,111,427	110	767,008
	11	Investments—publicly traded securities		12	
	12 13	Investments—other securities. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,659,149		1,350,502
-	17	Accounts payable and accrued expenses	295,846		123,604
	18	Grants payable	255,040	18	123,004
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,	Ü.		,
Liabilities		trustees, key employees, highest compensated employees, and			
ab.		disqualified persons. Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties [23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	295,846	26	123,604
Ś		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
ĕ					
ala	27	Unrestricted net assets	633,860		581,358
18	28 29	Temporarily restricted net assets	729,443	29	713,742
Š	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		-23	<u> </u>
TT		complete lines 30 through 34.		· j	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	•	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ě	33	Total net assets or fund balances	1,363,303		1,295,100
~	34	Total liabilities and net assets/fund balances	1.659.149		1,418,704
					F 000 (2018)

Pag	e 1	12

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25	2,541
2	Total expenses (must equal Part IX, column (A), line 25)	2		32	0,744
3	Revenue less expenses. Subtract line 2 from line 1	3		(6	B,203)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,36	3,303
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,29	5,100
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		Yes	No.
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other			162	140
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	oloin ın			l
	Schedule O.	Jiaiii iii	• ,	!	~ *,
2a					<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com		4,	,	•
	reviewed on a separate basis, consolidated basis, or both:)ou o.	٠.``	•	, * 1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_	· .
b	Were the organization's financial statements audited by an independent accountant?		2b		$\overline{\checkmark}$
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			1
	separate basis, consolidated basis, or both:				٠. ا
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				لـــــــــــــــــــــــــــــــــــــ
С	'If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight	j		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			
	Schedule O.]
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			•
	the Single Audit Act and OMB Circular A-133?		3a	ļ	✓
b			3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	idits.		000	(0045)
			Forn	n 99 0	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization **Mountain Top Ministries Inc** 35-2089289 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: 10 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 331/3% 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 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, C 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) d 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, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (iv) Is the organization (v) Amount of monetary listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No Received In Corres IRS - OSC 04 (A) MAR **0 4 2020** (B) (C) Ogden, Utah (D) (E)

Р	а	a	е	

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Section	on A. Public Support	quality unde	the tests no	ited below, p	icase compie	to rare iii.)	
	dar 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 received. (Do not include any "unusual grants.")	(-)		(4)			
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						
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						ļ
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		$\mid \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \;$				
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.)						
11	Total support. Add lines 7 through 10	/				.,	
12	Gross receipts from related activities, etc				$\cdot \sum \cdot \cdot$	12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				· · · · · ·		
$\overline{}$	on C. Computation of Public Suppor			d ==1: (6)	\-	44	0/
14	Public support percentage for 2018 (line) Public support percentage from 2017 Sci			i, column (i))	/	15	<u> </u>
15 16a	33 ¹ /3% support test—2018. If the organi	reduie A, Fart	check the box	on line 13. ar	nd line 14 is 33		
. Qu	box and stop here. The organization qua						▶ 🗆
b	331/3% support test—2017. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or r	_
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 organization						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di instructions		box on line 13			k this box and	l see \ ▶ □
					Sch	nedule A (Form 9	90 or 990-EX) 2018

