OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev January 2020) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning January 1 December 31 20 19 D Employer identification number Check if applicable C Name of organization, KWO Ministries 45-2628602 Address change Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number П Name change (432) 770-1254 Initial return 3500 W. Golf Course Road Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1,062,328. Amended return Midland, TX 79703 H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer Tim Neale Application pending H(b) Are all subordinates included? Yes No 2819 Auburn Midland, TX 79705 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status √ 501(c)(3) 501(c) ( ) ◀ (insert no ) H(c) Group exemption number ▶ Website: ► kwoministries.org ТX M State of legal domicile L Year of formation 2011 Briefly describe the organization's mission or most significant activities: KWO Ministries exists to raise funds to support Activities & Governance orphans and widows in Kenya, East Africa. Support is provided by funding the World Bible School Ministry NGO in Kenya. This organization only supplies money to the Kenyan NGO who operates various orphanages and feeding stations located in Kenya. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) . 50 Imenial Revenue Service . Total unrelated business revenue from Part VIII, column (C) line 12 US Bank - USB. 7a 0. Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Current Year** Contributions and grants (Part VIII, line 1h) . 945,995 1,002,966. 8 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and talen, UT 11 73,231 41,747. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,019,226 1,044,713. Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 1,051,058. 1,064,626. Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0. Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 138.364 66,641. Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 1,191,072 1,131,267. 19 Revenue less expenses. Subtract line 18 from line 12 -171,846. -86,554. **End of Year** 5 6 Beginning of Current Year 20 Total assets (Part X, line 16) 337<u>,136</u> 250,851. 21 Total liabilities (Part X, line 26) 7,333 0. 22 Net assets or fund balances. Subtract line 21 from line 20 329,803. 250,851. Signature Block Under penalties of perjury, I declare that I ave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete coclaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of office.  Type or print name and title	- executive	Director	Nov 16,2020
Paid Preparer Use Only	Print/Type preparer's name  Non-Paid Preparer	Preparer's signature	Date	Check ff f self-employed
	Firm's name Non-Paid Preparer			Firm's EIN ▶
USE Offig	Firm's address ▶			Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Cat No 11282Y

☐ Yes ☐ No Form **990** (2019)

Form 99	0 (2019)	Page <b>2</b>
Part	•	olishments or note to any line in this Part III
1	Briefly describe the organization's mission	<u> </u>
•		hans and widows in Kenya, East Africa. Support is provided by funding the World
		ion only supplies money to the Kenyan NGO which in turn operates the various
	orphanages and feeding stations located in the cou	
	Did the agreement or undertake any constraint or	pagram convece during the year which were not listed on the
2	prior Form 990 or 990-EZ?	
3		ake significant changes in how it conducts, any program
·	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service acc expenses. Section 501(c)(3) and 501(c)(4) organithe total expenses, and revenue, if any, for each	complishments for each of its three largest program services, as measured by zations are required to report the amount of grants and allocations to others, program service reported.
4a	(Code: \(\(\(\(\)\)\) (Expenses \(\frac{\(\)}{2}\) 707.056	including grants of \$ 0.) (Revenue \$ 0.)
44		r the construction and operation of orphanages and feeding stations in Kenya.
4b	(Code: ) (Expenses \$ 268,050.	including grants of \$0.) (Revenue \$0.)
	Amount paid to the Kenyan World Bible School NGO	O for the education of orphans in Kenya.
4c	(Code:) (Expenses \$ 54,322.	including grants of \$ 0. ) (Revenue \$ 0. )
	Amount expended on travel for mission trips to Ker	nya to help care for the widows and orphans in the orphanages.
	Other many comments of the control o	
4d	Other program services (Describe on Schedule C	
4e	(Expenses \$ 35,198, including grants of \$ Total program service expenses ▶	1,064,626.
70	Total program del vice expenses P	1,007,020.

