... 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

Department of the Treasury

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

		nue Service	Go to www.irs.gov/Form990E2 for instructions and the latest inform	iation.	<u>417</u>						
_			ar year, or tax year beginning , 2019, and ending			, 20					
В	Check if ap	pplicable	C Name of organization 3	D Em	ployeric	lentification number					
님	Address o	-	S&R Ministries, Inc	_1	461131748						
H	Name cha	•	Number and street (or P O box if mail is not delivered to street address) Room/suite	street (or P O box if mail is not delivered to street address) 7: Room/suite E Tele							
Initial return Final return/terminated PO Box 563			P O Box 563								
Ħ	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gro	oup Exemption						
	Applicatio	on pending	Edmond, OK 73083) Nu	mber	7 ;					
G	Account	ting Method	✓ Cash Accrual Other (specify) ►	H Check	▶ □	if the organization is not					
	Vebsite		sandrministries org	require	ed to att	ach Schedule B					
JT	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947(a)(1) or 🔲 527	(Form	990, 99	0-EZ, or 990-PF)					
K	Form of	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other								
L A	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal assets	3						
(Pa	rt II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	85475					
Р	art [Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	ne instru	ictions	s for Part I) 📆					
		Check If	the organization used Schedule O to respond to any question in this Par	tl		🗆					
?:	1		ons, gifts, grants, and similar amounts received		1	85475					
?1	.		ervice revenue including government fees and contracts		2	0					
,21	. 1	Membersh	ip dues and assessments		3	0					
,?;		Investment	t income		4	0					
	5a	Gross amo	ount from sale of assets other than inventory 5a								
	b		or other basis and sales expenses		7						
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c									
	6	Gaming and fundraising events.									
	a	Gross income from gaming (attach Schedule G if greater than									
ne		\$15,000) .	315,000)								
Revenue	b	Gross inco	ross income from fundraising events (not including \$ of contributions								
ě	1		aising events reported on line 1) (attach Schedule G if the								
_		sum of suc									
	C	Less direc	1								
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	1.						
		line 6c) .			6d	0					
	7a	Gross sale	s of inventory, less returns and allowances 7a								
;	b		of goods sold		1 !						
2	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0					
Š	8		nue (describe in Schedule O)		8	o o					
2	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . DECENTED	•	9	85475					
_	10		I similar amounts paid (list in Schedule D)		10	80680					
	11	Benefits paid to or for members									
()	12	Salaries, other compensation, and employee benefits JUL 2 1 2020 12									
JSe	13		al fees and other payments to independed contractors 2		13	0					
Expenses	14		y, rent, utilities, and maintenance OGDEN. UT		14	0					
X	15		15	338							
	16	Printing, publications, postage, and shipping									
	17		enses. Add lines 10 through 16	•	17	81018					
	18		(deficit) for the year (subtract line 17 from line 9)	· · ·	18	4457					
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agi	ree with							
SS		end-of-year figure reported on prior year's return)									
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)									
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	7468					
	, - •		C. I.I. C. Dallarioto at orid of Joan Combino mico to through to								

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2019)