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			•	•		
	dar 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		, ,		, ,	`	
	received. (Do not include any "unusual grants.")	1			263,135	252,240	515,375
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	1		,	1,339	295	1,634
3	Gross receipts from activities that are not an				1,000		.,,,,,
	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	1					
6	Total. Add lines 1 through 5				264,474	252,535	517,009
7a	Amounts included on lines 1, 2, and 3	[
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					. 1	
	received from other than disqualified					·	
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		1				
	line 6.)						517,009
	on B. Total Support	(-) 0014	/h\ 0015	(=) 0016	(4) 0017	(-) 0010	(f) Total
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		 		264,474	252,535	517,009
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
c	Add lines 10a and 10b	-					
11	Net income from unrelated business						
• •	activities not included in line 10b, whether		1				
	or not the business is regularly carried on	i		1		-	
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				264,474	252,535	517,009
14	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	, or fifth tax ye	ar as a sectior	501(c)(3)
	organization, check this box and stop he			<u></u>	· · · · ·	· · · · ·	▶ □
	on C. Computation of Public Suppo				 -	T -= T	
15	Public support percentage for 2018 (line					15	100 %
16	Public support percentage from 2017 Sc				<u> </u>	16	100 %
	on D. Computation of Investment In			av line 12 oct	mn (fl)	17	0/
17	Investment income percentage for 2018					18	<u>%</u>
18	Investment income percentage from 201 331/2% support tests—2018. If the organ						
19a	17 is not more than 331/3%, check this box	and ston here	. The organizati	on qualifies as:	ogalis violidaga	rted organizatio	n . ► 🗸
_	331/3% support tests—2017. If the organic						
b	line 18 is not more than 331/3%, check this	box and ston b	neck a box on nere. The ordan	ization qualifies	as a publicly su	pported organi	zation ▶ □
20	Private foundation. If the organization d						
20	Tivate Ioungation in the organization of	is not cireck a	DON OH HITC 14	, 104, 01, 100, 0	MOON HIJO DOX C	000	

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.)

ecti	on A. All Supporting Organizations		T	
			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	1	•	
	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	İ		
_	organization was described in section 509(a)(1) or (2).	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.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	i	1	
	organization made the determination.	3b		
C	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.	3с	ļ	
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.	40		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		ı
U	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		İ	
	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,"	40		
ou	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	i	
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 chantable class benefited	İ		
	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 .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6	-	
7	(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 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.	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 Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		<u> </u>	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	ļ	
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	1		
	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)	10h		

Part	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		
h	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		
	on B. Type I Supporting Organizations	110		L
<u>occu</u>	bit bi. Type i oupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		.00	110
•	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 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 carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Saati	on C. Type II Supporting Organizations	2		
Secu	on C. Type it 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		162	NO
•	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		Ĺ
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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		d
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).	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			لـــــــــــــــــــــــــــــــــــــ
	supported organizations played in this regard.	3		·
	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	nstru	ctions	š)
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s			
2	Activities Test. Answer (a) and (b) below.		Yes	No
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 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			1
_	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.]
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? <i>Provide details in Part VI.</i>	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	$\overline{-}$]

instructions).

Ochequie 4 (1 of m 535 6) 555 E.E.) 2515		<u> </u>	, ago o
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nzat	ions must complete Sect	ions 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)
1 Aggregate fair market value of all non-exempt-use assets (see	ĺ		
instructions for short tax year or assets held for part of year):	١.,		
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 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 pnor 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-functionally integrated Type III supporting organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sęcti	Current Year						
1	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
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 Part VI). See instructions.	h the organization is res	ponsive				
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on 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, it any, to 2018						
	From 2013	4					
b	From 2014						
С	From 2015						
	From 2016 :						
е	From 2017						
f	Total of lines 3a through e						
	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
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 / \$						
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 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 3j and 4c.	,					
8	Breakdown of line 7:						
a	Excess from 2014						
b	Excess from 2015						
C	Excess from 2016						
d	Excess from 2017						
e	Excess from 2018	_	_				

Page	8

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 D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	f the organization		Employer identification number
Mounta	ain Top Ministries Inc	_	35-2089289
Par		vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	•	
	funds are the organization's property, subject to the	he organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grar	nt funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · ·
Par			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	-	
	Preservation of land for public use (e.g., recrea	·	
	Protection of natural habitat	Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified	, , ,	
d	Number of conservation easements included in		
•	•		· · [2d]
3	Number of conservation easements modified, tran	isterred, released, extinguished, or ten	minated by the organization during the
	tax year ► Number of states where property subject to conse	envation easement is located	
4 5	Does the organization have a written policy re		pection handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe		
•	Land volunteer nears devoted to monitoring, inspe	Journey, Harranning of Violationio, and officioning	g concortation cacomonic adming the year
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
•	► \$	g, ramaming or trousierie, and error emg	
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	-
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easem	ents.	
Part	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		lucation, or research in furtherance of
	public service, provide the following amounts relat	_	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art		
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these it	
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		• \$