ABY 610

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.	,	
2	complete Schedule A	1 2	<b>✓</b>	
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		1
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? If "Yes," complete Schedule C, Part II	4		<i>\</i>
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		<b>▼</b>
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		<b>▼</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
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		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, 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		1
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		✓
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		<b>✓</b>
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		<b>√</b>
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		✓_
	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		✓_
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
	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		✓
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		✓
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	1	
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		<b>✓</b>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		<b>√</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		<b>✓</b>

Раπ	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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			
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b	├—	<b>                                     </b>
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	-	<del>                                     </del>
·	to defease any tax-exempt bonds?	24c		
d		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		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	<del></del>	<b>/</b>
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		1
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		1
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		<b>/</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38_	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .	<u>.</u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	1c		-

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		L.,
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	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)?	4a		<b>V</b>
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<del></del>		لب
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			لب_ا
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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	8		
^	sponsoring organization have excess business holdings at any time during the year?	0	_	1
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			1
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	4.4 -		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b_		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		1
	excess parachute payment(s) during the year?	15_		<b>✓</b>
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O.		$\vdash$	<u> </u>
	ii res, complete i orni 4720, conedule O.		L	<u></u>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	hrough s on Sc	17b below, Shedule O	and See in	for a	"No"
	Check if Schedule O contains a response or note to any line in this Part VI				31100	. 🔽
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>		- <u></u>	
00011	on a develoring body and management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	_13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business r	elation	ship with			
	any other officer, director, trustee, or key employee?			2	✓	
3	Did the organization delegate control over management duties customarily performed by or	under	the direct			
	supervision of officers, directors, trustees, or key employees to a management company or of	her pe	rson? .	3		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form	m 990 m	was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization	on's as	sets?.	5		✓
6	Did the organization have members or stockholders?			6		<b>✓</b>
7a	Did the organization have members, stockholders, or other persons who had the power to	elect o	r appoint			
	one or more members of the governing body?			7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval	by) r	nembers,			
	stockholders, or persons other than the governing body?			7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions un	dertak	en during			
	the year by the following:					
а	The governing body?			8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?			8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		eached at	_		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule C			9		<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the	e Inter	nai Reven	ue C		
	Data and the second sec		i	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<b>/</b>
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 exem			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before			11a	1	
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>√</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e rise to	conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the p					
·	describe in Schedule O how this was done	,		12c		
13	Did the organization have a written whistleblower policy?			13		1
14	Did the organization have a written document retention and destruction policy?			14		1
15	Did the process for determining compensation of the following persons include a review a	and ap	proval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official			15a		✓
b	Other officers or key employees of the organization			15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi	lar arra	angement			
	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 t	o safe	guard the			
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that	t apply				
	Own website Another's website Upon request Other (explain on So	hedule	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docu	ıments	, conflict o	fintei	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization	n's bo	oks and red	cords	<b>•</b>	
	Tim Neale 3500 W Golf Course Road Midland TX 79703 (4	132) 770	)-1254			

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Form	ODO	1201	a

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

## 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. See instructions for the order in which to list the persons above

☑ Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	nsa	ted any current	officer, director,	or trustee.	
(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos neck ss pe d a c	erson	e than o is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) Cherie Creech  Director	10.00	1						0.	0.	0.	
(2) Brent Beakley Director	5.00	1						0.	0.	0.	
(3) Eileen Guthrie Director	5.00	1						0.	0.	0.	
(4) Tim Neale Executive Director	20.00			1				0.	0.	0.	
(5) Becca Yocham Secretary	5.00							0.	0.	0.	
(6) Prissy Chambers Director	5.00							0.	0.	0.	
(7) Rick Bartholomee	5.00	· /						0.	0.	0.	
Director (8) Barry Thomas	5.00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>				0.	0.	0.	
Director (9) Susie Neale	5.00	<u>,</u>									
Director (10) Pam Hicks	5.00			_				0.	0.	0.	
Director (11) John Bartholomee	5.00	<b>✓</b>						0.	O.	0.	
Director (12) Danielle Owen	5.00	<b>✓</b>						0.	O.	<u>0.</u>	
Direcctor (13) Megan Casselman	5.00	<b>✓</b>					_	0.	0.	0.	
Director (14) Tammy Bales	5.00	✓		<u> </u>				0.	0.	0.	
Director		✓_					L	0.	0.	0.	

