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DLN: 93491260007510

2019

OMB No. 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caleı	ndar year 2019, or tax year beginning 01-01-20	019 , a	nd ending	12-31-	2019	
		indation FAITH FOUNDATION INC		A Em	ployer id	entification numbe	r
AV	AKLI	AITH TOURDATION INC		81-25	95559		
		street (or P.O. box number if mail is not delivered to street address) Room/suite	B Tele	ephone nu	ımber (see instruction	 ns)
5	110 NO	RTH HIGHWAY 71			430-7808	,	,
		, state or province, country, and ZIP or foreign postal code	1				
ALM.	A, AR	729215001		C ir e	xemption	application is pendin	g, check here
i Cł	eck al	l that apply: \Box Initial return \Box Initial return of a	former public charity	D 1. F	oreign or	ganizations, check he	ere
		\square Final return \square Amended return				ganizations meeting	
		Address change Name change				k here and attach co	· -
I Ch	eck ty	pe of organization: \square Section 501(c)(3) exempt private				undation status was t n 507(b)(1)(A), chec	
!	Section	1 4947(a)(1) nonexempt charitable trust U Other taxable	le private foundation				
		rom Part II, col. (c),	✓ Cash ☐ Accru			ation is in a 60-mont <mark>l</mark> n 507(b)(1)(B), chec	
		●\$ 145,922	t he on cash hasis)		40, 5000,0	557 (5)(1)(5), circo	
			The on cash basis.)			T	T
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b) Net inve	stment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions).)	expenses per books	inco		income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach	<u> </u>				(cash basis only)
	_	schedule)	81,891	-			
	2	Check $ ightharpoonup$ if the foundation is not required to attach					
	3	Sch. B Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)	_				
ne	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
Re	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	81,891		0	_	
	13	Compensation of officers, directors, trustees, etc.			0	0	С
_	14	Other employee salaries and wages					
262 2	15 16a	Pension plans, employee benefits					
=	_	Accounting fees (attach schedule)					
Expenses	b	· ·	96-1 20.600		0	0	20 600
	17	Other professional fees (attach schedule)	29,600 4,870		0		
and Administrative	18		4,676	-	0		,
<u> </u>	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	5,747		0		
	20	Occupancy	13,664		0		
Ħ	21	Travel, conferences, and meetings	15,00				13,004
<u> </u>	22	Printing and publications	1,491		0	0	1,491
	23	Other expenses (attach schedule)	12,343		0		, , , , , , , , , , , , , , , , , , ,
Operating	24	Total operating and administrative expenses.					
j G		Add lines 13 through 23	67,739		0	5,747	61,992
5	25	Contributions, gifts, grants paid	8,407	,			8,407
	26	Total expenses and disbursements. Add lines 24 and					
		25	76,146	5	0	5,747	70,399
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	5,745	5			
	b	Net investment income (if negative, enter -0-)			0		
	С	Adjusted net income (if negative, enter -0-)				0	
	D	work Deduction Act Natice are instructions		<u> </u>	44300	, –	000 BE (0010)

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Part III

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3 4

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Analysis of Changes in Net Assets or Fund Balances

of-year figure reported on prior year's return)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶ _

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

	1	Cash—non-interest-bearing	5,195	13,802	13,802
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶		1	
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶		1	
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶145,530			
		Less: accumulated depreciation (attach schedule) ▶ 13,410	137,867	132,120	132,120
	15	Other assets (describe 🕨)			_
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	143,062	145,922	145,922
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
ia	21	Mortgages and other notes payable (attach schedule)	77,404	74,519	
_	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)	77,404	74,519	
Š		Foundations that follow FASB ASC 958, check here			
욁		and complete lines 24, 25, 29 and 30.			
<u>a</u>	24	Net assets without donor restrictions			
8	25	Net assets with donor restrictions			
Fund Balances		Foundations that do not follow FASB ASC 958, check here			
드		and complete lines 26 through 30.			
s or	26	Capital stock, trust principal, or current funds	0	О	
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
As	28	Retained earnings, accumulated income, endowment, or other funds	65,658	71,403	
Net	29	Total net assets or fund balances (see instructions)	65,658	71,403	
Z	30	Total liabilities and net assets/fund balances (see instructions) .	143,062	145,922	

1

2

3

4

5

6

65,658

5,745

71,403

71,403

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0

0

(a) List and describe the kind(s) of property sold (e.g., real estate,

2-story brick warehouse; or common stock, 200 shs. MLC Co.)