Page	2

Part					
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and other reco	ords, check any of the	ne following that are a s	ignificant use of its
а	☐ Public exhibition	d	□ Loan or exchange	ge programs	
b	☐ Scholarly research	е	☐ Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization XIII.	n's collections and expl	ain how they further	the organization's exen	npt purpose in Part
5	During the year, did the organization so assets to be sold to raise funds rather th				ar □ Yes □ No
Part	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization a		rm 990, Part IV, lın	e 9, or reported an am	nount on Form
	990, Part X, line 21.			•	
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?		-		ot ☐ Yes ☑ No
_	If "Yes," explain the arrangement in Part				☐ 162 M 140
b	ii fes, explain the arrangement in Fart	Aill and complete the it	bilowing table.	Ai	mount
_	Dogganing holonoo			1c	
C	Beginning balance			1d	
d	Additions during the year			 	
e	Distributions during the year			1e 1f	
f	Ending balance				2 D Vac D No
2a	If "Yes," explain the arrangement in Part				
Par		Aiii. Check here ii the e	xpiariation rias been	provided on Fart Alli .	<u> </u>
rai	Complete if the organization a	newered "Ves" on Fo	rm 000 Part IV lin	a 10	_
			or year (c) Two year		(e) Four years back
4	 	(b) current year (b) ! !	(0) 100 you	(4) 111/00 your busin	(0) 1 041) 041 0 040 11
1a	Beginning of year balance				
b	Contributions				<u> </u>
С	losses				
d	Grants or scholarships				<u> </u>
е	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the	current year end baland	ce (line 1g, column (a	a)) held as:	
а	Board designated or quasi-endowment	-			
b	- · · · · · · · · · · · · · · · · · · ·	0%			
С	Temporarily restricted endowment ▶	0%			
	The percentages on lines 2a, 2b, and 2c	should equal 100%.			
3a	Are there endowment funds not in the p	ossession of the organ	zation that are held	and administered for th	е
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related orga	anizations listed as requ	red on Schedule R?		3b
4	Describe in Part XIII the intended uses o	f the organization's end	owment funds.		
Part	VI Land, Buildings, and Equipm	ent.	•		
	Complete if the organization a	nswered "Yes" on Fo	rm 990, Part IV, lin	e 11a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	117,837	,		117,837
b	Buildings	409,312		48,779	360,533
c	Leasehold improvements	100,011			
d	Equipment	110,902	,	55,542	55,360
e	Other	436,892		203,614	233,278
Total	 		 		767,000

Part VII	Investments - Other Securities.				_	
	Complete if the organization answ					
•	(a) Description of security or category (including name of security)		(b) Book valu			od of valuation of-year market value
(1) Financial	derivatives				<u>-</u>	
(2) Closely-h	neld equity interests					
(3) Other			<u> </u>	•		
(A)						
(B)						
(C)						
(D)						
(E)						
(F) (G)					· -	<u> </u>
(H)		•••••				
	b) must equal Form 990, Part X, col (B) line 12) ▶					
Part VIII	Investments—Program Related		L	l "		15.5.454.4
	Complete if the organization answ		m 990. Part I	V. line 11c. S	ee Form 9	990. Part X. line 13.
•	(a) Description of investment		(b) Book valu			od of valuation
	., .				Cost or end-o	of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)	······································					
(7)						
(8)	<u> </u>					
(9)	Name of the second of the seco					
Part IX	b) must equal Form 990, Part X, col (B) line 13.) Other Assets.					
rait ix	Complete if the organization answ	vered "Ves" on For	m 990 Part I	V line 11d S	ee Form	990 Part X line 15
		Description		v,	700 (01111	(b) Book value
(1)		<u>.</u>				- iii
(2)						
(3)				-		
(4)						
(5)						
(6)						
(7)						
_(8)						
(9)						
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		· · · · ·	•	
Part X	Other Liabilities.		000 D II	V line 11e e.	. 115 0	Farms 000 Dard V
	Complete if the organization answ	vered tes on For	m 990, Part i	v, line i le oi	i ii. See	ronn 990, Fan A,
1.	line 25. (a) Description of liability	(b) Book value				
(1) Federál n		(b) book reach				
(2)						
(3)						
(4)	name a continue					
(5)		······································				
(b)		, —				
(7)						
(B)						
(9)						
Total (Column I	h) must equal Form 990 Part X, col. (B) line 25.)					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part :		•	per Return.	
	Complete if the organization answered "Yes" on Form 990		1.4	
	Total revenue, gains, and other support per audited financial statement	(S	. 1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
_	Net unrealized gains (losses) on investments			
_	Donated services and use of facilities	·		
	Recoveries of prior year grants			•
	Other (Describe in Part XIII.)	<u> </u>	. 2e	
	Subtract line 2e from line 1		. 3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		. •	
	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			-
Part 2	XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a.	-	
1	Total expenses and losses per audited financial statements		. 1	· · · · · · · · · · · · · · · · · · ·
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			,
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	. 2b		
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		. 2e	
	Subtract line 2e from line 1		. 3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b .			
	Other (Describe in Part XIII.)	·	 	
	Add lines 4a and 4b			
Part >			. 3 `	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provide any addition		
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Part XIII	Supplemental Information (continued)	
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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