Part	VII Section A. Officers, Directors,	Trustees,	Key	Emį			s, an	<u>d</u> F	lighest Compe	nsated	Emplo	yees (	conti	nued)
					•	C) sition								
	(A)	(B)			neck	more	e than o		(D)	(E)		Estima	(F)	nount
	Name and title	Average hours					is both or/trust		Reportable compensation	Report compen			f other	
		per week			_	_			from the	from re organiza			pensat	
		(list any hours for	divid	Stitu	Officer	ey e	ghe	Former	organization (W-2/1099-MISC)	(W-2/1099			ization	
		related	Individual trustee or director	ĝ		Key employee	st cc	"				related	organiz	zations
		organizations below	l trus	al tr		уее	mp							
		dotted line)	l ee	Institutional trustee			Highest compensated employee							
				•			eg.							
(15)		ļ												
(10)					_	-		<u> </u>						-
(16)		<del> </del>	ł		İ									
(17)				-	-	-								
1		<del> </del>	ł		İ									
(18)	· · · · · · · · · · · · · · · · · · ·	<del> </del>	_	-		Ĭ						_		
X		<del> </del>	İ											
(19)														
(20)						ŀ			1					
				-			_		-					
(21)		<b></b>	-											
(22)	<u> </u>		-	-	$\vdash$	┢╌	-							
(22)			ł											
(23)						t								
3==2		<b></b>	1											
(24)														
(25)														
				L	l		L	Ļ						
1b c	Subtotal	 VII Sectio	 n A	•	•	•			0.		0.			0.
d	Total (add lines 1b and 1c)				•	•		<b>•</b>	0.		0.			0.
2	Total number of individuals (including but						above	e) w		e than \$1		of		
_	reportable compensation from the organi							,			,			
													Yes	No
3	Did the organization list any former of							mpl	loyee, or highes	st compe	nsated			
	employee on line 1a? If "Yes," complete								•			3	↓	<b>✓</b>
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	ind other compe	nsation fr	om the	'		
	organization and related organizations	greater th	an \$	150,	JUUC	)? [	t "Ye	s, "	complete Sched	aule J to	r sucn	4	<del> </del>	/
_	Did any person listed on line 1a receive of	· · · · ·		nca.	tion	fro	m anı	, , , , ,	related organization	tion or inc	dividual		<del>                                     </del>	+
5	for services rendered to the organization	? If "Yes." o	omo	iisa lete	Sch	hedi	ule J 1	for s	such person .		, .	5	·	
Secti	on B. Independent Contractors	,							<b>-</b>					
1	Complete this table for your five high	nest comp	ensat	ed	ınde	epe	ndent	CC	ontractors that r	eceived	more	than \$	100,0	000 of
	compensation from the organization. Rep	ort compen	satio	n fo	r the	e ca	lenda	r ye	ear ending with or	within th	e organ	ization	's tax	year.
	(A)							ĺ	(B)			(C)		
	Name and business add	iress						<u> </u>	Description of sen	vices	<u> </u>	Compen		
								-						
								$\vdash$						_
								$\vdash$	· · · · · ·					
								$\vdash$	-	-				
	Total number of independent contractor	ors (includii	ng bu	ut n	ot	lımı	ted to	th	nose listed abov	e) who				
-	received more than \$100,000 of compens													

Part	VIII	Check if Schedule			senon	se or note to ar	v line in this Pa	art VIII		
		Check ii Schedule V	<u> </u>	illailis a re	spor	ise of note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
इ इ	1a	Federated campaign	ns .		1a					
ran	b	Membership dues			1b					
۾ . آھ	С	Fundraising events			1c					
ifts ar A	d	Related organization			1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants			1e					
ion: Si	f	All other contribution			4.5					
but	_	and similar amounts no Noncash contributio			1f	1,002,966.	{			
Contributions, Gifts, Grants and Other Similar Amounts	g	lines 1a-1f	_	- '	1g	s				
an Co	h	Total. Add lines 1a-				· · · · <b>&gt;</b>	1,002,966.			
						Business Code				
ce	2a									
Program Service Revenue	b									
กรา	С			·						
gram Ser Revenue	d									ļ
rog	e	All All								
<u>~</u>	f	All other program se Total. Add lines 2a-								
	<u>g</u> 3	Investment income								
	"	other similar amount								
	4	Income from investm								
	5	Royalties				<u> </u>				
				(i) Rea	<u> </u>	(II) Personal				
	6a	Gross rents	6a							
	b	Less rental expenses	<u>6b</u>			-				
	C	Rental income or (loss)		<u> </u>						<u> </u>
	d	Net rental income or	r (los:	S) (i) Securi		<b>&gt;</b>		-		<del></del>
	7a	Gross amount from		(i) Securi	1163	(ii) Other		]		
		sales of assets other than inventory	7a							
e	h	Less: cost or other basis								
Other Revenue		and sales expenses	7b							
eve	С	Gain or (loss)	7c				l			
ä	ď	Net gain or (loss)				▶			_	
the	8a	Gross income from	n fu	ndraising						
0		events (not including								
		of contributions rep								
	_	1c). See Part IV, line		• •	8a	54,887.				
	l	Less: direct expense			8b	16,335.	20 552		0.	20 552
	l .	Net income or (loss) Gross income fi			y eve	,	38,552		<u>U</u> .	. 38,552.
	3a	activities. See Part I'			9a	1		1		
	Ь	Less: direct expense			9b		1			
	1	Net income or (loss)		n gaming a		es <b>&gt;</b>				
	10a	Gross sales of in	vent	ory, less						
		returns and allowand	ces		10a	4,475.				
	b	Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of ir	vent		3,195.	. 0.	0.	. 3,195.
Sn	٠,					Business Code		ļ ———		<del></del>
ed iue	11a			•••			<del> </del>	-		
scellaneo Revenue	Ь							<del>  -</del>		<del> </del>
Miscellaneous Revenue	d	All other revenue		······································				<del> </del>		
Ξ	e	Total. Add lines 11a				•				
	40	Tetal revenue See					1 044 712	^		41 747

