2949305123710

(Rev January 2020)

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| | <u> </u> | For the | 2019 calen | dar year, or tax year beginning , 20 | 019, and endi | ina | | | , 20 | | | | |
|---------------|--------------------------------|--|---------------------------|---|----------------|----------------------------|------------------------------|----------|--|--|--|--|--|
| | В | | applicable | | D Empl | oyer identification number | | | | | | | |
| | | | | | - p. | 46-4517575 | | | | | | | |
| | 님 | Address | • | Doing business as | uite | | | | | | | | |
| | | Name ch | - | Number and street (or P O box if mail is not delivered to street add P O Box 45596 | uite | E i elepi | hone number (505)695-1433 | | | | | | |
| | | Initial reti | | | | | (000)000-1400 | | | | | | |
| | 片 | | rn/terminated | y or town, state or province, country, and ZIP or foreign postal code Rancho, NM 87124 G Gross receipts \$ | | | | | | | | | |
| | 片 | Amended | | Rio Rancho, NM 87124 | | | | | | | | | |
| | Ш | Applicati | on pending | F Name and address of principal officer Stephen Stewart 8100 Rancho Viejo Ct NW Albuquerque, NM 87120 | L . | 1_ | | | or subordinates? Yes No | | | | |
| | | Tou over | nnt status | ✓ 501(c)(3) 501(c) () ((insert no) 4947(a) | (1) 05 537 | ' " | | | tes included? Yes No ist (see instructions) | | | | |
| - | <u>'</u> | | npt status . ► ImpactN | | (1) 01 L | - ⊢ | (c) Group exe | | | | | | |
| : | | | organization | | L Year of form | | · · · · · · | • | of legal domicile NM | | | | |
| 1 | | art I | Summa | - i | L Tear Of toll | nation | 2017 | VI State | or legal dornicile 1444 | | | | |
| | | | | cribe the organization's mission or most significant activ | vitios Imnac | rt Nation | ns provides | henevo | olent assistance to | | | | |
| | au | ' | | n developing nations and relief to victims of natural disasters. | | | | | | | | | |
| | Activities & Governance | | at home an | | | | | vango | | | | | |
| | Ĕ | 2 | | box ▶ ☐ If the organization discontinued its operations | e or dispose | d of m | ore than 2 | 5% of | ite nat accate | | | | |
| = | Š | l . | | voting members of the governing body (Part VI, line 1a) | | a or m | ore triair 2 | 3 | 6 | | | | |
| 202 | S S | l . | | independent voting members of the governing body (Part VI, line 12) | | b) | | 4 | 4 | | | | |
| | es 6 | l . | | per of individuals employed in calendar year 2019 (Part V | | Ο, . | | 5 | 6 | | | | |
| 8 7 | Ϋ́Ε | l . | | per of volunteers (estimate if necessary) | v, iii c 2aj | | | 6 | 150 | | | | |
| | ct | | | ated business revenue from Part VIII, column (C), line 12 | | | • | 7a | ,,,, | | | | |
| APR | • | l . | | ed business taxable income from Form 990-T, line 39 | - • | | | 7b | | | | | |
| _ | | | 14Ct arricia | ed business taxable moonte non i om soo i, inc os | • • | i i | Prior Year | | Current Year | | | | |
| SCANNED | _ | 8 | Contributio | ons and grants (Part VIII, line 1h) | | | | 71 79 | 847,966.91 | | | | |
| Z | Revenue | l . | | ervice revenue (Part VIII, line 2g) | | | | | 0177700771 | | | | |
| Z | ě. | 1 | _ | income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | | | |
| \mathcal{Q} | æ | 1 | | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 | 1e) | | | | | | | | |
| ഗ | | 1 | | ue—add lines 8 through 11 (must equal Part VIII, column | | | 516,4 | 71 79 | 847,966 91 | | | | |
| | | · | _ | I similar amounts paid (Part IX, column (A), lines 1–3) . | | 1 | | 10 03 | 469,556 05 | | | | |
| | | l . | | aid to or for members (Part IX, column (A), line 4) | | | | | | | | | |
| | s | 1 | Salaries, of | 02 51 184,413 8 | | | | | | | | | |
| | Expenses | 16a | Profession | al fundraising fees (Part IX, column (A), line 内国CEI | /FD : | | | | | | | | |
| | be | ь | Total fund | aising expenses (Part IX, column (D), line 25) | | | | | | | | | |
| | ũ | 17 | Other expe | nses (Part IX, column (A), lines 11a-116, 11f-24e) | SC | | 80,6 | 99 73 | 136,143 77 | | | | |
| | | 18 | Total expe | nses Add lines 13–17 (must equal Parax, column 🚓) | 2020 O | | 536,1 | 12 27 | 790,113 63 | | | | |
| | | 19 | Revenue le | ss expenses. Subtract line 18 from line 12 |]≝ | | -19,6 | 40 48 | 57,853 28 | | | | |
| • | Net Assets or Fund Balances | | | OGDEN | I. UT | Beginn | ning of Currei | nt Year | End of Year | | | | |
| | sets alan | 20 | Total asse | s (Part X, line 16) | , | 4 | 113,8 | 79 65 | 156,458.92 | | | | |
| | t Asid Big | 21 | Total liabili | ties (Part X, line 26) | | | 67,6 | 23 95 | 52,349 94 | | | | |
| | <u> </u> | 22 | Net assets | or fund balances Subtract line 21 from line 20 . | <u> </u> | | 46,2 | 55 70 | 104,108 98 | | | | |
| | Pa | art II | Signatu | re Block | | | | | | | | | |
| | | | | I declare that I have examined this return, including accompanying sole. Declaration of preparer (other than officer) is based on all information | | | | | my knowledge and belief, it is | | | | |
| - | | | | | | | A. | / | 2 2020 | | | | |
| | Sig | gn | Signat | ure of officer | | | Date | 7 | | | | | |
| | He | re | بــ ا | TH STEWART Vice President of | Secretion | • | | | | | | | |
| | | | Type o | r print name and title | 4 | | - | | | | | | |
| - | n_ | الم: | Print/Type | preparer's name Preparer's signature | | Date | | Check | ıf PTIN | | | | |
| | Pa | | | | | | I | self-emp | oloyed | | | | |
| | | epare | C | ne ► | | | Firm's E | EIN ► | | | | | |
| | US | e Onl | Firm's add | | <u> </u> | | Phone | 10 | | | | | |
| Ì | Ма | y the IR | S discuss | his return with the preparer shown above? (see instruct | lions) . | | | | . Yes No | | | | |
| 1 | For | Paperw | ork Reduct | ion Act Notice, see the separate instructions. | Cat | No 112 | 282Y | | Form 990 (2019) | | | | |
| | | | | • | | | | \cdot | | | | | |

