EXTENDED TO NOVEMBER 16, 2020

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public

		2019 calendar year, or tax year beginning and	d ending	inomiation 1 ii	T		
_		C Name of organization		D Employer identific	nation number		
B C	heck if oplicable	C Name of organization		D Employer identific	Cation number		
_	Addres:	S VANDUCUEA FOR CURTOR II C A					
늗	Jchange ⊺Name	- MDANGEODY AGTA		84-13526	<i>C A</i>		
<u> </u>	_lchange ∏Initial		<u> </u>				
<u> </u>	_lreturn ∏Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	return/ term:n-	PO BOX 440283	ļ	303-693-			
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	423,136.		
<u> </u>	return Applica	AURORA, CO 80044		H(a) Is this a group re			
<u>L</u>	tion pending	F Name and address of principal officer SETAN DEE	.0	for subordinates	= =		
		16017 S UKRAINE STREET, AURORA, CO 840.	- 6	H(b) Are all subordinates in			
		mpt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1)	or 527	· ·	list (see instructions)		
		E: ► WWW.TRANSFORMASIA.US		H(c) Group exemption			
		organization: X Corporation Trust Association Other	∟ Year	of formation: 2008 N	A State of legal domicile; CO		
Pa	rt I	Summary					
	1 6	Briefly describe the organization's mission or most significant activities $\overline{ ext{SEB}}$	SCHEDU	LE O			
Governance	_						
E	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	sets		
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	6		
	4 I	Number of independent voting members of the governing body (Part VI, line 1b)		4	6		
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	3		
iţ	6	Total number of volunteers (estimate if necessary)		6	5		
탾	7 a -	Total unrelated business revenue from Part VIII, column (C), line 2	EIVE	7a	0.		
۲	Ьſ	Net unrelated business taxable income from Form 990-T, line 39	L. I V L. L	7b	0.		
		E 1101/	1 0 2020	Pror Year	Current Year		
_	8 (Contributions and grants (Part VIII, line 1h)	1 0 20 20	₩465,965.	417,688.		
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.		
ē	_	· · · · · · · · · · · · · · · · · · ·	EN. J	r 596.	5,448.		
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	CIV, D	0.	0.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		466,561.	423,136.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
)	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	l .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		114,099.	120,039.		
Expenses	ĺ	Professional fundraising fees (Part IX, column (A), line 11e)	⊢	0.	0.		
ē		Fotal fundraising expenses (Part IX, column (A), line 25)	o.				
Ä	i	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		228,669.	228,331.		
		Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		342,768.	348,370.		
		Revenue less expenses Subtract line 18 from line 12	-	123,793.	74,766.		
- Se		nevertue less experises. Subtract line 16 from line 12	D.	eginning of Current Year			
ts o		Fetalto (Dart V. Ivan 16)		471,386.	End of Year 554,049.		
Net Assets	20	Fotal assets (Part X, line 16)	⊢	6,946.	14,843.		
Egt.	21	Fotal liabilities (Part X, line 26)		464,440.	539,206.		
	22 rt	Net assets or fund balances Subtract line 21 from line 20 Signature Block		404,440.	333,200.		
_							
		ties of perjury declare that I have examined this return, including accompanying scheduli			knowledge and dellet, it is		
true,	correct	, and complete Decigration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.			
		Signature of officer		Doto			
Sıgr	י	, ,		Date			
Here	e	SETAN LEE, PRESIDENT & CEO					
		Type or print name and title		Data I T	T DTIN		
		Print/Type preparer's name Preparer's signature	f:	Date Check	PTIN		
Paid		HELEN RASOUL Neller Tarm	<u> </u>	10/2/20 self-employ			
Prep	r	Firm's name RICHEY, MAY & CO., LLP		Firm's EIN ▶	71-0911208		
Use	Only	Firm's address > 9605 S. KINGSTON CT., SUITE 200					
		ENGLEWOOD, CO 80112		Phone no. (3			
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		
93200	01 01-20	-20 LHA For Paperwork Reduction Act Notice, see the separate instructi	ions.		Form 990 (2019)		