Form 99	0 (2019)				Page 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	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	1,064,626.	1,064,626.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				•
	trustees, and key employees				
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	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
a	Management				
b	Legal				
C	Accounting				<del></del>
d	Lobbying				
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)	20.	0.	20.	0.
12	Advertising and promotion	20.	<b>U.</b>	20.	
13	Office expenses	314.	0.	314.	0.
14	Information technology	1,884.	0.	1,884.	0.
15	Royalties				
16	Occupancy				
17	Travel	59,740.	59,740.	0.	0.
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	136.	136.	O.	0.
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	Banka Cubaccintiana Deference	444		444	
a b	Cumpling	444. 609.		444. 309.	300
C		497.		497.	300.
d	Penalties and Fees	497.	<u>u.</u>	797.	
e	All other expenses	2,997.	0.	2,997.	0
25	Total functional expenses. Add lines 1 through 24e	1,131,267.	1,124,502.	6,465.	300
26	Joint costs. Complete this line only if the	.,,	,.27,002.	5,130.	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	ĺ			
	following SOP 98-2 (ASC 958-720)				

P	art X		4 V		
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year	· · ·	(B) End of year
	1	Cash-non-interest-bearing	337,136.	1	250,581.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
S)	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D . 10a 6,625.			
	Ь	Less: accumulated depreciation 10b 6,625.	0.	10c	0.
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	<del></del>
	13	Investments—program-related. 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 33)	337,136.	16	250,581.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	. <u>.                                   </u>
Liabilities	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
	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	7,333.	25	0.
	26	Total liabilities. Add lines 17 through 25	7,333. 7,333.	26	
ces	20	Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.	1,333.	20	
	27	Net assets without donor restrictions	<del></del>	27	
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balan	20	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	329,803.	29	250,581.
ţ	30	Paid-in or capital surplus, or land, building, or equipment fund	323,003.	30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds	-	31	
Ę	32	Total net assets or fund balances	329,803.	-	250,581.
Š	32	Total liabilities and net assets/fund halances	323,803.	$\overline{}$	250,381.

orm 9	90 (2019)				Pa	ige IZ
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			1,04	<u>4,713.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,13	<u>1,267.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			-8	<u>6,554.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			329	9,803.
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	_			7,602.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			250	<u>0,851.</u>
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	•		• •		ᆜ
			_		Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other	_	_		- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın			
	Schedule O.		-			لــــا
2a	, , ,		· -	2a		✓,
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
_	Separate basis Consolidated basis Both consolidated and separate basis		-			لب
b	Were the organization's financial statements audited by an independent accountant?		· -	2b		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	1 a			
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis		,			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov			2c		
	the audit, review, or compilation of its financial statements and selection of an independent account.		- ⊢	20		<u></u>
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiain	On	- 1		
0-		rth in t	, ha			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	THE L		за		1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	terao t	` ⊢	<del></del>		_
U	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			3b		
	required addit of additio, explain trily of conteduce of and account any steps talled to disastigs additi				990	(2019)
						(=0.0)

# 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 charitable trust.

► Attach to Form 990 or Form 990-EZ.