Fo	orm 990-EZ (2019)					Page 2
7	Part II Balance Sheets (see the instructions f	or Part II)			-	<u></u>
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		
_				(A) Beginning of year		(B) End of year
:	22 Cash, savings, and investments		<i>.</i> . [3011	22	7468
:	23 Land and buildings				23	
:	24 Other assets (describe in Schedule O)		[24	
:	25 Total assets		<i>.</i> [3011	25	7468
:	26 Total liabilities (describe in Schedule O)		[26	
:	27 Net assets or fund balances (line 27 of column		n line 21)	3011	27	7468
	Part III Statement of Program Service Accom			Part III)		
	Check if the organization used Schedule	•				Expenses
<u></u>	Vhat is the organization's primary exempt purpose?				•	quired for section
						(c)(3) and 501(c)(4) Inizations, optional for
	escribe the organization's program service accomplis measured by expenses. In a clear and concise m				othe	
	ersons benefited, and other relevant information for ea		s services provided	, the number of		,
	28 Provide over 95% financial operational support for C	_ <u></u>	Society directed b	v Sudhakar Pao		
-	with over 40 yr India experience, to give total & confi	,				
	men & medical assistance, food, water to at least 400					
		includes foreign gra			28a	41863
	29 Send contributions payable to S&R Ministries, Inc to				202	41003
•	to a church in Mito Japan providing food, housing, ca		***********	***************************************		
	400 children (mostly orphans) in schools in Cambodi		at 100 orphans in 5a	pari and about		
		includes foreign gra	nte check here	► □	29a	20017
	<u> </u>	includes loreign gra	nts, check here .	🖊 🖸	294	38817
•	30	••••				
	/O	foreign are	nto chook hove		20-	
		includes foreign gra			30a	
•	, ,		nto obsolvboro		24.	
	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra	nts, check here .	· · • ·	31a	'
-					_==	at a man for Do + NO
L	Part IV List of Officers, Directors, Trustees, and Key				istru	ctions for Part IV)
_	Check if the organization used Schedule	-	(c) Reportable 2		: :	<u>· · · · · </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC)			other compensation
_			(ii not paid, einter -o-)	- delerred compensation	'	
	Pavid Odor, President	8	_	j		_
_	loard of Directors, S&R Ministries Inc				0	0
	Wayne Guthrie, Vice President	3	_	1		
	loard of Directors, S&R Ministries Inc		C		<u> </u>	0
	David Ross, Secretary & Treasurer	14	_			
<u>B</u>	oard of Directors, S&R Ministries Inc			<u> </u>	<u> </u>	0
	<u> </u>			ļ.————	+	
	•					
	<u> </u>				4_	
	•					
	······································		******			
				}	1	
_	· <u></u>					

_	- <u>-</u>				\bot	
	***************************************				l.	
_						
_						
					T	
		<u> </u>				
_					1	
		1		1	-	

?1

•	Part	· · · · · · · · · · · · · · · · · · ·			
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	<u>s Part</u>		
~				Yes	<u>No</u>
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<u> </u>
7:	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		— <u>E</u>
	,35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		<u> </u>
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		
	b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved	30a		
	b 40a	Gross receipts, included on line 9, for public use of club facilities			
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1000	
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		7
	41	List the states with which a copy of this return is filed ▶ Oklahoma		****	
	42a	The organization's books are in care of ▶ Travis Guthrie, Treasurer (as of 2020) Telephone no. ▶	979-77	7-8225	
	b	Located at ► 1612 Whispering Creek Dr, Edmond, OK 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)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and	730 42b	Yes	No ✓
	С	Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		<u> </u>
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		,)	• 🗆
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u> </u>
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	de la constantina	ン ン
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V

Form 99	0-EZ (2)	019)						F	Page 4
01111 93	0-22 (2)	313)						Yes	 _
46		ne organization engage, directly or inc							
		ndidates for public office? If "Yes," co		, Part I	· · · ·		46		<u> </u>
Part '		Section 501(c)(3) Organizations		ations 47 40h an	d EO and son	anlota the	tablas f	or lin	00
		All section 501(c)(3) organizations 50 and 51.	must answer que	estions 47–49b an	a 52, and con	ipiete trie	e tables i	or iin	es
		Strain 31. Check if the organization used Sch	edule O to respond	I to any question in	n this Part VI				П
	_	Officer if the organization used con	cadic o to respond	rto uny quoditorni	T CHIO T CALL TI	<u> </u>	<u>:</u> :	Yes	No
47		ne organization engage in lobbying a If "Yes," complete Schedule C, Part		section 501(h) elec					~
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	ı)? If "Yes," complet	e Schedule E		. 48		~
49a	Did th	ne organization make any transfers to	an exempt non-cha	ırıtable related orga	nization?		49a		~
b	If "Ye	s," was the related organization a sec	ction 527 organizatio	on?			. 49b		<u>/</u>
50	Com	plete this table for the organization's to be seen that the property of the plant is the property of the prope	five highest compen	sated employees (c	other than office	rs, directo	ors, truste	es, ar	d key
	empi	byees) who each received more than		1	(d) Health b		e, enter i	vone.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contributions to	employee nd deferred	(e) Estimate other con		
V/A									
			····						
									
