**990-EZ** 

## Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

 $\blacktriangleright$  Go to www.irs.gov/Form990EZ for instructions and the latest information.

-	A For the 2019 calendar year, or tax year beginning , 2019, and ending , 2									
- 2							, 20 entification number			
	_	heck if ap	24.22							
Ļ	=	Address cl				75 - 646 <del>9</del> 9555				
Ļ	_	Name cha	internal and allow (at the box in that is not believe to shoot about	loom/suite	E Telephone number					
Ī	=	nıtıal retur Final retur	7411 KISKABEC 31,	,	(702) 633-7715					
Ì	= 1	Amended	City or town, state or province, country, and ZIP or foreign postal code	92		Group Exemption				
[		Application	NORTH LAS VEGAS, NV 89084	9/2	Num	ber i	<u> </u>			
(	G A	ccount	ing Method: X Cash	H (	Check	ck > if the organization is no				
ı	W	/ebsite	· NONE		required	to att	ach Schedule B			
	J Ta	ax-exem	npt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☑ 4947(a)(1) or	<b>□</b> 527	(Form 9	90, 99	0-EZ, or 990-PF).			
			organization: Corporation Trust Association Other							
			s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	re, or if total	assets					
- (	Par	t II, colı	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$	5.167			
· 1	Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances	s (see the	instruc					
•			Check if the organization used Schedule O to respond to any question in							
-		1	Contributions, gifts, grants, and similar amounts received			1				
	- 1	2	Program service revenue including government fees and contracts			2				
	1	3	Membership dues and assessments			3	<del></del>			
		4	Investment income	• • • •		4	5 167			
		- т 5а	Gross amount from sale of assets other than inventory			-	<u> </u>			
2021		b	Less: cost or other basis and sales expenses	·····						
		i	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line	. 53\		5c				
>	į	C	Gaming and fundraising events:	; Ja)	• •	30	<del></del>			
_	- {	6	Gross income from gaming (attach Schedule G if greater than							
SCANNED MAK	e	а	\$15,000)							
2	Ē	Ь	Gross income from fundraising events (not including \$ of co	ontribution	s					
$\Box$	é		from fundraising events reported on line 1) (attach Schedule G if the							
Щ	_		sum of such gross income and contributions exceeds \$15,000)   6b							
S		C	Less: direct expenses from gaming and fundraising events 6c	•			Å			
<b>a</b>		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6	6b and sub	tract					
Q	, ]		line 6c)			6d				
S	' ]	7a	Gross sales of inventory, less returns and allowances							
		Ь	Less: cost of goods sold							
		c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c				
		8	Other revenue (describe in Schedule O)			8				
-		9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	5.167			
		10	Grants and similar amounts paid (list in Schedule O)			10				
		11	Benefits paid to or for members	CEIVE		¬11				
	S.	12	Salaries, other compensation, and employee benefits	- IVE	U.	12				
	SE	13	Salaries, other compensation, and employee benefits	1. 5	70	13				
	De l	14	Occupancy, rent, utilities, and maintenance	. <b>1. 3</b> .2020	). [Ŏ	14				
	Expenses	15				15				
		16	Printing, publications, postage, and shipping	EN In		16	····			
		17	<b>Total expenses.</b> Add lines 10 through 16	101	الحب	17	t ,			
-		18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	5 167			
	8	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (r	with		7,10,				
	SS		end-of-year figure reported on prior year's return)	_		19	310.966			
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20	710, 1-0			
	ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	316,133				
_			The december of faire balantees at one of jour. Combine into 10 anough 20	<u> </u>			7 - 1 - 7			