<u>Fo</u> rm	990 (2019) KAMPUCHEA FOR CHRIST, U.S.A.	84-1352664	Page 2
Pai	t III 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 SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?	Yes	X No
	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?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	ind
	revenue, if any, for each program service reported		
4a	(Code)
	THE PRIMARY RECIPIENT OF DISTRIBUTIONS IS TRANSFORMASIA		<u>, , , , , , , , , , , , , , , , , , , </u>
	WHICH WORKS IN CAMBODIA WITH THE MISSION TO WIN AND REAC	H ALL OF	
	CAMBODIA FOR CHRIST.		
			-
			-
4b	(Code) (Expenses \$) (Reven	nue \$)
4c	(Code) (Expenses \$ including grants of \$) (Reven	iue \$)
	,		
	Other program services (Describe on Schedule O)		_
	(Expenses \$ including grants of \$) (Revenue \$	ì	
40	Total program service expenses 257,013.		-

Form **990** (2019)

Form 990 (2019) KAMPUCHEA FOR CHRIST, U.S.A.

Part IV 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			۱,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		J
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		.
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			l
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		┝┷
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	Λ	\vdash
11	as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			٠ ا
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		\vdash
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes, " complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
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			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ <u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	-	19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\vdash	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUU		<u> </u>
۱ د	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	democracy government on reactive contains (), into 11 II Test, complete schedule I, Parts I and II	۱ ک		

Form 990 (2019) KAMPUCHEA FOR CHRIST, U.S.A.

Part IV 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 27 If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		х
h	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	270		
·		24.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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		_ X
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions)			
_				^
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	-00		v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	\vdash	- -
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		<u> X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			\vdash
•	Part V, line 1	34		х
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>~a</u>	-	 -
D		35b		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	งงม		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
	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			- v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197		,,	
- TO	Note: All Form 990 filers are required to complete Schedule O	38	X	Щ.
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			44
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1 :
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			'
	(gambling) winnings to prize winners?	1c		<u></u>
93200	4 01-20-20	Form	990	(2019)

	1 (continued)			
_		54453	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.			
			X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	% š	Hage Mill
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	لتخصيضا	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	36		
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	******	31, °54	dinidil
U	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	*******	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as chantable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7334 7344	Mil	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			- 3 7 7 7
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		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	٠ ٢٠ حر	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	الله الله	× 14	تنشئس
_	sponsoring organization have excess business holdings at any time during the year?	8	Nº da	A P.
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u>ب</u>	100
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a		600	
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
''	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			13 344
_	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	30000000000	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40.98	200	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			771274) Januar
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O		选业	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1014	
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	748 W	4,66	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	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	No de mile	X
	If "Yes," see instructions and file Form 4720, Schedule N	1,100	物的影	<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	_16	en 19	_X
	If "Yes," complete Form 4720, Schedule O	107%	`> ,\ *	₹\$6,0€

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Form 990 (2019) KAMPUCHEA FOR CHRIST, U.S.A. 84-1352664 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and the lines 2 through 7b below, and the lines 2 through 7b below (1000 through 7b) and 1000 through 7b below (1000 through 7b) and 1000

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year [1a] 6	,		
	If there are material differences in voting rights among members of the governing body, or if the governing			•
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	!	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Χ.	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	١.		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ELIZABETH STIFEL - 303-690-2314			
	3492 S BLACKHAWK WAY, AURORA, CO 80014			

Form 990 (2019)	KAMPUCHEA	FOR	CHRIST.	U.S.A.	84-1352664
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Cheek this have if neither the experience never envirolated experience compensated any current officer director, or tructor

Check this box if neither the organization n		orga	nıza			npen	sate	1		
(A)	(B)			_ ((<u>)</u>	_		(D)	(E)	(F)
Name and title	Average	(do	not c	Posi	more	than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per dad	son e	s both x/trus	na n leel	compensation	compensation	amount of
	week	\vdash	<u> </u>			1	, , , , , , , , , , , , , , , , , , ,	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	o d	te			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	ruste	trus		98/	ng E		(** 2) 1000 (**1000)		and related
	below	dualt	eg :		oldu	st co	 			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			
(1) KEITH BURLINGAME	5.00]						_	_	_
DIRECTOR		X						0.	0.	0.
(2) SANDY DECKER	5.00		ļ				ı			
DIRECTOR/SECRETARY		X	<u> </u>	X				0.	0.	0.
(3) RANDALL PHELPS	5.00									
CHAIRMAN		X						0.	0.	0.
(4) TOM KRISKA	5.00					l				
DIRECTOR		Х						0.	0.	0.
(5) PHILLIP SMITH	5.00	1		ŀ	ŀ					
DIRECTOR		Х			<u> </u>	乚		0.	0.	0.
(6) ROBERT MOSSMAN	5.00	Į		i		ļ		_	_	_
DIRECTOR		Х			<u> </u>	<u> </u>	_	0.	0.	0.
(7) SETAN LÉE	40.00	Į		İ					_	
PRESIDENT & CEO		L.	<u> </u>	X	_	<u> </u>		64,900.	0.	3,894.
(8) JUDITH ORTEGA	1.00	Į						_		_
TREASURER		_	L	Х	<u> </u>	<u> </u>	ļ	0.	0.	0.
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										Farm 990 (2010)