2019

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

<u>Minist</u>							28602
rt I	Reason for Public Cha	rity Status (All	organizations must	t comple	te this p	art.) See instruction	ons.
organiz	zation is not a private founda	ation because it i	is. (For lines 1 through	n 12, che	ck only or	ne box.)	_ / .
□ A	church, convention of churc	hes, or associati	on of churches descr	ibed in <b>s</b> e	ection 17	'0(b)(1)(A)(i).	PX
□ A	school described in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	(1)
$\square$ A	hospital or a cooperative ho	spital service org	ganization described i	n section	n 170(b)( <sup>-</sup>	1)(A)(iii).	$\cup$
			onjunction with a hos	pital desc	cribed in s	section 170(b)(1)(A)	(iii). Enter the
☐ Ar	organization operated for	the benefit of a	college or university	owned o	or operate	ed by a government	tal unit described in
✓ Ar	organization that normally	receives a subs	tantial part of its sup				n the general public
□ A	community trust described i	n section 170(b)	)(1)(A)(vi). (Complete	Part II.)			
or	university or a non-land-gra						
red	ceipts from activities related pport from gross investmen	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain exc ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
☐ Ar	n organization organized and	l operated exclus	sively to test for publi	c safety.	See <b>sect</b>	ion 509(a)(4).	
of	one or more publicly support	orted organizatio	ns described in secti	ion 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3)
	the supported organization	(s) the power to	regularly appoint or e	elect a ma	ajority of t		
	control or management of	the supporting o	rganization vested in	the same			
							ally integrated with,
	that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	
							e II, Type III
Ente	er the number of supported o	organizations .					
Prov	ride the following information	n about the supp	orted organization(s).				
(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	ur governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
					· ·-		
		,					
							-
	organia Organi	organization is not a private founda A church, convention of church A school described in section A hospital or a cooperative ho A medical research organization hospital's name, city, and state An organization operated for section 170(b)(1)(A)(iv). (Come of the composition of th	Reason for Public Charity Status (All organization is not a private foundation because it in A church, convention of churches, or associated A school described in section 170(b)(1)(A)(ii).  A hospital or a cooperative hospital service organization operated in chospital's name, city, and state:  An organization operated for the benefit of a section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governing in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)  An agricultural research organization described or university or a non-land-grant college of agriculturestry.  An organization that normally receives: (1) more receipts from activities related to its exempt further support from gross investment income and un acquired by the organization after June 30, 19.  An organization organized and operated exclusion of one or more publicly supported organization check the box in lines 12a through 12d that dead organization operated exclusion of the supporting organization. You must completed the supporting organization. You must completed organization(s). You must completed organization(s). You must completed organization(s). You must completed organization(s). You must completed organization(s) integrated. A supporting that is not functionally integrated. The organization organization organization received functionally integrated, or Type III non-functionally integrated. The organization organization organization received functionally integrated, or Type III non-functionally integrated. The organization organization organization received functionally integrated, or Type III non-functionally integrated. Provide the following information about the supporting organization about the	Reason for Public Charity Status (All organizations must organization is not a private foundation because it is. (For lines 1 through A church, convention of churches, or association of churches described in A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (F A hospital or a cooperative hospital service organization described in A medical research organization operated in conjunction with a hosposital's name, city, and state:  An organization operated for the benefit of a college or university section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in A morganization that normally receives a substantial part of its supdescribed in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete III.)  An agricultural research organization described in section 170(b)(1) or university or a non-land-grant college of agriculture (see instructive university).  