| Part | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
|------|---|
| 1 | Briefly describe the organization's mission: |
| • | To provide benevolent assistance to individuals in developing nations and to provide relief to victims of natural disasters. Also, to provide |
| | evangelism, education, and training at home and abroad |
| | <u> </u> |
| | • |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 286,606 14 including grants of \$ 286,606 14) (Revenue \$ 253,861 41) Journeys of Compassion |
| | Impact Nations conducted eight 10-11 day mission trips in 2019. We took teams of 15-30 volunteers |
| | to Philippines, Uganda, India, Nepal, Guatemala, Kenya, Haiti, and Bulgaria. On these trips, the teams helped in medical clinics, |
| | distributed water filters, provided education in health and sanitation, and taught local pastors and leaders |
| | The teams also led in many evangelistic meetings, conducted door to door evangelism, and baptized new Christian believers |
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| | |
| 4b | (Code:) (Expenses \$ 117,000 00 including grants of \$ 117,000 00) (Revenue \$ 117,000 00) |
| | Endless Computers Distribution |
| | Impact Nations purchased 1800 computers from Endless Computers in California for distribution in the developing world. Most of the |
| | computers were delivered to Nairobi, Kenya From there, our partners at Metro Church in Nakuru Kenya are working with local |
| | school boards and pnsons to set up computer labs, providing much needed access to modern computing software and internet access |
| | Approximately 100 computers are being delivered from Kenya to our partners in Uganda. Impact Nations also delivered 50 computers |
| | to our partners in India and Nepal where computer labs will be made available to children and young adults as a part of our |
| | skills building programs |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 73,250 35 including grants of \$ 73,250 35) (Revenue \$ 73,250 35) |
| | Brick Layers School |
| | In Northern India, entire families are working as indentured servants in brick factories to pay off their debt to the factory owners |
| | Children as young as five years old spend their days making and piling bricks. With no chance at an education or even a glimpse |
| | at life outside of the factory, these kids face a very bleak future. In 2019, with our partners at New Life City Church in |
| | Chandigarh, India we provided the means for 862 children to attend school for the first time. Expenses covered included |
| | enrollment fees, uniforms, shoes, and school supplies |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ 209,208 62 including grants of \$ 209,208 62) (Revenue \$ 209,208 62) |
| 4e | Total program service expenses ► 686,065 11 |

ABFLO

| |) 1 2 (| | · | age • |
|-----------|---|-----|-------------|---------------------------------------|
| 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," complete Schedule A | 1 | 1 €5 | NO |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . | 2 | ~ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | , |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | V |
| 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 | | , |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | ~ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | _ | V |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | V |
| 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 | | ٧ |
| 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, VII, 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 | | V |
| 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 | | ~ |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | , |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ~ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | ~ |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | ~ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 13 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ~ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | _ | <u> </u> |
| 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 | | > |
| 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 | | ١ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | \ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19_ | | ~ |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | V |
| b 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | ~ |

domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

| Part I | V 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 | | ~ |
| 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 | 23 | | , |
| 24a | employees? If "Yes," complete Schedule J | 23_ | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | v |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | <u> </u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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 | | ~ |
| 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 | | V |
| 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 | | V |
| 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 | | ~ |
| 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 | V | |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | ٧ | |
| 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 | | ~ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | 1 |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | V |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ~ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | , |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. | 33 | | 7 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | ~ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ~ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | ~ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | ~ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | V | |
| 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> | | |
| | | | Yes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | ' | |

| art | Statements negarding other ins rilings and rax compliance (continued) | _ | | |
|---------|--|----------|-----|----------|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 6 | <u> </u> | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | ~ | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a 3b | | ~ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 30 | | |
| 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 | If "Yes," enter the name of the foreign country | 70 | | Ť |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ~ |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 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 | | ~ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6b | | |
| 7 | gifts were not tax deductible? | UD | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| а | and services provided to the payor? | 7а | | ~ |
| 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 | | ~ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ~ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | ~ |
| 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? | | | |
| .9 а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u> </u> |
| a b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | ~ |
| 0 | 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 . 10b | | | |
| 1 | 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) | | | |
| 2a | 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 . | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O | ISa | | i i |
| h | Enter the amount of reserves the organization is required to maintain by the states in which | | | 1 |
| b | the organization is licensed to issue qualified health plans | | | • |
| С | Enter the amount of reserves on hand | | | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ~ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 5 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | ~ |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 6 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | ~ |
| | If "Ves." complete Form 4720. Schedule O | | ı | |

| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change | | | | | |
|-------|--|-----------|---------------|-----------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | <u> </u> | | <u> </u> | | <u>. Ľ</u> |
| Secti | on A. Governing Body and Management | _ | | | 1 | T |
| 4 | Enter the number of voting members of the governing hady at the and of the tay year | 1a |] | 6 | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or | Та | | 4 | | |
| | If the governing body delegated broad authority to an executive committee or similar | | | į | | |
| | committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . | 1b | | 4 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business in | elatio | nship with | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | ~ | |
| 3 | Did the organization delegate control over management duties customarily performed by or | | | İ | | |
| | supervision of officers, directors, trustees, or key employees to a management company or o | | | 3 | | ~ |
| 4 | Did the organization make any significant changes to its governing documents since the prior For | | | | _ | \ <u>'</u> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | on's a | issets?. | 5 | _ | \ <u>\</u> |
| 6 | Did the organization have members or stockholders? | | | 6 | _ | + |
| 7a | Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body? | elect | or appoint | 72 | | V |
| b | Are any governance decisions of the organization reserved to (or subject to approva | | members, | | | |
| | stockholders, or persons other than the governing body? | | · · | _7t | <u>' </u> | <u> </u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions un the year by the following | derta | ken during | | | |
| а | The governing body? | | | 88 | | — |
| b | Each committee with authority to act on behalf of the governing body? | • | • | 81 | · · | ↓ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be a section of the section and director and addresses an | | reached at | | | |
| Conti | the organization's mailing address? If "Yes," provide the names and addresses on Schedule on B. Policies (This Section B requests information about policies not required by the | | ernal Pove | 9 | | 1 |
| Secu | on B. Policies (This Section B requests information about policies not required by the | e mic | illai Neve | nue | Yes | _ |
| 10a | Did the organization have local chapters, branches, or affiliates? | _ | | 10 | | 1 |
| b | If "Yes," did the organization have written policies and procedures governing the activities of | f sucl | chapters. | \vdash | | |
| - | affiliates, and branches to ensure their operations are consistent with the organization's exem | | | 10 | b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | ore filii | ng the form? | 11 | a 🗸 | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | _ | <u></u> |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | • | | 12 | _ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | _ | b v | — |
| С | Did the organization regularly and consistently monitor and enforce compliance with the | oolicy | '') If "Yes," | | | |
| 13 | describe in Schedule O how this was done | • | | 12 | | _ _ _ |
| 14 | | | | 14 | | 1 |
| 15 | Did the process for determining compensation of the following persons include a review a | and a | pproval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | n and | decision? | _ | _ | ↓ |
| а | The organization's CEO, Executive Director, or top management official | | • | 15. 15 | | + |
| b | Other officers or key employees of the organization | | | 15 | - · | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or simi | lar or | randomont | | | |
| | with a taxable entity during the year? | | | 16 | a | ~ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements? | | | 16 | | ļI |
| Secti | on C. Disclosure | <u>•</u> | | 10 | ٦ | <u> </u> |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ New Mexico | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable | | 0, and 990 | | | 501(c) |
| . • | (3)s only) available for public inspection. Indicate how you made these available. Check all that | | | , , , | | - (-) |
| | Own website Another's website Upon request Other (explain on Sci | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing docu | ımen | s, conflict | of int | erest p | olicy, |
| 00 | and financial statements available to the public during the tax year. | ا مائما | التحاجم منامم | | lo 🏲 | |
| 20 | State the name, address, and telephone number of the person who possesses the organization Margaret Baca 4111 Barbara Loop SE Suite E1 Rio Rancho, NM 87124 (505)296-1377 | on's b | ooks and r | ecorc | is 🟲 | |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

| Page | - 1 |
|-------|-----|
| ı aye | |

Form **990** (2019)

| | · | | | | |
|----------|---------------------------------|---------------------|-----------------|----------------------|------------------|
| Part VII | Compensation of Officers | Directors, Trustees | , Key Employees | , Highest Compensate | d Employees, and |
| | Independent Contractors | | | | |

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 | n c | ompe | ensa | ited any current | officer, director, | or trustee. | |
|---|---|--------------------------------|-----------------------|-------------------------------|--------------|------------------------------|------------|---------------------------------------|--|---|--|
| (A) Name and title | (B) Average hours per week | box, | unles er an | Pos neck ss pe d a d | rson | e than is both or/trus | 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) Stephen Stewart, President and Chairman | 45 0 | - | | V | | | | 60,648 29 | 0 00 | 0.00 | |
| (2) Christina Stewart, Secretary | 30 0 | | | ~ | | | | 0 00 | 0 00 | 0.00 | |
| (3) Gar Liebler | 0 75 | ~ | | | | | | 0 00 | 0 00 | 0 00 | |
| (4) Cynthia Pearson | 2 0 | , | | | | | | 0 00 | 0 00 | 0.00 | |
| (5) Susan Walker | 7 25 | ~ | | | | | | 0 00 | 0 00 | 0 00 | |
| (6) Kenneth Rounds | 0 25 | v | | | | | | 0 00 | 0 00 | 0 00 | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (10) | | _ | | | | | | | | | |
| (11) | | | | | | | | | | | |
| (12) | | | | | | | | | | | |
| (13) | | | | | | | | : | | | |
| (14) | | _ | _ | | | | | - | | | |

| Part | VII Section A. Officers, Directors, | i rustees, | Key I | Em | | | s, an | a F | lighest Compe | nsated E | mpio | yees (continued) |
|--------|---|------------------------|---|---------------------|---------|--------------|------------------------------|--------------|---|-----------------------------|------------|------------------------------|
| | | | | | • | C) sition | | | | | | |
| | (A) | (B) | | | seck | more | e than d | | (D) | (E) | | (F) |
| | Name and title | Average hours | box, unless person is bot officer and a director/trus | | | | | | Reportable compensation | Reportab compensa | | Estimated amount of other |
| | per week | | | | | T- | | - | from the | from relat | | compensation |
| | | (list any hours for | 함 | stit | Officer | ey e | mple | Former | organization (W-2/1099-MISC) | organization (W-2/1099-N | | from the organization and |
| | | related | Individual trustee or director | Institutional trust | 4 | Key employee | Highest compensated employee | ª | (** = ********************************* | (| , | related organizations |
| | | organizations below | 7 2 | ıal t | | oye | om om o | | | | | |
| | | dotted line) | stee | ruste | | [®] | ens | | | | | |
| | | | | % | | | ated | | | | | |
| (15) | | | | | | | - | | | | | _ |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | - | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| | | | <u> </u> | | | | | | | | | |
| (25) | | | | | | | | L | 60,648 29 | | | |
| | Subtotal | | | | • | | • | | 0 00 | | | |
| c d | Total from continuation sheets to Part | | | - | - | | • | | 60,648 29 | | | |
| | Total (add lines 1b and 1c) Total number of individuals (including but | | | | | | above | 2 14 | | 0 than \$100 | l | of. |
| 2 | reportable compensation from the organi | | 10 17 | 1056 | - 1151 | | | e) w | 0 | e man proc | | · · |
| 3 | Did the organization list any former of | | | | | | | mpl | oyee, or highes | st compens | sated | Yes No |
| 4 | employee on line 1a? If "Yes," complete of any individual listed on line 1a, is the | | | | | | | | nd other compo | neation from | · m tha | |
| 4 | organization and related organizations | | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | or accrue co | ompe | nsat | tion | froi | n any | un or s | related organizat | tion or indiv | /idual | |
| Secti | on B. Independent Contractors | · 11 163, C | JUNIPI | CiC | 001 | 1000 | 110 0 1 | 01 3 | deri persori . | | | |
| 1 | Complete this table for your five high | nest comp | ensat | ed | ınde | ener | ndent | CO | ntractors that r | eceived m | ore t | han \$100,000 o |
| | compensation from the organization Rep | | | | | | | | | | | |
| | (A) Name and business add | Iress | | | | | | | (B) Description of serv | /ices | (| (C) Compensation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | _ | | | | |
| | Total number of independent contractor | rs (includi | na hi | ıt n | ot ! | limit | ed to | | ose listed above | e) who | | |
| 2 | received more than \$100,000 of compens | | | | | | | , (11 | Ose listed abov | C) WITO | | |