(b)

How acquired

P—Purchase

 $\mathsf{D-}\mathsf{Donation}$

(c) Date acquired

(mo., day, yr.)

Page **3**

1a							
	(0)	(f)		(g)		(h)	
	(e) Gross sales price	Depreciation allowed		other basis		Gain or (
		(or allowable)	plus exp	ense of sale	(e)	plus (f) n	ninus (g)
a							
b							
С							
d							
е							
	Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(1)	
	(i)	(j)		(k)			gain minus
	F.M.V. as of 12/31/69	Adjusted basis as of 12/31/69		of col. (i)		but not les sses (from	ss than -0-) or
		as 01 12/31/09	over co	l. (j), if any		3363 (110111	coi.(ii))
a							
b							
c							
d							
е					+		
2	Capital gain net income	or (net capital loss)	If gain, also enter in F If (loss), enter -0- in l		. 2		
3	Not short-term canital a	ain or (loss) as defined in sections	1222(E) and (6):	,	-		
3		t I, line 8, column (c) (see instructi	. , . ,	,			
	in Part I, line 8	t 1, line 8, column (c) (see instructi		' ⁻ }	. з		
)			
Par	t V Qualification U	nder Section 4940(e) for Re	educed Tax on Net	Investment I	ncome		
For o	ptional use by domestic pr	ivate foundations subject to the se	ction 4940(a) tax on ne	et investment inco	me.)		
•	ion 4940(d)(2) applies, lea	•	,		,		
		·	L.L	. to Alexa leader or contra	15	□ v	✓ No
		e section 4942 tax on the distributa c qualify under section 4940(e). Do			a?	☐ Yes	I ▼ I No
		ount in each column for each year;			iec		
	(a)	•		I making any entin		(d)	
	se period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitat	le-use assets	Distribu	ution ratio	
year	(or tax year beginning in)				(col. (b) divi	ded by col.	
	2018	108,759		16,203			6.712276
	2017	118,616		20,020			5.924875
	2016	94,484		26,699			3.538859
	2015						
	2014	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					16.176010
	Total of line 1, column (d	•		2			16.176010
3		for the 5-year base period—divide		·			5.392003
4		dation has been in existence if less Icharitable-use assets for 2019 fror					214
			•	5			1,154
		nt income (1% of Part I, line 27b)		6	_		1,134
					-		1,154
		one from Part VII line 4			-		
		ons from Part XII, line 4 , . . ater than line 7, check the box in Pa			I	ato Coo t	70,399
	instructions.	ater than line 7, check the box in Pi	art vi, iiile ib, and con	ipiete that part us	miy a 170 tax r	ale. See t	iie rait VI
						Га	000 DE (201