An organization that normally receives: (1) more than 337/3% of its is receipts from activities related to its exempt functions—subject to c support from gross investment income and unrelated business taxa acquired by the organization after June 30, 1975. See section 509(a An organization organized and operated exclusively to test for public of one or more publicly supported organizations described in sect Check the box in lines 12a through 12d that describes the type of sujunctional organization organization operated, supervised, or contribusing organization, You must complete Part IV, Sections  Type II. A supporting organization operated, supervised, or contribus supported organization for the supporting organization vested in organization(s). You must complete Part IV, Sections A and C Type III functionally integrated. A supporting organization operated in supporting organization operated organization generally muse requirement (see instructions). You mus	Reason for Public Charity Status (All organizations must complet organization is not a private foundation because it is. (For lines 1 through 12, cheir A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990) A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital described hospital's name, city, and state:  An organization operated for the benefit of a college or university owned of 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)(iv). (Complete Part II.)  A community trust 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) operoruniversity or a non-land-grant college of agriculture (see instructions). Enteropy or university or a non-land-grant college of agriculture (see instructions). Enteropy or university or an incomplete of the section 170(b)(1)(A)(ix) operoruniversity or an organization described in section 170(b)(1)(A)(ix) operoruniversity or an incomplete of agriculture (see instructions). Enteropy organization after June 30, 1975 See section 509(a)(2). (College of agriculture (see instructions) acquired by the organization after June 30, 1975 See section 509(a)(2). (College of supporting organization organized and operated exclusively to test for public safety.  An organization organized and operated exclusively for the benefit of, to perform of one or more publicly supported organizations described in section 509(a)(2). (College of one or more publicly supported organization operated, supervised, or controlled by the supporting organization organization organization organization operated in cuts supporting organization organization organization operated in cuts supported organization (s	Reason for Public Charity Status (All organizations must complete this proganization is not a private foundation because it is. (For lines 1 through 12, check only or a church, convention of churches, or association of churches described in section 17 (b)(1)(A)(ii). (Altach Schedule E (Form 990 or 990-E A hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in shospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operate 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)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(xi) operated in or university or a non-land-grant college of agriculture (see instructions). Enter the naruniversity:  An organization that normally receives: (1) more than 331/3% of its support from contrincecipts from activities related to its exempt functions—subject to certain exceptions, support from gross investment income and unrelated business taxable income (less support from gross investment income and unrelated business taxable income (less acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part IV, organization organization organizated and operated exclusively for the benefit of, to perform the for one or more publicly supported organizations described in section 509(a)(2). (Complete Part IV, Sections A and B.  Type II. A supporting organization operated, supervised, or controlled by its supporting organization. You must complete Part IV, Sections A and B.  Type III functionally integrated. A supporting organization operated in connection its supported organization(s) (see instructions). You must complete Part IV, Sections A and D.  Type III functionally integrated. A	Reason for Public Charity Status (All organizations must complete this part.) See instruction 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)(ii).     A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).     A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii).     A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii).     An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(ii). (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 fror described in section 170(b)(1)(A)(vi). (Complete Part III.)   A a gincultural research organization described in section 170(b)(1)(A)(ii). (Complete Part III.)   An agricultural research organization described in section 170(b)(1)(A)(ii). (Complete Part III.)   An organization that normally receives: (1) more than 33'3% of its support from contributions, membershi receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more that support from gross investment income and unrelated business taxable income (less section 50(a)(4).     An organization organized and operated exclusively to test for public safety. See section 50(a)(4).     An organization organized and operated exclusively for the benefit of, to perform the functions, or, or to ca of one or more publicly supported organizations described in section 509(a)(2). (Complete Part III).     An organization organization operated, supporting organization and complete line in supporting organization supported organization operated in connection wit