е

12

Total. Add lines 11a-11d .

Total revenue. See instructions

| | 90 (201 | <u> </u> | | | | | | | Page 9 |
|--|-------------|--|---------------|---------------|------------------|----------------------|--|---------------------------------------|--|
| Fall | VIII | Statement of Reven Check if Schedule O | | spon | se or note to an | v line in this Pa | art Vill | | \sqcap |
| | | | | '- | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts ts | 1a | Federated campaigns | | 1a | | | | | |
| Grants mounts | b | • | | 1b | | | | | |
| s, G Am | С | 9 | | 1c | | | | | |
| Sift; lar / | d | Related organizations | | 1d | - | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | e f | Government grants (co | | <u>1e</u> | | | | | |
| | ' | and similar amounts not in | | 1f | 847,966 91 | | | | |
| tribu i Othe | g | Noncash contributions lines 1a–1f | | 1g | ¢ | | | | |
| Cor | h | Total. Add lines 1a–1f | | <u> </u> | ▶ | 847,966 91 | • | | |
| | | | <u>· ·</u> | <u> </u> | Business Code | | | | |
| <u>ce</u> | 2a | | | | | | | | |
| er. | b | | | | | | | | |
| n S Ieni | C | | | | | | _ | | |
| Program Service Revenue | d | | | | | | | | |
| roc | e f | All other program service | | | | | | | |
| _ | g | Total. Add lines 2a-2f | | | . ▶ | 0 00 | | | |
| | 3 4 5 | Investment income (in other similar amounts) Income from investmen Royalties | | npt bo | ▶ | | | | |
| | 6a | Gross rents 6a | - '' | | (ii) r ersonal | | | | |
| | b | Less rental expenses 6t | + | | | | | | |
| | С | Rental income or (loss) 60 | ; | | | | | | |
| i | d | Net rental income or (lo | <u> </u> | | | | | - | |
| | 7a | Gross amount from sales of assets | (i) Securit | ies | (II) Other | | į | | |
| nue | b | cother than inventory Less. cost or other basis and sales expenses 78 | | | | | | | |
| Other Revenue | С | Gain or (loss) 70 | ; | | • | | | · · · · · · · · · · · · · · · · · · · | |
| je | d | Net gain or (loss) . Gross income from | | | | | AM | | |
| ð | oa | events (not including \$of contributions report | ed on line | | | | | | |
| | L | 1c) See Part IV, line 18 Less. direct expenses | | 8a 8b | | | | ٠ | |
| | b | Net income or (loss) fro | | $\overline{}$ | ents 🕨 | | | | |
| | 9a | Gross income from activities. See Part IV, I | n gaming | 9a | | | | | |
| | b | Less: direct expenses | | 9b | | | | | |
| | С | Net income or (loss) fro | m gaming ac | tivitie | es > | - | | | |
| | 10a | Gross sales of inver returns and allowances | | 10a | | | | | |
| | b | Less cost of goods sol | | 10b | | | | | |
| | С | Net income or (loss) fro | m sales of in | vento | | 0 00 | | | |
| sno | 44- | | | | Business Code | | | | |
| Miscellaneous Revenue | 11a b | | | | | | | | <u> </u> |
| ella •ve | C | | | | | | | | |
| isc Re | _ | All other revenue | · · · · | | | | | | |
| ≥ | l e | Total. Add lines 11a-11 | 1d. | | • | 0 00 | | | |

847,966 91

| 5 117 | O | 6 E L | ional Expenses |
|--------------|-----------|-----------|----------------|
| | Statement | OT FIIDCE | IONAI EXNENSES |
| | | | |