1 1

Pa	rt II Balance Sheets (see the instructions f	•				
	Check if the organization used Schedule	O to respond to a				<u>, , , , </u>
00	Cook assisses and investments		-	(A) Beginning of year	$\overline{}$	B) Encypf year
22 23	Cash, savings, and investments			<del></del>	22 23	316, 133
24	Other assets (describe in Schedule O)		<b>⊢</b>		24	
25	Total assets				25	316,133
26	Total liabilities (describe in Schedule O)				26	318,133
27	Net assets or fund balances (line 27 of column		<b>├</b>		27	316,133
Par						
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part III 🔲		Expenses
Wha	t is the organization's primary exempt purpose?	SUPPORT CHRI	STIAN ENDER	VOURS		ired for section )(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	e services provided	, the number of		izations; optional for
28	ALL DONATIONS WENT TO THE ASSEMBLIES OF GOD CHURC	<i>i</i> 4)				
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ ⊔ ∤	28a	
29	(Grants \$ ) If this amount		29a			
30	(Grants \$ ) If this amount		30a			
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	<u> ▶ □  </u>	31a	
		inrough 3 (a)			32	
	Total program service expenses (add lines 28a t					tions for Don't IVA
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp	pensated-see the in	struc	
		Employees (list each	n one even if not comp	pensated—see the in: Part IV	struc  e (e) i	<u> </u>
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title	O to respond to an  (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	struc  e (e) i	Estimated amount of
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title	O to respond to an  (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in- Part IV	struc  e (e) i	Estimated amount of ther compensation
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  DALE BAER, TRUSTEE	O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the insert IV	struc  e (e) i	Estimated amount of ther compensation
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	"Yes," provide a ach a conformed wise, explain the ear from business tion in Schedule O on 6033(e) notice, if a conformed assets achieves or were this return?  Ta conformed assets achieves or were this return?	33 34 35a 35b 35c 36 37b 38a	Yes	X X X X X
detailed description of each activity in Schedule O  Were any significant changes made to the organizing or governing documents? If "Yes," att copy of the amended documents if they reflect a change to the organization's name. Other change on Schedule O. See instructions  Jod the organization have unrelated business gross income of \$1,000 or more during the year activities (such as those reported on lines 2, 6a, and 7a, among others)?  If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanat Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sectior reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part II  Did the organization undergo a liquidation, dissolution, termination, or significant disposition during the year? If "Yes," complete applicable parts of Schedule N  The amount of political expenditures, direct or indirect, as described in the instructions by the organization file Form 1120-POL for this year?  But the organization borrow from, or make any loans to, any officer, director, trustee, or key ere any such loans made in a prior year and still outstanding at the end of the tax year covered by If "Yes," complete Schedule L, Part II, and enter the total amount involved  Fives, "complete Schedule L, Part II, and enter the total amount involved  Gross receipts, included on line 9, for public use of club facilities  The intiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  Gross receipts, included on line 9, for public use of club facilities  Gross receipts, included on line 9, for public use of club facilities  Gross receipts, included on line 9, for public use of club facilities  Bection 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization during the section 4911 propertion of the section 4915 propertion and the section 4915 propertion and the section 4915 propertion and the section 501(	ach a conformed wise, explain the wise, explain the part from business tion in Schedule O on 6033(e) notice, II	34 35a 35b 35c 36 37b 38a		X X X X X
copy of the amended documents if they reflect a change to the organization's name. Other change on Schedule O. See instructions  35a Did the organization have unrelated business gross income of \$1,000 or more during the ye activities (such as those reported on lines 2, 6a, and 7a, among others)?  b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanat c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sectio reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part II Did the organization undergo a liquidation, dissolution, termination, or significant disposition during the year? If "Yes," complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 137 Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key ere any such loans made in a prior year and still outstanding at the end of the tax year covered by If "Yes," complete Schedule L, Part II, and enter the total amount involved 138 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9 139 Gross receipts, included on line 9, for public use of club facilities 139 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .	ear from business are from section in Schedule O on 6033(e) notice, if the from from a section of net assets are from ployee; or were this return?  By a	34 35a 35b 35c 36 37b 38a		X X X X
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C Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part II Did the organization undergo a liquidation, dissolution, termination, or significant disposition during the year? If "Yes," complete applicable parts of Schedule N	on 6033(e) notice, II Ion of net assets Ta	35b 35c 36 37b 38a		XXX
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b Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key en any such loans made in a prior year and still outstanding at the end of the tax year covered by b If "Yes," complete Schedule L, Part II, and enter the total amount involved  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the section 4911 ► ; section 4912 ► ; section 4955 ►  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a excess benefit transaction during the year, or did it engage in an excess benefit transaction that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Sche c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  All organizations. At any time during the tax year, was the organization a party to a prohit transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ►	mployee; or were this return?  3b  2a  2b  year under:  any section 4958 on in a prior year	37b 38a		X
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key erany such loans made in a prior year and still outstanding at the end of the tax year covered by If "Yes," complete Schedule L, Part II, and enter the total amount involved	mployee; or were this return?  Bb  Da  Db  year under:  any section 4958 on in a prior year	38a		X
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<ul> <li>b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a excess benefit transaction during the year, or did it engage in an excess benefit transaction that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Scheen comparization 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.</li> <li>d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.</li> <li>e All organizations. At any time during the tax year, was the organization a party to a prohibit transaction? If "Yes," complete Form 8886-T.</li> <li>41 List the states with which a copy of this return is filed </li> <li>All organization's books are in care of </li> <li>CORINNE BAER</li> <li>Teleptocated at </li> <li>791/ (&lt;15/ADEE ST. N.LAS VEGAS NV</li> <li>At any time during the calendar year, did the organization have an interest in or a signature or other contents.</li> </ul>	on in a prior year	40b		
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				ΙX
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			-	
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The organization's books are in care of ► CORINNE BAER Teleptocated at ► 791/ ISISABE ST., N.LAS VEERS, NV Z  b At any time during the calendar year, did the organization have an interest in or a signature or other states.	bited tax shelter	40e		X
Located at ► 791/ ISISABEE ST., N.LAS VEGAS, NV 2  b At any time during the calendar year, did the organization have an interest in or a signature or other signature.				
b At any time during the calendar year, did the organization have an interest in or a signature or oth	phone no. ►(70			7715
	ZIP + 4 ▶ 8	908		1
		401	Yes	
If "Yes," enter the name of the foreign country ►	iolai accounty;	42b	<del>                                     </del>	- X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Financial Accounts (FBAR).	oreign Bank and			
<ul> <li>At any time during the calendar year, did the organization maintain an office outside the United</li> <li>If "Yes," enter the name of the foreign country ►</li> </ul>	ed States? .	42c		×
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Che and enter the amount of tax-exempt interest received or accrued during the tax year			Yes	► □
44a Did the organization maintain any donor advised funds during the year? If "Yes," For completed instead of Form 990-EZ	<u>.</u>	44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," For completed instead of Form 990-EZ	rm 990 must be	44b		X
<ul> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "explanation in Schedule O</li></ul>		44c 44d		X M/A
<ul> <li>45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b Did the organization receive any payment from or engage in any transaction with a controlled meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be comprom 990-EZ. See instructions</li> </ul>		45a 45b	دـــــــــــــــــــــــــــــــــــــ	X