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 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . 633,193 1,103,973. 945,995. 1,002,966. 4,643,749. 957,622. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . Total. Add lines 1 through 3. . . . 1,103,973. 945,995. 957,622 633,193 1,002,966. 4,643,749. 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). 2,078,328. Public support. Subtract line 5 from line 4 2,565,421. Section B. Total Support (e) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (f) Total Amounts from line 4 957.622 633,193 1,103,973 945,995. 1,002,966. 4,643,749. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 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.) . . . . . . . 79,088. 79,779. 73,231. 41,747. 58,421. 332,266. **Total support.** Add lines 7 through 10 11 4,976,015. 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) Section C. Computation of Public Support Percentage 51.555733 % Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 16a 331/3% support test - 2019. 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 - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . 17a 10%-facts-and-circumstances test - 2019. 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 - 2018. 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

Schedule A (Form 990 or 990-EZ) 2019

Part	Support Schedule for Organiza						<del></del> /
	(Complete only if you checked the						nder Part II./
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	11.)	
	on A. Public Support					1 1 2010	1 10 7 6 1
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					]	/
2	Gross receipts from admissions, merchandise						<del>-/</del>
_	sold or services performed, or facilities					1	/
	furnished in any activity that is related to the organization's tax-exempt purpose					<b>.</b>	/
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	1				/	
	or expended on its behalf						
5	The value of services or facilities						,
	furnished by a governmental unit to the					/	į
	organization without charge					/	
6	Total. Add lines 1 through 5				/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	, ,	*			<del></del>		<del>                                     </del>
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				/		
С	Add lines 7a and 7b				/		
8	Public support. (Subtract line 7c from						
	line 6.)			/			
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) <u>2</u> 017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			<b> _/</b>			
10a	Gross income from interest, dividends,					]	
	payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less			·		<del></del>	<del>                                     </del>
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		/				
12	Other income. Do not include gain or	/					
	loss from the sale of capital assets	/				1	
	(Explain in Part VI.)						<del>                                     </del>
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	ne ornanization	's first secon	d third fourth	or fifth tax v	L ear as a sectio	n 501(c)(3)
1-7	organization, check this box and stop he	, -					
Secti	on C. Computation of Public Suppor			<u> </u>			<u></u> _
15	Public support percentage for 2019 (line			13, column (f))		15	%
16	Public support percentage from 2018, Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for/2019 (	line 10c, colun	nn (f), divided b				%
18	Investment income percentage from 2018	3 Schedule A, I	Part III, line 17			18	%
19a	331/3% support tests-2019. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2018. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	a not check a	DOX ON line 14	, 19a, or 19b, (	crieck this dox	and see instru	ictions 🟲 🔲

# Part IV Supporting Organizations

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

Section	on A. All Supporting Organizations			
		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	_	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
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.	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.)	10a 10b		

D-	_	5

Part	V 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		<u> </u>
	A family member of a person described in (a) above?	11b		<b>-</b>
	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		
Secti	on B. Type I Supporting Organizations			N
			res	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		ļ'
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
~	organization operate of the benefit of any supported organization other than the supported organization of the supported 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.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		<b> </b>	l
	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		l	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_	ļ	L
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		<u> </u>
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		
C4:		<u> </u>		
	on E. Type III Functionally Integrated Supporting Organizations		otion	<u></u>
1	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.	iisti u	Cuons	3/
a	The organization is the parent of each of its supported organizations. Complete line 3 below			
b	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.	500 //	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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			
	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		
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		<u> </u>	<u> </u> _
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u></u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1			
instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Section	ns 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 instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		<u> </u>
e Discount claimed for blockage or other	l		
factors (explain in detail in Part VI)	L		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III supportin	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	s) 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 organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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.			<u>-</u>
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions	h the organization is res	sponsive	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014 .			
b	From 2015 .			
С	From 2016			
d	From 2017			
е	From 2018		<del></del>	
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>     i                               </u>	Carryover from 2014 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:		<del></del>	
	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
<u> </u>	Applied to 2019 distributable amount			<u> </u>
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019							
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
•••							
·							
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## **SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States**

OMB No 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization Employer identification number **KWO Ministries** 45-2628602 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ✓ 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 (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, agents, and a program service, describe specific type of expenditures for of offices in region (by type) (such as, the region fundraising, program services, and investments ındependent investments, grants to recipients located in the region) service(s) in the region in the region in the region (1) Sub-Saharan Africa 0 Grants to NGO Orphan Care 1,064,626. 0 (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13)(14)(15)(16) (17)**3a** Subtotal . . . . . . 0 1,064,626. **b** Total from continuation sheets to Part I . . . . c Totals (add lines 3a and 3b)

0

0

1,064,626.

Sched	lula F (Form 990) 201	19							Page 2
Par	t II Grants Part IV,	and Other A	ssistance to Org	anizations or Entite eceived more than \$	es Outside the 5,000 Part II ca	United States. Con be duplicated if	omplete if the orga additional space is	inization answered "` needed	Yes" on Form 990,
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)			Sub-Saharan Africa	Funding orphan care	1,064,626	Wire Transfer	0	N/A	N/A
(2)									
(3)									
(4)									
(5)									
(6)									
(7)						,			
(8)									
(9)	- ····								
(10)									1
(11)									
(12)		į							
(13)									
(14)									
(15)									
(16)									
2				ed above that are reco			intry, recognized as to	ax-exempt	•

3	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	<u> </u>
<u> </u>	Effect total number of other organizations of entities	Schedule F (Form 990) 2019

(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, othe
1)							
2)							
3)							
1)			· <del>-</del> .			<u> </u>	
5)				. <u></u>			
5)							
n			<u> </u>		<u>-</u> -		
3)	·						
9)						<u> </u>	
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)					· <del>-</del> ·		
2)			· <del>_</del>				
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)			. <u>.                                   </u>				
)					<u> </u>		
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Page	4

art	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	<b>✓</b> 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	<b>☑</b> 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 Info	rmation

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.