| Sectio | n 501(c)(3) and 501(c)(4) organizations must comp | | | must complete colun | nn (A). |
|------------|---|-----------------------|------------------------------------|---|--------------------------------|
| | Check if Schedule O contains a response | | | · · <u>· · · · · · · · · · · · · · · · · </u> | <u> </u> |
| | et include amounts reported on lines 6b, 7b, o, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| _ | and domestic governments. See Part IV, line 21 | | | - | |
| , 2 | Grants and other assistance to domestic individuals See Part IV, line 22. | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | • |
| _ | foreign individuals. See Part IV, lines 15 and 16 | 469,556 05 | 469,556 05 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 40 440 20 | 40 440 20 | | |
| _ | · · · · · · · · · · · · · · · · · · · | 60,648 29 | 60,648 29 | - | |
| 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 | 95,789 98 | 50,768 69 | 45,021 29 | |
| 8 | Pension plan accruals and contributions (include | 70,707.70 | 00,,000, | 10,000 | |
| 5 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 10,262 77 | 5,439.27 | 4,823 50 | |
| 10 | Payroll taxes | 17,712 77 | 9,387 77 | 8,325 00 | |
| 11 | Fees for services (nonemployees) | | | | |
| а | Management | 26,943 39 | 20,862 05 | 6,076.41 | 4 93 |
| b | Legal | 7,670 30 | | 7,670.30 | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 14,847 58 | 8,971 48 | 1,390 95 | 4,485 15 |
| 13 | Office expenses | 43,473 67 | 22,699 99 | 12,637.93 | 8,135 75 |
| 14 | Information technology | 13,218 95 | 10,760 68 | 2,328.83 | 129 44 |
| 15 | Royalties | 1 | | | |
| 16 | Occupancy | 13,050 00 | 10,750 50 | 2,349 00 | 130 50 |
| 17 | Travel | 2,101 00 | 2,101 00 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 14,754 16 | 14,754 16 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 04.70 | (0.44 | 15.24 | 0.4 |
| 23 | Insurance | 84 72 | 68 64 | 15 24 | 84 |
| 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) | | İ | | |
| а | | | | | _ |
| b | | | - | | |
| C | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 790,113 63 | 686,588 57 | 90,638 45 | 12,886 61 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | • | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pai | t X <u> </u> | | <u> </u> |
|-----------------------------|-----|--|--------------------------|-------------|---------------------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 107,137 67 | 1 | 146,434 46 |
| | 2 | Savings and temporary cash investments | | 2 | · · · · · · · · · · · · · · · · · · · |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 6,741 98 | 4 | 10,024 46 |
| | 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 | |
| ţ | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | · · · · · · · · · · · · · · · · · · · |
| ĕ | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | <u> </u> | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments—publicly traded securities | · | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| | 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) | 113,879 65 | | 156,458 92 |
| | 17 | Accounts payable and accrued expenses | 2,642 37 | 17 | 2,498 00 |
| | 18 | Grants payable | 64,981 58 | | 49,851 94 |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| ∄ | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17–24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 67,623 95 | 26 | 52,349 94 |
| ės | | Organizations that follow FASB ASC 958, check here ► □ | | | |
| anc. | | and complete lines 27, 28, 32, and 33. | | | |
| jaj | 27 | Net assets without donor restrictions | | 27 | |
| Б | 28 | Net assets with donor restrictions | | 28 | |
| S | | Organizations that do not follow FASB ASC 958, check here ▶ ✓ | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | |
| S | 29 | Capital stock or trust principal, or current funds | | 29 | - |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment fund | 10.055.50 | 30 | 101 100 00 |
| As | 31 | Retained earnings, endowment, accumulated income, or other funds | 46,255 70 | | 104,108 98 |
| <u>e</u> | 32 | Total net assets or fund balances | 46,255 70 | | 104,108 98 |
| Z | 33 | Total liabilities and net assets/fund balances | 113,879 65 | 33 | 156,458 92 |

Form **990** (2019)

| _ | 4 | |
|------|---|---|
| Page | | 4 |

| J JJ | 5 (£515) | | Га | ye ız |
|------|---|----------|--------------|----------|
| 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) | | 847,9 | 66 91 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 790,1 | 13 63 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 57,8 | 53 28 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | 46,2 | 55 70 |
| 5 | Net unrealized gains (losses) on investments | | | |
| 6 | Donated services and use of facilities | | | |
| 7 | Investment expenses | | | |
| 8 | Prior period adjustments | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | |
| | 32, column (B)) | | 104,1 | 08 98 |
| Part | XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Other | | | 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | } | . | - |
| | Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | √ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | " |
| | reviewed on a separate basis, consolidated basis, or both: | | | 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | `. | | l |
| | separate basis, consolidated basis, or both: | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | لـنــ |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? . | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | . 1 |
| | Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | _ | | |
| | Single Audit Act and OMB Circular A-133? | 3a | | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | 3b | لييا | |
| | | For | n 990 | (2019) |