									
	·								
f 51	Com \$100	number of other employees paid over olete this table for the organization's ,000 of compensation from the organ	s five highest composition. If there is no		· ·		received		e than
	(a)	Name and business address of each independe	ent contractor	(b) Type of s	service	(C)	Compensat	ion	
V/A					İ				
				-					
						.,,			
	·								
									
		number of other independent contra			, P	ا دنده هما			
52		the organization complete Schedu pleted Schedule A			=	ust attach	ıa .▶∏ Yes		No
Inder n		of perjury, I declare that I have examined this re	eturn, including accompar			est of my kn			
rue, co	rrect, ar	d complete Declaration of preparer (other than	officer) is based on all info	ormation of which prepar	er has any knowled	ge	.c mooge dil		,
		Ino Meta			7/	14/20	2		
Sign		Signature of officer			Date				
Here	Travis Guthrie, Treasurer, Board of Directors, S&R Ministries Inc								
		Type or print name and title	To	 ,	D-1-		5		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		

Paid

Preparer

Use Only

Firm's name

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

self-employed

Firm's EIN ▶

Phone no

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.

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

S&R Ministries, Inc 461131748							31748
Pai	TI Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The	organization is not a private found	ation because it i	is. (For lines 1 through	12, ched	k only or	ne box.)	
1 2 3 4	 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described is section 170(b)(1)(A)(iv). (Complete Part II.)						al unit described in
6 7	 □ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general publi described in section 170(b)(1)(A)(vi). (Complete Part II.) 						n the general public
8	A community trust described	in section 170(b))(1)(A)(vi). (Complete	Part II)			
9							the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt full tincome and uni	nctions—subject to c related business taxa	ertain exc ble incom	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 33 ¹ / ₃ % of its
11	An organization organized and	d operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
12	☐ An organization organized and						
	of one or more publicly support Check the box in lines 12a thro			•			
а	Type I. A supporting organization supporting organization Y	n(s) the power to	regularly appoint or e	lect a ma	yority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same			
С	Type III functionally integ its supported organization						ally integrated with,
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions).	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	
е	functionally integrated, or	Type III non-func	tionally integrated sup	on from the	ne IRS th organizat	at it is a Type I, Type ion.	e II, Type III
f	Enter the number of supported	-					
<u>g</u>							
	(ii) Name of supported organization (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization (v) Amount of monetary support (see other support (see instructions)) of document?					other support (see	
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Part								
	(Complete only if you checked to						alify under	
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)		
	on A. Public Support	1 1 2015	41.0040	(.) 0047	(+) 0010	(-) 0040	(O.T.)	
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")	70529	75030	88785	81893	85475	401712	
2	Tax revenues levied for the	70329	73030	88783	81873	63473	401712	
2	organization's benefit and either paid							
	to or expended on its behalf	0	1 0	0	o	o	. 0	
3	The value of services or facilities							
•	furnished by a governmental unit to the							
	organization without charge	0	ľ ′o	0	· 0	o	0	
4	Total. Add lines 1 through 3	70529	75030	88785	81893	85475	401712	
5	The portion of total contributions by	Pall Bar St		第一次 第	rendika a			
· _	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)				ALLEGE STATES	146142 2 5 1 2 4 5 1	238021	
<u>6</u>	Public support. Subtract line 5 from line 4	RESTABLISHED FOR	TANKS TACK CARES	St. Levision and	Carrie Management	THE SALVE THE REAL PROPERTY.	163781	
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	70529		·	81893	(e) 2019 85475	(f) Total 401712	
8	Gross income from interest, dividends,	70327	73030	00703	01073	. 03473	401712	
0	payments received on securities loans,			1				
	rents, royalties, and income from		İ					
	similar sources . ,	0	о	0	0	o	0	
9	Net income from unrelated business							
	activities, whether or not the business			ļ			1	
	is regularly carried on	0	0	0	0	0	<u> </u>	
10	Other income. Do not include gain or					,		
•	loss from the sale of capital assets							
	(Explain in Part VI)	0	0	0	0	0	0	
11	Total support. Add lines 7 through 10						401712	
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•	,		or fifth tay w	12	0 501(a)(2)	
13	organization, check this box and stop he				i, Or milit tax y	ear as a section	JI 30 I(C)(3)	
Secti	on C. Computation of Public Suppo							
14	Public support percentage for 2019 (line			11. column (fl)		14	40 77 %	
15	Public support percentage from 2018 Sc					15	%	
16a	331/3% support test-2019. If the organ			x on line 13, ar	nd line 14 is 33	31/3% or more,		
	box and stop here. The organization qua	alıfıes as a pub	licly supported	lorganization			🕨 🗸	
b	331/3% support test-2018. If the organ					ıs 331/3% or m	ore, check	
	this box and stop here. The organization	n qualifies as a	publicly suppo	orted organizat	ion		. 🕨 🗆	
17a	10%-facts-and-circumstances test-2							
	10% or more, and if the organization m							
	Part VI how the organization meets the	"facts-and-circ	umstances"te	est The organi	zation.qualifies	s as a publicly	supported	
_	organization						▶ 🗀	
b	10%-facts-and-circumstances test—2							
	15 is 10% or more, and if the organization in Part VI how the organization is							
	supported organization					on qualifies as	> \square	
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b. 17a	a, or 17b. chec	k this box and	see `	
	instructions						▶ □	