거 Line 2	KWO's procedures for monitoring the use of its grants includes the mechanism of an oversight committee which
	meets periodically to review the purposing of the resources. The committee is comprised of one US citizen who was
	the original creator of the orphanage work in Kenya and KWO board members. Procedures include periodic visits to
	the orphanages through use of group mission trips and continuing communication between the President of KWO
	Ministries and the Kenyan NGO managers of the sites in Kenya.
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# **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047 2019

	nent of the Treasury				990 or Form		_	Open to Public
	Revenue Service of the organization		Go to www.irs gov/l	Form990 for I	nstructions a	nd the latest informa	tion. Employer identif	Inspection
	•						1 ' '	-2628602
Pari	Ministries Fundrai	sina Activities	Complete if th	e organiza	ation answ	vered "Yes" on	Form 990, Part IV	
ı aı		0-EZ filers are n				reied res en	1 01111 000, 1 a.t. 14	, ,,,,,,
1			•			wing activities. C	heck all that apply.	
а	☐ Mail solicita	-				on of non-goverr		
b	☐ Internet an	d email solicitatioi	ns	f [	] Solicitati	on of governmen	t grants	
С	☐ Phone solid	citations		g [	] Special f	undraising event	S	
d	•	solicitations						
2a	Did the organizer or key employe	zation have a writt ees listed in Form	ten or oral agree 990, Part VII) or	ement with entity in co	any individ onnection v	lual (including off vith professional	icers, directors, trus fundraising services	tees, ? <mark>□ Yes   □ No</mark>
b		e 10 highest paid at least \$5,000 by			draisers) pu	irsuant to agreen	nents under which t	he fundraiser is to be
	(i) Name and addre- or entity (fun		(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2	<u> </u>							
3								
4								
5								
6								
7								
8			<u></u>					
9								
10			-					
Total		<u> </u>			<u></u> ▶			
3	List all states registration or		nization is regis	tered or lic	ensed to s	olicit contributior	ns or has been notif	ied it is exempt from
			•••••					
	<b></b>				<del>.</del>			
					· · · · · · · · · · · · · · · · · · ·			

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

			(a) Event #1  Kick for Kenya  (event type)	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	(event type) 54,887.	(event type)	(total number)	54,887.
Pè.		·	0.,,50.			
	2 3	Less: Contributions Gross income (line 1 minus				
		line 2)	54,887.			54,887.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				<del></del>
Direct	8	Entertainment				
	9	Other direct expenses .	15,973.			15,973.
	10	Direct expense summary Ad	ld lines 4 through 9 in c	olumn (d)		15,973.
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		38,914.
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E2	e organization answe Z. line 6a.	ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
anc			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Grass rayanya				
-		Gross revenue				
nses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)	<b>.</b>	
	b If	nter the state(s) in which the or the organization licensed to co "No," explain:				
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  b If "Yes," explain:			? Yes No			

Schedu	ule G (Form 990 or 990-EZ) 2019	Page 3
11	Does the organization conduct gaming activities with nonmembers?	□No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	□ No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	□ Director/officer □ Employee □ Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license?	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	
Part		(v); and mation.

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

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2019

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

45-2628602 **KWO Ministries** Amount paid to the Kenyan World Bible School NGO for the medical care of orphans and widows in Kenya. Part III, Line 4d Part VI, Line 2 Family relationship - Susie Neale (Director) and Tim Neale (Executive Director). Part VI, Line 2 Family relationship - Rick Bartholomee (Director) and John Bartholomee (Director). Part VI, Line 11b Copy of the Form 990 is provided to board members for review before filing. KWO Ministries' governing documents, financial statements, and Form 990 are made available to the public upon request. Part VI, Line 19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
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