OMB No 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

2018

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

Open to Public Inspection

Employer identification number Name of the organization 35-2089289 **Mountain Top Ministries Inc** Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria used to ✓ Yes □ No For grantmakers, Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (c) Number of (e) If activity listed in (d) is (f) Total (a) Region (b) Number (d) Activities conducted in the employees, agents, and of offices in region (by type) (such as, a program service, expenditures for describe specific type of service(s) in the region fundraising, program services, the region and investments independent investments, grants to recipients in the region contractors in the region located in the region) (1) Caribbean Program services Food, education, supplies, 189,379 1 2 (2) church, and medical care (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15) (16)(17)Subtotal 182,951 Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 182,951

Schedule F (Form 990) 2018 Page 2									
Part	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)							•		
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)				-					
(12)									
(13)									
(14)				-					
(15)									
(10)									

3	Enter total number of other organizations or entities
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

Schedule F (Form 990) 2018

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Stipends/food/medical supplies	Caribbean	11,000	101,94	Direct from MTM	87,43	food, medical supplies	FMV
(2) (cont)				Director to teachers		equipment,	
(3) (cont)				and to school	·		
(4) (cont)				administrators			
(5)							
(6)							1
(7)							
(8)			<u> </u>				
(9)					· · · · · · · · · · · · · · · · · · ·		
(10)							****
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							-
(18)							

Schedule F (Form 990) 2018

Page	, 4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	√ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐ Yes	√ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

·
Part I(2) - The Mountain Top Ministries Director and Board Member Willem Charles lives in Haiti and administers all program services. He
reports directly to the Mountain Top Mınistries Board.
Part 1(3) - All amounts reflected are the expenses of program services.
Part III - All non-cash items such as rice, medical equipment, supplies and other food items are all listed at the price paid for by Mountain Top
Ministries.
Part III (c) - The two schools supported by Mountain Top Ministries have a combined enrollment of about 1,300 students. The schools are
located in Gramothe, Haiti and in Dumay, Haiti. The schools have approximately 80 teachers and support staff who receive stipends.
The medical clinic located in Gramothe, Haiti provides services for approximately 8,000 individuals every year.
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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.

2018

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

Mountain Top Ministries Inc	35-2089289
Part III (2) - The Mountain Top Ministries service programs in Haiti provide stipends for teachers and s	tudents at K-12 schools in Gramothe,
Harti and Dumay, Haiti. There are over 1,300 students who receive services and daily meals at the sch	ool. MTM also helps subsidize the
teachers and administrators salaries.	
Section Part VI(A)(2) Members of the Board Budd and Lori Aplin are married.	
Section Part VI(B)(11b): The 990 was circulated to the Board prior to filing. The Board was able to disc	uss via email and approve the filing.
Section Part VI(C)(19): Available at the corporate office upon request.	
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Name of the organization	Employer identification number	
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