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Pa	rt VIII-B Statements Re	garding	Activities for Which	Form 4720 May Be	Required (continued)			
5a	During the year did the founda	tion pay o	r incur any amount to:				Yes	No
	(1) Carry on propaganda, or o	therwise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes 🗹	No		
	(2) Influence the outcome of a	ny specific	public election (see sect	tion 4955); or to carry	□ res ⊡	NO		
	on, directly or indirectly, ar	ny voter re	gistration drive?		· · 🔲 Yes 🗸	No		
	(3) Provide a grant to an indiv	idual for tı	avel, study, or other sim	ilar purposes?	☐ Yes ✓	No.		
	(4) Provide a grant to an organin section 4945(d)(4)(A)? S		•	•				
	(5) Provide for any purpose ot				· · L Yes 🗹	No		
L	educational purposes, or fo		•		∟ Yes ⊻	No		
D	If any answer is "Yes" to 5a(1)		=					
	Regulations section 53.4945 or				_	5b		
_	Organizations relying on a curr							
С	If the answer is "Yes" to questi			•				
	tax because it maintained expe If "Yes," attach the statement i				· · L Yes L	No		
6a	Did the foundation, during the	year, rece	ive any funds, directly or	indirectly, to pay premiu	ims on			
	a personal benefit contract?.				⊔ Yes 💌	No		
b	Did the foundation, during the If "Yes" to 6b, file Form 8870.	year, pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?	6b		No
7a	At any time during the tax year	r, was the	foundation a party to a p	orohibited tax shelter tran	nsaction?	No		
b	If "Yes", did the foundation rec	eive any p	roceeds or have any net	income attributable to th	e transaction?	7b		
8	Is the foundation subject to the	e section 4	.960 tax on payment(s) o	of more than \$1,000,000	in remuneration or			
	excess parachute payment dur	ing the ye	ar?		· · 🗌 Yes 🗸	No		
	Information Abo	ut Offic	ers, Directors, Trust	ees, Foundation Ma	nagers, Highly Paid Er		,	
Pa	rt VIIII and Contractors		, ,	•	<i>3</i> , <i>3</i> ,			
1	List all officers, directors, tre	ustees, fo	oundation managers ar	nd their compensation.	See instructions			
	•		b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Exper	200	ount
	(a) Name and address		hours per week	not paid, enter	employee benefit plans and	other a		
DITEC	5 WORKMAN	DIRE	devoted to position	-0-)	deferred compensation			
	NORTH HIGHWAY 71	2.00	CTOR	0	0	1		0
	, AR 72921							
TAYLO	OR WORKMAN		CTOR	0	0			0
	NORTH HIGHWAY 71	2.00						
-	A, AR 72921	DIRE	CTOR			1		
	1 WORKMAN	2.00	CTOR	0	O	'		0
	NORTH HIGHWAY 71 NAR 72921							
	RYN BURGER	DIRE	CTOR	0	0			0
	NORTH HIGHWAY 71	2.00						
	A, AR 72921	<u> </u>				L . "	NONE	,,
	Compensation of five highes	t-paid en	ipioyees (other than ti	nose included on line 1		ne, enter	NONE	<u> </u>
(a)	Name and address of each emplo more than \$50,000	oyee paid	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen other al		
NON					SS.IIIpolisacion			
11011								
				-				
	January of the state of the sta		0.000					
Гota	l number of other employees pa	ıd over \$5	0,000					0
						Form 99	0-PF ((2019)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 PROVIDE COMMUNITY SUPPORT BY PROVIDING HUMAN SERVICES THAT ADDRESSES IMMEDIATE AND LONGTERM	
NEEDS IN THE AREAS OF HOMELESSSNESS, HUNGER, POVERTY, ADDICTION, EDUCATION AND HUMAN TRAFFICKING.	70,399
2	
3	
4	
	_
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	+
	7
2	
	_
All other was welsted investments. Cas instructions	
All other program-related investments. See instructions. 3	
¯	
Total. Add lines 1 through 3	0
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5 6

7

1a

1b

2

3a 3b

4

5

70,399

70,399

70,399

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Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

5

6

1

2

3

4

5

b

Part XII

Part XIIII Undistributed Income (see instru	ctions)			
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only				
b Total for prior years: 20, 20, 20				
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part				
XII, line 4: ▶ \$				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2019 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019.				
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount —see instructions				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must				

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	same amount must be shown in column (a).)		
6	Enter the net total of each column as indicated below:		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		
b	Prior years' undistributed income. Subtract line 4b from line 2b		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		
d	Subtract line 6c from line 6b. Taxable amount —see instructions		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions		

be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line $\hat{7}$ (see instructions). . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . .

10 Analysis of line 9: a Excess from 2015. **b** Excess from 2016. . c Excess from 2017. . d Excess from 2018. . e Excess from 2019. .

or	m 990-PF (2019)					Page 10
	Part XIV Private Operating Founda	tions (see instruct	ions and Part VII	-A, question 9)		
La	If the foundation has received a ruling or dete foundation, and the ruling is effective for 201			ting >		2016-05-09
b	Check box to indicate whether the organizatio	n is a private operatir	ng foundation descri	ibed in section 🗹	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Tabal
	income from Part I or the minimum investment return from Part X for each	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	year listed	0	0	0	0	0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed	70,399	108,759	118,616	94,483	392,257
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	C
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	70,399	108,759	118,616	94,483	392,257
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets	143,124	143,062	152,524	26,699	465,409
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	143,124	143,062	152,524	26,699	465,409
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					C
C	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0

Fel	LAV	assets at any	time during	the y	/ear—see instructions.)
1	Inform	ation Bogardine	Equadation M	2020	arci

(4) Gross investment income

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation

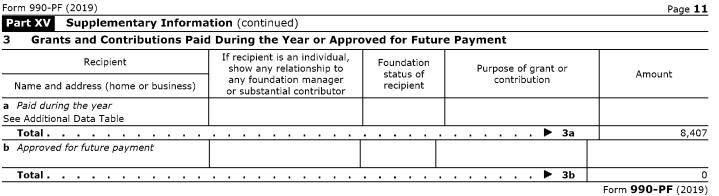
Supplementary Information (Complete this part only if the foundation had \$5,000 or more in

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the
- before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
- Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
- - Check here ▶ 🔲 if the foundation only makes contributions to preselected charitable organizations and does not accept
 - unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under
 - other conditions, complete items 2a, b, c, and d. See instructions

 - a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
 - ALMA, AR 72921 (479) 430-7808
 - AWAKENFAITHFOUNDATION@GMAIL.COM
 - b The form in which applications should be submitted and information and materials they should include:
- ONLINE SUBMISSION AT WEBSITE AWAKENFAITH.ORG/NEED-HELP. INFORMATION REQUIRED TO SUBMIT: NAME, EMAIL AND SUBJECT (ONE
- TO TWO WORDS). RECOMMENDED INFORMATION TO PROVIDE PHONE, ADDRESS AND MESSAGE REGARDING NEED DESCRIBING REASON, DOLLAR AMOUNT AND DATE NEEDED.
- c Any submission deadlines:

ONLINE APPLICATION **AWAKENFAITHORG**

- NONE
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
- AWARDS BASED ON NEED AND FUNDS AVAILABILITY.



ter gross amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt
. Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a b					
с					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Other investment income.					
Gain or (loss) from sales of assets other than					
inventory					
Net income or (loss) from special events:					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
·					
c					
d e					
e					
		0	-	(
	lations.)	0	1	3	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the	lations.) le Accomplis	hment of Exem	ot Purposes	3	(
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate to the columns of the columns (b). Explain below how each activity for which the accomplishment of the foundation's explain to the columns.	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	C
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	(
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate to the columns of the columns (b). Explain below how each activity for which the accomplishment of the foundation's explain to the columns.	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	(
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Form 990-P	F (2019)				Pa	ge 13
Part XV	Information R Exempt Organ		ons and Relationships With Nonchari	table		
		ndirectly engage in any of the following with ar organizations) or in section 527, relating to p			Yes	No
a Transfe	rs from the reporting fou	ndation to a noncharitable exempt organizatior	n of:			
(1) Ca	sh			1a(1)		No
(2) Ot	her assets			1a(2)		No
b Other to	ansactions:					
(1) Sa	les of assets to a noncha	ritable exempt organization		1b(1)		No
(2) Pu	rchases of assets from a	noncharitable exempt organization		1b(2)		No
(3) Re	ntal of facilities, equipme	nt, or other assets		1b(3)		No
(4) Re	imbursement arrangeme	nts		1b(4)		No
	-			1b(5)		No
		nembership or fundraising solicitations		1b(6)		No
c Sharing	of facilities, equipment,	mailing lists, other assets, or paid employees.		1c		No
	ransaction or sharing arra	(c) Name of noncharitable exempt organization	e foundation received less than fair market value goods, other assets, or services received. (d) Description of transfers, transactions, and sha		ngemen	ts

oundation directly or indirectly or indirect	•	•		
complete the following s				
(a) Name of organization	on	(b) Type of organiz	ation	(c) Description of relationship
	·			

Under penalties of perjury, 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 taxpayer) is based on all information of which preparer has any knowledge.