Page 4

Here  K, DALE BAER, TRUSTEE  Type or print name and title									Yes	No
Section 501 (c)(3) organizations only   All section 501 (c)(3) organizations must answer questions 47–49b and 52, and complete the tables for liries 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities of	n behalf of or	in opposition	on		
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for liriés 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI    Yes   No					, rait :	· · · · ·	<del> </del>	( 40	) N	1 7
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49 Did the organization make any transfers to an exempt non-chantable related organization?  49 Did the organization as exciton 52? organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "  (a) Name and title of each employee   (b) Average   (c) Repeatable   (c) Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Name and business address of each independent contractor   (b) Type of servece   (c) Complete this table for the organization. If there is none, enter "None."  (d) Name and business address of each independent contractor   (b) Type of servece   (c) Compensation   (c) Complete this table for the organization. If there is none, enter "None."  (d) Name and business address of each independent contractors each receiving over \$100,000   • (c) Complete this table for the organization from the organization in the relation of the properties of each independent contractors each receiving over \$100,000   • (c) Complete this table for the organization of each independent contractor is none, enter "None."  (d) Total number of other independent contractors each receiving over \$100,000   • (c) Complete this table for the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501			All section 501(c)(3) organizations		stions 47–49b and	52, and co	mplete the	tables	for lin	és
47   Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			Check if the organization used Sch	edule O to respond	to any question in	this Part VI		<u> </u>	<u> </u>	. 🗆
year? If "Yes," complete Schedule C, Part II  ### Is the organization of social and escribed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  ### If "Yes," was the related organization a section 527 organization?  ### If "Yes," was the related organization as section 527 organization?  ### If "Yes," was the related organization of section 527 organization?  ### If "Yes," was the related organization of section 527 organization?  ### If "Yes," was the related organization of the highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  ### If Total number of other employees paid over \$100,000  ### If Total number of other employees paid over \$100,000  ### If Total number of other employees paid over \$100,000  ### If Total number of other employees paid over \$100,000  ### If Total number of other employees paid over \$100,000  ### If Total number of other employees paid over \$100,000  ### If Total number of other employees paid over \$100,000  ### If Total number of other employees paid over \$100,000  ### If Total number of other employees paid over \$100,000  ### If Total number of other employees paid over \$100,000  ### If Total number of other independent contractors who ighest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  ### If Total number of other independent contractors each receiving over \$100,000  ### If Total number of other independent contractors each receiving over \$100,000  ### If Total number of other independent contractors each receiving over \$100,000  ### If Total number of other independent contractors each receiving over \$100,000  ### If Total number of other independent contractors each receiving over \$100,000  ### If Total number of other independent contractors each receiving over \$100,000  ### If Total number of other independent contractors	47	ביא או	be averagedien agence in Jahkvins				d	—	Yes	No
10 the organization make any transfers to an exempt non-charitable related organization?   49a   49b   16 **Ves.**, was the related organization organization?   49b   49b   50b   16 **Ves.**, was the related organization organization?   49b   49b   50b   16 **Ves.**, was the related organization organization?   49b   49b   49b   50b   16 **Ves.**   49b		year?	If "Yes," complete Schedule C, Part	H			unng the ta		,	<u> </u>
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization? sive highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hours per week devoted to position (forms W-271099-MiSQ)  (c) Reportable compensation (forms W-271099-MiSQ)  (d) Reatin benefits, organization of the organization from the organization (forms W-271099-MiSQ)  (e) Estimated amount of other compensation from the organization of the organization from the organization from the organization of the organization from the organization fr			=		•					<del> </del>
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(a) Name and title of each employee										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ Yes No  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Paid  Proparer  Proparer's signature  Date  Check ☐ if Seff-employed  Firm's name ▶  Firm's name ▶  Firm's name ▶  Firm's address ▶  Phone no		(a) Name and title of each employee   (b) Average   (c) Reportable   contribute   compensation   (E) Reportable   contribute   (E) Reportable   (E)		contributions benefit plans,	ibutions to employee (e) it plans, and deferred o					
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