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

| | ct Nations International Ministries | | | | | | 17373 |
|-------|--|--|---|--------------------------|---------------------------------------|---|---|
| | Reason for Public Cha | | | | | | ns |
| The o | organization is not a private founda | ition because it i | s: (For lines 1 through | 12, ched | ck only or | ne box.) | |
| 1 | A church, convention of church | hes, or associati | on of churches descr | ıbed ın s e | ection 17 | 0(b)(1)(A)(i). | A_{\perp} |
| 2 | A school described in section | 170(b)(1)(A)(ii). | (Attach Schedule E (F | orm 990 | or 990-E | Z)) | NY |
| 3 | A hospital or a cooperative hos | | | | | | () ' |
| 4 | A medical research organization | | onjunction with a hosp | oital desc | ribed in s | section 170(b)(1)(A) | (iii). Enter the |
| | hospital's name, city, and state | | | | | | |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | plete Part II) | | | | | al unit described in |
| 6 | A federal, state, or local govern | | | | | | |
| 7 | An organization that normally described in section 170(b)(1) | | | port from | a gover | nmental unit or fron | n the general public |
| 8 | A community trust described in | n section 170(b) | (1)(A)(vi). (Complete | Part II.) | | | |
| 9 | An agricultural research organior university or a non-land-grauniversity | zation described nt college of agr | d in section 170(b)(1) riculture (see instruction | (A)(ix) op ons) Ente | erated in er the nan | conjunction with a l ne, city, and state of | and-grant college 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 income and uni | nctions—subject to c related business taxal | ertain exc ble incom | ceptions, ne (less se | and (2) no more tha ection 511 tax) from | n 331/3% of its |
| 11 | An organization organized and | operated exclus | sively to test for public | c safety. | See sect i | 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 organ the supported organization supporting organization Y | (s) the power to | regularly appoint or e | lect a ma | ijority of t | | |
| b | Type II. A supporting organization(s) You must | the supporting o | rganization vested in | the same | | | |
| С | Type III functionally integ its supported organization(| | | | | | ally integrated with, |
| d | Type III non-functionally integrated that is not functionally integred requirement (see instruction | grated. The orga | nızatıon generally mu | st satisfy | a distribu | ition requirement an | |
| е | functionally integrated, or | Гуре III non-func | tionally integrated sup | on from tl oporting (| ne IRS tha organizat | at it is a Type I, Type ion . | e II, Type III |
| f | Enter the number of supported of | | | | | | |
| g | Provide the following information | about the supp | orted organization(s). | | | · · · · · · · · · · · · · · · · · · · | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | _ | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| | | The second secon | | | | | |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 429,974 39 520,580 53 611,810 97 516,471 79 847,966 91 2,926,804 59 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 2,926,804 59 429,974 39 520.580 53 611,810 97 516,471 79 847,966 91 Total. Add lines 1 through 3. . . . 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) 243.597 14 2,683,207 45 Public support. Subtract line 5 from line 4 41.99 11 14.1 . . E 91 114 27 Section B. Total Support (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 516,471 79 2,926,804 59 429,974 39 611,810 97 847,966 91 520,580 53 7 Amounts from line 4 Gross income from interest, dividends. 8 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.) 2.926.804 59 Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 92 % Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 15 331/3% 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 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 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 | ations Desci | ribed in Sect | ion 509(a)(2) | | | |
|------------|--|------------------|------------------|-------------------|-------------------|-----------------|---------------|
| | (Complete only if you checked th | | | | | | nder Part II. |
| | If the organization fails to qualify | under the te | sts listed bel | ow, please co | omplete Part | II.) | |
| Secti | on A. Public Support | | | | | | |
| Calen | 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") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose . | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | 1 | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | / | | |
| | furnished by a governmental unit to the | | | / | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | <i>/</i> | | | |
| | received from other than disqualified | | / | 1 | | 1 | |
| | 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 | | / | | | | I |
| Cast | on B. Total Support | | | | 1_ | | |
| | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| Galen 9 | idar year (or fiscal year beginning in) | (a) 2015/ | (b) 2016 | (6) 2017 | (a) 2016 | (e) 2019 | (i) iotai |
| | Gross income from interest, dividends, | | | - | | | |
| 10a | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | | | | | | 1 |
| b | Unrelated business taxable income (less | / | | <u> </u> | | | |
| b | section 511 taxes) from businesses | | | | | | 1 |
| | acquired after June 30, 1975 | | | | | | ł |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | 1 |
| | or not the business is regularly carried on | | | | | | I |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | I |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | | | | | | I |
| 14 | First five years. If the Form 990 is for the | ne organizatio | n's first, secor | nd, third, fourth | n, or fifth tax y | ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop he | re . | | | | | . ▶ 🗀 |
| Secti | on C. Computation of Public Suppor | t Percentag | | | | | |
| 15 | Public support percentage for 2019 (line 8 | 3, column (f), c | divided by line | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2018 Sch | nedule A, Part | III, line 15 . | | | 16 | % |
| Secti | on D/Computation of Investment In | come Perce | ntage | | | | |
| 17 | Investment income percentage for 2019 (| | | | ımn (f)) | | % |
| 18 | Investment income percentage from 2018 | | | | | 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 l | - | = | | | | |
| 20 | Private foundation. If the organization di | d not check a | box on line 14 | , 19a, or 19b, | check this box | and see instru | ctions 🕨 🔲 |

Part IV Supporting C

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.)

| Se | ection | A. / | AШ | Supporting | Organizations |
|----|--------|------|----|------------|----------------------|

| | | | Yes | No |
|-----|--|-----|-----|----------|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | 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 Part VI how the organization had such control and discretion | | | |
| С | despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | 4b | | |
| | 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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document) | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| 6 | Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 5c | | |
| 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 Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| 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 Part VI . | 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 | 100 | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | 10a | | \vdash |
| D | determine whether the organization had excess business holdings.) | 10b | — | |

| 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 | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | <u> </u> |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | , | | |
| | controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | | | |
| | | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization | 2 | | L |
| 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 the supported organization(s) | <u> </u> | | |
| | | 1 | | L |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | — | |
| • | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | - | | - 1 |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | <u> </u> |
| 3 | significant voice in the organization's investment policies and in directing the use of the organization's | . | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | <u> </u> |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | nstru | ction | s) |
| a | ☐ The organization satisfied the Activities Test. Complete line 2 below. | | | -, |
| b | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | see in: | struct | ions) |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | [| | [|
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | 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 | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | <u> </u> | | لــــا |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical | jani | izations | |
|--|------|------------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | tru | st on Nov. 20, 1970 (expla | ain in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organ | | | |
| 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 | <u> </u> | |
| 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 Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI). | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | _ |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C—Distributable Amount | • | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional instructions). | y in | tegrated Type III supporting | ng organization (see |

| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | zations (continued) | - uge : |
|------------|---|-----------------------------|--|---|
| Secti | ion D—Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | - |
| | Amounts paid to perform activity that directly furthers exe | rted | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nızations | |
| 4 | Amounts paid to acquire exempt-use assets | . <u></u> | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | <u> </u> | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions | h the organization is res | ponsive | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | 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 Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| c | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| 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 \$ | | | |
| a_ | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| c | Remainder Subtract lines 4a and 4b from 4. | | TIT. 1 | |
| 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 Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. 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 . | | | |
| е | Excess from 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

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OMB No 1545-0047 2019

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.