Sign May the IRS discuss this 2020-08-17 return Here with the preparer shown Signature of officer or trustee Title Date (see instr.) 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature Date PTIN Check if self-P00076146 employed ▶ 🔲 D MICHAEL MOSER 2020-08-17 Paid **Preparer** Firm's name ▶ LANDMARK PLC CPAS Firm's EIN ▶71-0355269 **Use Only** Firm's address ▶ POBOX 10148 Phone no. (479) 484-5740 FORT SMITH, AR 729170148

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (nome or business)	or substantial contributor	,		
a Paid during the year				
BONNIE WILEY 5110 NORTH HIGHWAY 71 ALMA. AR 72921	NO RELATIONSHIP TO ORGANIZAT	I	SUPPORT OF FAMILY IN NEED	500

ALMA, AR 72921				
PARKER FAMILY 5110 NORTH HIGHWAY 71 ALMA, AR 72921	NO RELATIONSHIP TO ORGANIZAT	I	SUPPORT OF FAMILY IN NEED	680
			1	

PARKER FAMILY 5110 NORTH HIGHWAY 71 ALMA, AR 72921	NO RELATIONSHIP TO ORGANIZAT	I	SUPPORT OF FAMILY IN NEED	680
THOMAS SHANAHAN 5110 NORTH HIGHWAY 71 ALMA AR 72921	NO RELATIONSHIP TO ORGANIZAT	I	SUPPORT OF FAMILY IN NEED	1,500

5110 NORTH HIGHWAY 71 ALMA, AR 72921	ORGANIZAT			
THOMAS SHANAHAN 5110 NORTH HIGHWAY 71	NO RELATIONSHIP TO ORGANIZAT	I	SUPPORT OF FAMILY IN NEED	1,50

ALMA, AR 72921				
THOMAS SHANAHAN 5110 NORTH HIGHWAY 71 ALMA, AR 72921	NO RELATIONSHIP TO ORGANIZAT	I	SUPPORT OF FAMILY IN NEED	1,500

8,407

			H
ALMA, AR 72921			
5110 NORTH HIGHWAY /1	ORGANIZAT		i

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

FOREFRONT CHURCH 1900 NORTH 62ND STREET FORT SMITH, AR 72904	NO RELATIONSHIP TO ORGANIZAT	PC	SUPPORT LITTLE FREE PANTRY	5,477
ALMIGHTY RESTORATION CENTER HOLY	NO RELATIONSHIP TO	PC	SUPPORT RELIGOUS ACTIVITIES	250

Total			▶ 3a	8,407
ALMIGHTY RESTORATION CENTER HOLY HARVEST FUNDRAISER 5917 ALMA HIGHWAY VAN BUREN, AR 72956	NO RELATIONSHIP TO ORGANIZAT	PC	SUPPORT RELIGOUS ACTIVITIES	250
FORT SMITH, AR 72904				

TY 2019 Depreciation Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: AWAKEN FAITH FOUNDATION INC

ETN. 01 DECEEE

	Deprecia	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BUILDING	2017-07-05	65,700	2,457	SL	39.00000000000	1,685	0	1,685	
ROOF-YOUTH RANCH	2017-08-07	15,000	529	SL	39.000000000000	385	0	385	
LAND	2017-07-05	24,300		L		0	0	0	
BRUSH HOG	2017-09-05	1,685	449	SL	5.000000000000	337	0	337	
EQUIPMENT & FURNITURE	2017-08-01	20,000	4,047	SL	7.000000000000	2,857	0	2,857	
HVAC SYSTEM-AWAKEN HOUSE	2018-08-15	18,845	181	SL	39.000000000000	483	0	483	