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2019 Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number S&R Ministries, Inc. 461131748

Supplemental Information Form 990EZ, Part 1, Line 10
General In 2019, S&R Ministries made grants only to other organizations characterized as (1) an organization physically located in a country
foreign to the USA, (2) with a ministry as defined nott only by standard of living in the US but also in the area local to that country (India,
Japan) Grants have been given to organizations duly registered in their country of location as tax exempt charitable entities, in India and
Canada, who report the oversight and distribution to their respective governing agencies. S&R has not paid money directly to individuals or
paid salaries in any accountable as wage earnings to the US IRS. The only expenses paid by S&R has been for bank wire fees to India, a P.O.
Box rental, and postage
India Money from the US bank account of S&R Ministries Inc has been wired to the Christ for India Mission Society, an organization duly
registered with the Indian Fed Govt and the State of Andrah Pradesh as a humanitarian work and certified to receive foreign contributions
under the direction of Sudhakar Rao, providing over 95% financial support for giving complete care of over 100 orphan children including
food, board, medical needs, health needs, school needs, tuition, clothes, providing housing and food for about 20 widows and aged men who
have no other place to go. Providing a livelihood of sewing for widows and poor women. Providing training in remote villages in education
and life improvement, leaving books behind when financially possible. The money is granted to the CIMS for educational purposes and
humanitarian work in keeping with the S&R charter (total grants in 2019 = \$41,863)
Japan/Cambodia Money from the US bank account of S&R Ministries Inc has been sent by check to the Tintern Church of Christ in Ontario,
Canada to go toward the "Tintern Asia Mission" supporting the church in Mito, Japan for orphanages and schools for education of children
and help for the needs in Japan and Cambodia. The Tintern church is registered by and reports to the Canadian Fed Govt. (total grants in
2019 = 38817)