Open to Public Inspection

Employer identification number Name of the organization Impact Nations International Ministries 46-4517575 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 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 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, agents, and independent a program service, describe specific type of expenditures for of offices in region (by type) (such as, fundraising, program services, investments, grants to recipients and investments the region service(s) in the region in the region contractors located in the region) in the region (1) Central America and the Carribeau 0 0 Program Services Outreach and evangelism 19,242 53 (2) Central America and the Cambea n 0 Grantmaking 1,569 07 (3) Europe 0 0 **Program Services** Outreach and evangelism 33,836 41 (4) Europe 0 0 Grantmaking 1,268 43 (5) East Asia and the Pacific 0 0 Program Services Outreach and evangelism 23,132 32 (6) East Asia and the Pacific 0 0 Grantmaking 44 56 (7) South America 0 0 **Program Services** Outreach and evangelism 36,262 10 0 (8) South Asia 0 **Program Services** Outreach and evangelism 33,815 46 (9) South Asia 0 0 Grantmaking 77,647 06 0 0 (10) Sub-Saharan Africa Program Services Outreach and evangelism 66,431 12 0 0 (11) Sub-Saharan Africa Grantmaking 55,246 48 (12)(13)(14)(15)(16)(17)348,495 54 Subtotal 0 0 from continuation Total

0

0

348,495 54

| Schedule F (F | Schedule F (Form 990) 2019 |
|---------------|--|
| Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, |
| | Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. |

| - | (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 | (f) Method of valuation (book, FMV, appraisal, other) |
|-----------|-----------------------------------|--|---|--|---|---------------------------------------|----------------------------------|--|---|
| E | | | | | | | | | |
| (2) | | | | | | | | | |
| <u>(6</u> | | | | | | | | | |
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| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| 2 | Enter total nul by the IRS, or | nber of recipien for which the gi | nt organizations lis | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | ognized as charities 501(c)(3) equivalen | s by the foreign coun | try, recognized as ta | ax-exempt ▶ | |
| , | Enter total nui | mper of other of | Enter total number of other organizations or entitles | Itles | | | | • | |

Page 3

Page 3

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

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

| Part III can be duplic | Part III can be duplicated if additional space is needed. | e is needed. | | | 1 | | |
|---------------------------------|---|--------------------------|--------------------------|---------------------------------------|----------------------------------|--|---|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) Water filters | Sub-Saharan Afnca | 3,000 | | | 000'9 | | FMV |
| (2) Medical Supplies | Sub-Saharan Afnca | 1,500 | | | 5,000 | | FMV |
| (3) School Supplies | Sub-Saharan Africa | 175 | | | 10,000 | | FMV |
| (4) School Turtion | Sub-Saharan Africa | 175 | | | 16,000 | | FMV |
| (5) Food | Sub-Saharan Africa | 550 | | | 10,000 | | FMV |
| (6) Small Business Grant | Sub-Saharan Africa | 35 | 5,000 | | 0 | | FMV |
| (7) Small Business Equipment | Sub-Saharan Africa | 10 | | | 5,000 | | FMV |
| (8) School Supplies | South Asia | 006 | | | 40,000 | | FMV |
| (9) School Tuition | South Asia | 006 | | | 25,000 | | FMV |
| (10) Food | South Asia | 3,500 | | | 10,000 | | FMV |
| (11) Water filters | South Asia | 1,750 | | 1 | 000'9 | | FMV |
| (12) Medical Supplies | South Asia | 3,000 | | | 000'2 | | FMV |
| (13) Small Business Grant | South Asia | 10 | 2,000 | | 0 | | FMV |
| (14) Small Business Equipment | South Asia | 10 | • | | 1,000 | | FMV |
| (15) Food | South America | 150 | | | 1,200 | | FMV |
| (16) Water Filters | South America | 900 | | | 1,800 | | FMV |
| (17) Food | Europe | 200 | | | 1,000 | | FMV |
| (18) Medical Supplies | Europe | 1,500 | | 1 | 5,000 | | FMV |
| | | | | | | 3 S | Schedule F (Form 990) 2019 |

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2019

Part III Grants ar

| Part III can be duplic | Part III can be duplicated if additional space is needed. | is needed. | | | | | |
|---------------------------------|---|--------------------------|--------------------------|---------------------------------------|----------------------------------|---------------------------------------|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) Water Filters | Europe | 200 | | | 1,500 | | FMV |
| (2) Clothing | Europe | 1,000 | | | 1,200 | | FMV |
| (3) Food | East Asia and the Pacif | 400 | | | 850 | | FMV |
| (4) Water Filters | East Asia and the Pacif | 1,500 | | | 920 | | FMV |
| (5) Food | Central America and Pac | 200 | | | 2,000 | | FMV |
| (9) | | | | | | | |
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| (17) | | | | | | | |
| (18) | | | | | | | |
| | | | | | | Sch | Schedule F (Form 990) 2019 |

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

| Supp | leme | ntal | Inforr | nation |
|------|--------|--------|--------|--------|
| JUDE | HEILIE | ilai i | | nauvn |

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.

| We keep detailed records of monies spent outside of the United States We maintain receipts and pictures of items purchased or built, and |
|--|
| services performed with the monies |
| We have an employee go to each location outside of the United States at least once a year to monitor activities performed with the funds |
| These site visits ensure the funds are being used according to the required allocations |
| |
| The number of recipients (Part III, column c) is an estimate of individuals that will benefit from the expenditures (i.e the number of individuals |
| that will use the water filters and water tanks we provide) |
| ` |
| The value given to each grant (Part ill, column h) is based on the true value of the labor and supplies |
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SCHEDULE L

(10)