Page 7

Part VII Section A. Officers, Directors, Trus	T	oloy	ees,			gnes	st C	· ·	-			(F)	—
(A)	(B) Average	(C) Position						(D)	(E)		East	(F)	4
Name and title	hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensatio	n		imate	
	week			nd a d				from	from related			other	
	(list any	rector						the	organization		•	oensat	
	hours for related	e or di	e e		l	sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anızatı	
	organizations	truste	al trus		a,	ompen		(** 27 (000 (11100))			•	relate	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē				orga	nızatıc	ns
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		ł											
1b Subtotal	1	<u> </u>	L.—	<u> </u>			▶	64,900.		0.	-	3,89	4.
c Total from continuation sheets to Part VI	I. Section A							0.		0.	`	,,,,	0.
d Total (add lines 1b and 1c)	., 000						<u> </u>	64,900.		0.	3	3,89	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wt	o re	eceived more than \$100,	000 of reportable	•			
compensation from the organization												1	0
												Yes	No
3 Did the organization list any former officer,		ee, I	key 6	empl	loye	e, o	r hig	hest compensated emp	loyee on				×
Inne 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su		ام در	mn	onea	ition	anc	l oth	ner compensation from t	he organization		3		
and related organizations greater than \$150									ne organization		4		X
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes," con	plete Schedul	e <i>J 1</i>	or su	uch i	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										oensa	tion fro	m	
the organization Report compensation for	the calendar y	ear e	endir	ng w	/ith o	or w	ithin		ear 、		10	4	
(A) Name and business	address	N	INC	E				(B) Description of s	ervices	c	C) omper		1
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2 Total number of independent contractors (i	ncluding but n	ot lu	nite	d to	tho	se lis	sted	above) who received me	ore than				
\$100,000 of compensation from the organi	zation ►				(0							
											Form 9	990 <i>(</i> 2	2010