DLN: 93491260007510

TY 2019 Land, Etc.		
Schedule		

DLN: 93491260007510

Name: AWAKEN FAITH FOUNDATION INC

FTN: 81-2595559

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

	LIN. 01 2393339			
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDING	65,700	4,142	61,558	
ROOF-YOUTH RANCH	15,000	914	14,086	
LAND	24,300	0	24,300	
BRUSH HOG	1,685	786	899	
EQUIPMENT & FURNITURE	20,000	6,904	13,096	
HVAC SYSTEM-AWAKEN HOUSE	18,845	664	18,181	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491260007510		
TY 2019 Other Expenses Schedule						
				,		
Name:	AWAKEN FAITH	I FOUNDATION IN	iC	,		
EIN:	81-2595559					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
DUES AND SUBSCRIPTIONS	150	0	0	150		

5,206

6,987

5,206

6,987

LEGAL & ACCOUNTING

LIABILITY INSURANCE

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	N: 93491260007510	
TY 2019 Other Professional Fees Schedule					
Name: AWAKEN FAITH FOUNDATION INC					
EIN: 81-2595559					
Category	Amount	Net Investment	Adjusted Net	Disbursements	

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
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29,600

29,600

OTHER CONTRACT SERVICES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491260007510		
TY 2019 Taxes Schedule						
Name: AWAKEN FAITH FOUNDATION INC						
EIN: 81-2595559						
Category A	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

24

OTHER TAXES

Schedule B	NOT PROCESS As Filed Data - Schedule of Co		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF)	► Attach to Form 990, 9	2019			
Department of the Treasury Internal Revenue Service		Go to <u>www.irs.gov/Form990</u> for the latest information.			
Name of the organization AWAKEN FAITH FOUNDAT	ON INC		yer identification number		
Organization type (che	k one):	81-259)5559		
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization	١			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 political organization				
Form 990-PF	☑ 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	tion filing Form 990, 990-EZ, or 990-PF that rece property) from any one contributor. Complete Pa				
Special Rules					
under sections 5 received from ar	on described in section 501(c)(3) filing Form 990 (9(a)(1) and 170(b)(1)(A)(vi), that checked Sched one contributor, during the year, total contribution 1, or (ii) Form 990-EZ, line 1. Complete Parts	dule A (Form 990 or 990-EZ), Part II, lin ions of the greater of (1) \$5,000 or (2) 2	ne 13, 16a, or 16b, and that		
during the year,	on described in section 501(c)(7), (8), or (10) filinotal contributions of more than \$1,000 exclusively ne prevention of cruelty to children or animals. C	<i>ly</i> for religious, charitable, scientific, liter			
during the year, If this box is che purpose. Don't c	on described in section 501(c)(7), (8), or (10) filin contributions exclusively for religious, charitable, and ked, enter here the total contributions that were remplete any of the parts unless the General Rule le, etc., contributions totaling \$5,000 or more during the second sec	etc., purposes, but no such contribution received during the year for an exclusiv e applies to this organization because it	ns totaled more than \$1,000. Yely religious, charitable, etc., t received <i>nonexclusively</i>		
990-EZ, or 990-PF), but	n that isn't covered by the General Rule and/or th t must answer "No" on Part IV, line 2, of its Form rt I, line 2, to certify that it doesn't meet the filing	m 990; or check the box on line H of its l	Form 990-EZ		
For Paperwork Reduction A for Form 990, 990-EZ, or 99		No. 30613X Schedule B (For	rm 990, 990-EZ, or 990-PF) (2019)		

(Complete Part II for noncash

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization AITH FOUNDATION INC			mployer identification number 1-2595559
Part III	than \$1,000 for the year from any one conti	ibutor. Complete co total of exclusively instructions.) ► \$	lumns <mark>(a)</mark> througl religious, charitab	n section 501(c)(7), (8), or (10) that total more in (e) and the following line entry. For ole, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIP 4		sfer of gift Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and Z	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4			Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	e of gift	(d) Description of how gift is held
	Transferee's name, address, and Z		sfer of gift Relatio	nship of transferor to transferee
			Sch	edule B (Form 990, 990-EZ, or 990-PF) (2019)