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No 1545-0047

∠⊎19 Open To Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

| Name | of the organization | | | | | | | İ | Employ | er idei | ntıficat | ion nu | mber | | |
|-------|---|---|--|------------------|----------------------------------|--|-----------------|-------------------------|-------------------|---------------|------------------|--------------------|------------------------------|----------|-----------------|
| Impac | t Nations International N | Ministries . | | | | | | | | | 46-4 | 45175 | 75 | | |
| Par | Excess Bene Complete if the | fit Transaction ne organization | ns (section 501 answered "Ye | (c)(3), s" on | section Form 99 | 501(c)(4), a 0, Part IV, l | nd se ine 25 | ction 501 5a or 25b, | (c)(29) or For | orgar m 99 | nizatio 0-EZ, | ns or Part | nly). V, line | 40b | |
| 1 | (a) Name of disqualified | norman . | (b) Relationship be | etween | disqualified | person and | | (c) De | scription | of trai | neactio | n | | (d) Con | rected |
| • | (a) Name or disquaimed | person | | organız | ation | | | (6) De | SCHPHOL | i Oi ii ai | isactio | | | Yes | No |
| (1) | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | |
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| (5) | | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | | L |
| 3 | Enter the amount under section 4958 Enter the amount o | | | | | | | | ins dui | ring t | he ye | ar ▶ \$ ▶ \$ | S S | | |
| Par | Complete if th | /or From Interne organization eported an am | answered "Ye | s" on | | | | 38a or F | orm 99 | 90, Pa | art IV, | line 2 | :6; or | f the | |
| (a) N | lame of interested person | (b) Relationship with organization | (c) Purpose of loan | fre | oan to or om the nization? | (e) Origir principal an | | (f) Baland | e due | (g) In (| default? | by bo | proved oard or nittee? | | ritten ment? |
| | | | | То | From | 1 | | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | | | | |
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| _(7) | | | | <u> </u> | | | | | | ļ . | ļ | | ļ | <u> </u> | <u> </u> |
| (8) | | | | | | ļ <u>-</u> | | | | | <u> </u> | | | <u> </u> | |
| (9) | | | | | | | | | | | ļ | - | - | | ļ |
| (10) | | | | | | <u>. </u> | | <u></u> | | h | | | <u></u> | | |
| Total | | | <u> </u> | | | <u> </u> | . ▶ | \$ | | jL | | ļ | | | |
| Part | Grants or Ass Complete if th | sistance Bene ne organization | answered "Ye | ed Pe s" on | Form 99 | 0, Part IV, I | ine 27 | 7 | | | | | | | <u> </u> |
| (a) | Name of interested persoi | 1 , , | ship between inter and the organization | | (c) Amount | t of assistance | | (d) Type of a | ssistanc | е | (e |) Purpo | ose of a | ssistan | се |
| (1) | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | |
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| (9) | | | | | | | | | | | | | | | |

Part IV Business Transactions Involving Interested Persons.

| business mansactions involving interest | 24 1 01001101 |
|--|---|
| Complete if the organization answered "Yes | s" on Form 990, Part IV, line 28a, 28b, or 28c. |

| | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of zation's nues? |
|----------|-------------------------------|---|---------------------------|--------------------------------|--------|-------------------------------|
| | | | | | Yes | No |
| (1) | Steve Stewart | Officer | 60,648 29 | Employment Compensation | | ~ |
| (2) | Tim Stewart | Son of Officers | 63,165 70 | Employment Compensation | | ~ |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
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| (10) | | | | | | |
| <u> </u> | 4 V Complemental Information | | · | | | |

| (3) | | | | | , , | |
|-------------|--|-------------------------------|------------------------|---|----------|--|
| (10) | | | | | | |
| Part V | Supplemental Information. Provide additional information for | or responses to questions | on Schedule L (see | instructions) | | |
| Part IV - S | teve Stewart is an employee and officer | of Impact Nations Internation | nal Ministries Steve s | erved as the President of the Boar | ď | |
| throughou | t 2019 He also served as Chairman of | the Board The Board (exclu | ding Steve and Christi | na Stewart) approved Steve's em | ployment | |
| and salary | , | | | | | |
| | | | | | | |
| Part IV - T | im Stewart is the son of Steve and Chris | stina Stewart and is an emplo | yee of Impact Nations | International Ministries | | |
| Tim is the | Chief Operating Officer of the organizat | ion The Board (excluding St | eve and Christina Stev | vart) approved Tim's employment | | |
| and salary | | | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

| Impact Nations International Ministries | 46-451/5/5 |
|---|--|
| | |
| Part III 4d - Other program services include providing education, support, water, medicine, food, clothing to Central | ıl Amenca, Asıa, and Afrıca |
| | |
| Part VI 11 - A complete copy of this Form 990 was sent to the board members via email prior to filing | |
| | |
| Part VI 12 - The organization had a written conflict of interest policy in 2019 Included in the policy was a section r | egarding annual statements |
| Each governing board member shall annually sign a statement which affirms such person (a) has received a copy | of the conflict of interest policy, |
| (b) has read and understands the policy, (c) has agreed to comply with the policy, and (d) understands the organization | ration is chantable and in order |
| to maintain it's federal tax exemption status, it must engage primarily in activities which accomplish one or more of | it's tax exempt purposes |
| In addition to annual statements, periodic reviews will be conducted on (a) compensation and benefits and, (b) par | tnerships, joint ventures, |
| and any management arrangements, to ensure conformity to our written policies and proper documentation | |
| Lastly, board members can present any conflict of interest concerns at the quarterly board meetings | |
| | |
| Part VI 15 - Compensation from the organization is precluded from voting on matters pertaining to that member's | compensation |
| All compensation decisions are made by the Board of Directors | and a second by |
| Further, all compensation paid will be reasonable and based on the following factors: (a) the type and amount of compensation levels paid in our particular geographic community, (c) the amount of compensation levels paid in our particular geographic community, (c) the amount of compensation levels paid in our particular geographic community, (c) the amount of compensation levels paid in our particular geographic community, (c) the amount of compensation levels paid in our particular geographic community, (c) the amount of compensation levels paid in our particular geographic community, (c) the amount of compensation levels paid in our particular geographic community, (c) the amount of compensation levels paid in our particular geographic community, (c) the amount of compensation levels paid in our particular geographic community, (c) the amount of compensation levels paid in our particular geographic community, (c) the amount of compensation levels paid in our particular geographic community, (c) the amount of compensation levels paid in our particular geographic community. | |
| in their position, (d) the expertise and other pertinent background of the individual, (e) the size and complexity of o | |
| (f) the organization's need for the services of the particular individual | ui organization, and |
| (i) the organization of feed for the services of the particular marriage. | · |
| Part VI 19 - The organization's governing documents and financial statements were available to the public upon re | quest during the tax year |
| | ······································ |
| Part I 19 - Changed 2018 amount to a negative number, the amount on the 2018 report should have been negative | e but was incorrectly |
| entered as a positive number | |
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