Total revenue Related consensity Durinches Revenue Subsenses revenue Reven			Check if Schedule O	conta	ains a i	response	or note to any lin	e in this Part VIII			
b Membership dies b Membership dies c Fundrasing events d Related organizations f All other contributions, gifts, grants, and similar amounts not indieded above g Ninea combibilities sciente in the 1-til h Total. Add lines 1a-til 2 a c All other program service revenue g Totals. Add lines 1a-til 7 All other program service revenue g Totals. Add lines 2-til 8 Ninea combibilities sciente in the 1-til 1 All other program service revenue g Totals. Add lines 2-til 9 Ninea combibilities sciente in the 1-til 1 All other program service revenue g Totals. Add lines 2-til 1 All other program service revenue g Totals. Add								(A) Total revenue			from tax under
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Business Code Part	ran MD	k	· -			1b	,				
Business Code Part	وَق		Fundraising events			1c					
Business Code Part	E A		Related organizations			1d					
Business Code Part	S, 温	•	Government grants (contr	ıbûtı	ons)	1e	1				
Business Code Part	ig izi	f	All other contributions, gifts,	grant	s, and						
Business Code Part	E E	•	similar amounts not included	abov	/e ~	1f	417,688.				
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Business Code Part	<u>S</u> <u>E</u>	H	Total. Add lines 1a-1f					417,688.			
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b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code d All other revenue e Total. Add lines 11a-11d		9 8		g ac	tivities						
C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code 4 All other revenue e Total. Add lines 11a-11d	1										
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code d All other revenue e Total. Add lines 11a-11d			· · · · · · · · · · · · · · · · · · ·				1	British Delte.		menarascurrentes.	#18-#18-#255-#48-455-469-20-19-19-1
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code d All other revenue e Total. Add lines 11a-11d	- 1		•				_				
b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Business Code d All other revenue e Total. Add lines 11a-11d	-	10 8		iess i	retums	i					
C Net income or (loss) from sales of inventory Business Code 11 a b C d All other revenue e Total. Add lines 11a-11d							1				
Business Code 11 a				001-	n nf		<u> </u>	DANHESPERA STARTANDON SELVEN	2574174-84_8382_73883_44821372E	water marmer of the File State	4. Caracteristic - 12.42 (3. 42.42.42. 12.43)
The state of the s	\rightarrow		Net income or (loss) from	sales	S OI IN	ventory	Business Code	TERROPIESEDS ELE-A			PSECENTIAL AND
e Total. Add lines 11a-11d	်ဋ္ဌ	44 -					Duomess Oode	Where were Not be and son It are ' L' day In.	大学は大人の大学の大学の大学の大学をなるという	SEAR "CONTRACTION OF SPECIAL SPINES	- Standarder 1, 1 mas teste elifique
e Total. Add lines 11a-11d	ခို ချ							 			
e Total. Add lines 11a-11d	혈		<u>, </u>								, -
e Total. Add lines 11a-11d	– <u>%</u> -8		All other revenue						•	·	 ,
400 406 5 440 0	Σ						<u> </u>	<u> </u>		STATE STATEMENT AND	Green Company
12 Idea revenue de madadado		12	Total revenue See instruction	on <u>s</u>				423,136.	5,448.	0.	0.

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mpiete column (A)	
n -	•	(A)		(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	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				Tagan da zana kana kana kana kana kana kana kan
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				MILCANISTICATION AND AND AND AND AND AND AND AND AND AN
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			Control Property State Control	
4	Benefits paid to or for members			CANCEL SECTION SECTIONS OF P	TO THE STATE STATES OF THE STATES
5	Compensation of current officers, directors,				
_	trustees, and key employees		,	<u> </u>	
6	Compensation not included above to disqualified				,
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	108,705.	48,220.	60,485.	
7	_	100,703.	10,2200	00,403.	
8 '	section 401(k) and 403(b) employer contributions)				,
9	Other employee benefits	3,894.	1,947.	1,947.	
10	Payroll taxes	7,440.	3,300.	4,140.	
11	Fees for services (nonemployees)	.,===	0,000		
	Management				
b	Legal				<u></u>
c	Accounting	3,105.		3,105.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		219450, 31/24/24/24/24/24/24/24/24/24/24/24/24/24/		
f	Investment management fees	•	ï		
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				<u> </u>
14	Information technology				
15 .	Royalties				
16	Occupancy ,	45.51		40.050	
17	Travel	17,354.	7,081.	10,273.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				,
20	Interest		,		<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			,	•
23	Other expenses. Itemize expenses not covered		 マードスのでは-3k だめる変数をで変す		
24	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 0.)				
а	WIRE TRANSFER TO CAMBOD	195,803.	195,803.	Company (Company)	14 0 4 km (cdiband acres 14 4 c. 7
b	NPC PROCESSING FEE	2,418.		2,418.	
C	INTERNET PROVIDER/WEB S	1,327.		1,327.	
d	OFFICE SUPPLIES	493.	-	493.	
_	All other expenses	7,831.	662.	7,169.	<u> </u>
25	Total functional expenses. Add lines 1 through 24e	348,370.	257,013.	91,357.	0.
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 I if following SOP 98-2 (ASC 958-720)	•			*

Onn 990 (2019)

Pa	tX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			·(A)		(B)
			Beginning of year	<u></u>	End of year
	1	Cash - non-interest-bearing	193,478.	1	170,754.
	2	Savings and temporary cash investments	277,908.	2	383,295.
	3	Pledges and grants receivable, net .		3	
	4	Accounts receivable, net		4`	'
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	~ 6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	,
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 5,833.			
	Ь	Less accumulated depreciation 10b 5,833.	0.	10c	0.
-	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	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	454 205	15	554 040
	16_	Total assets. Add lines 1 through 15 (must equal line 33)	471,386.	16	554,049.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		`20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	72590.7704.0000058000007777778400765-96 ² 4	21	Disconnection of the second second second section in the second second section is a second second section in the second second section is a second second section in the second second section is a second second second section in the second second section is a second second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the sec
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%		Pitter	
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	6,946.	25	14,843.
	26	Total liabilities. Add lines 17 through 25	6,946.	26	14,843
	20	Organizations that follow FASB ASC 958, check here		14112	
Š		and complete lines 27, 28, 32, and 33.			
ž	27	Net assets without donor restrictions	332,424.	27	411,204.
Sala	28	Net assets with donor restrictions	132,016.	28	128,002.
d E	20	Organizations that do not follow FASB ASC 958, check here		nas	
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	16411742
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	-
Net Assets or Fund Balances	32	Total net assets or fund balances	464,440.	32	539,206.
Z	33	Total liabilities and net assets/fund balances	471,386.	33	554,049.
		TOTAL HADDING DISTRICT DESCRIPTION OF THE PROPERTY OF THE PROP		1 30	Form 990 (2019

Form	1990 (2019) KAMPUCHEA FOR CHRIST, U.S.A.	84-135	2664	_Pag	_{le} 12		
,Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
	•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,1			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,3			
3	Revenue less expenses Subtract line 2 from line 1	3		1,7			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	464	1,4	40.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	539	2,2	06.		
Pa	rt 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 X Accrual Other			H	''		
	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	Х			
	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		
	X Separate basis Consolidated basis Both consolidated and separate basis	•			ا ــــــــــــــــــــــــــــــــــــ		
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1		- 1		
	consolidated basis, or both			1	٠		
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1 1	х			
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O			لنن		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		l			
	Act and OMB Circular A-133?		За		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

rganization 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

Name of the organization

KAMPUCHEA FOR CHRIST, U.S.A.

Employer identification number 84-1352664

Pa	rt l	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part) Se	e instructions		
The	organ	zation is not a private found						12	
1		A church, convention of ch		_	-	-	D(A)(i).		
2			nool described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))						
3	一		pital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	一	A medical research organiz						the beental's name	
7	_	city, and state	anon operated in con	njunotion with a nospital	403011000	iii sectio	ii i i o o o j i j Aj (iii). Littei	the hospital s hame,	
_	\Box		ar the benefit of a col	llaga ar umu arastu ausmas				· · · · · · · · · · · · · · · · ·	
5	ш	An organization operated for		nege of university owner	or operat	ed by a go	vernmental unit describ	ea in	
_	_	section 170(b)(1)(A)(iv). (C							
6	믉	A federal, state, or local go	•				• •		
7	X	An organization that norma		ntial part of its support fi	rom a gove	emmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	•						
8	\square	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	: college	
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the college	e or	
		university							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membership fees, ar	nd gross receipts from	
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975	
		See section 509(a)(2). (Con					, ,		
11		An organization organized a	and operated exclusi	vely to test for public sa	fety See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functioi	ns of, or to carry out the	purposes of one or	
		more publicly supported or	•	-	•		•	• •	
а		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
_	-	the supported organization							
		organization You must o		• • •	inajointy c	n the direc	tors or trastees or the st	opporting	
h		n ⁻ .	•		tion with it	o cunnada	d organization(s), by bar		
b	_	Type II. A supporting org					• ,•	· ·	
		control or management o			ame perso	ns that co	ntroi or manage the sup	portea	
		organization(s). You mus							
С	L	Type III functionally inte						ed with,	
		its supported organization		•	-	=	-		
d	-	Type III non-functionally							
		that is not functionally int			•			veness	
	_	requirement (see instructi							
е	L	Check this box if the orga					Type I, Type II, Type III		
_		functionally integrated, or		nally integrated supporti	ng organiz	ation			
Ť		r the number of supported o	~						
g		ide the following information Name of supported	about the supporte	d organization(s) (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other	
	٠,	organization	(ii) Cii4	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)	
				above (see instructions))	Yes	No	Topport (000 mondonomo)		
		· · · · · · · · · · · · · · · · · · ·							
									
								1	
								ļ	

Schedule A (Form 990 or 990-EZ) 2019 KAMPUCHEA FOR CHRIST, U.S.A. 84-1352664 Page 2

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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)

Sec	ction A. Public Support			13				
Cale	ndar 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						,	
	ınclude any "unusual grants ")	317,199.	321,746.	300,432.	465,965.	417,688.	1823030.	
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to			,		,		
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to				,	[
	the organization without charge	·		•		',		
4	Total. Add lines 1 through 3	317,199.	321,746.	300,432.	465,965.	417,688.	1823030.	
5	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)						344,614.	
	Public support. Subtract line 5 from line 4	细胞和种类政化					1478416.	
Sec	ction B. Total Support				.		•	
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	317,199.	321,746.	300,432.	465,965.	417,688.	1823030.	
8	Gross income from interest,	,						
	dividends, payments received on					. :		
	securities loans, rents, royalties,					,		
1	and income from similar sources							
,9	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						<u>.</u>	
	assets (Explain in Part VI)	VALUE 12 ACCUMANTAL 2 3 3 1 1	1 × × 1 × 190 A 1 × 1100 C 1100	- 6 14 600000 1200 2 202200	, , , , , , , , , , , , , , , , , , ,	UP POWARA PLANOVILL AND STORY		
11	Total support. Add lines 7 through 10		347173111743111				1823030.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	7,191.	
13	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)		
<u>C-</u>	organization, check this box and stor	here					_	
	ction C. Computation of Publi	· · · · · · · · · · · · · · · · · · ·					01 10	
	Public support percentage for 2019 (I			olumn (f))		14	81.10 %	
	Public support percentage from 2018			. 1		15	84.82 %	
16a	33 1/3% support test - 2019. If the o			n line 13, and line 1	14 is 33 1/3% or m	ore, check this box		
	stop here. The organization qualifies		_				▶ X	
b	33 1/3% support test - 2018. If the				line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	•					▶∟	
17a	7a 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 organization.							
b	b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
	organization meets the "facts-and-circ		•	•				
18	3 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-E7) 2019							

	(Complete only if you checked			organization failed	to qualify under P	art II If the organiz	zation fails to	
Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II)					
_		(a) 2015	(b) 2016	(a) 2017	(d) 2018	(e) 2019	(f)/Total	
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2015	(6) 2016	(c) 2017	(u) 2018	(e) 2019	/ (IV TOTAL	
•	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 unrelated trade or bus-				İ			
	iness under section 513							
4	Tax revenues levied for the organ-					/		
	ızatıon's benefit and either paid to					/		
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to					/	İ	
	the organization without charge					/		
6	Total. Add lines 1 through 5					A		
78	Amounts included on lines 1, 2, and				/			
	3 received from disqualified persons			<u> </u>	/			
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
(Add lines 7a and 7b				/			
8	Public support. (Subtract line 7c from line 6)			<u></u>				
Se	ction B. Total Support					_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	/(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6				/			
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			/			1,00	
	Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>	<u> </u>	1		<u></u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,	
_	check this box and stop here	- C	/					
	ction C. Computation of Publi					1 1		
	Public support percentage for 2019 (I		,	column (f))		15	%	
	Public support percentage from 2018					16	%	
	ection D. Computation of Investment Income Percentage							
	Investment income percentage for 2019 (line 10c, column (f)/divided by line 13, column (f)) 17 %							
18								
	9a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
k	33 1/3% support tests - 2018. If the	1					and . r—	
20	line 18 is not more than 33 1/3%, che	1	•	<u>.</u>		-		

Partily: Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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
- c 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
- 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
- **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 despite being controlled or supervised by or in connection with its supported organizations
- c 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) purposes
- 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).
- 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?
- c 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.
- 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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.
- **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.
- c 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.
- 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
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	10b		

8	4 –	1	3	5	2	6	6	4	Page	•

Sche	dule A (Form 990 or 990-EZ) 2019 KAMPUCHEA FOR CHRIST, U.S.A.	84-1352664	Pa	age 5
Par	tilV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	The second of th	Mit	(Class
	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		الاساماليات
h	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.	110	.	
	tion B. Type I Supporting Organizations			
-	non bi Typo i cupporting organizationo		Yes	No
_	Did Alice discrete and the second control of one or many numerical assessments and house the manyor to	Serie Par P	Y/Whi	of highting
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	14.2		أثنيتنا
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	.Hawara	
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			1 K 888
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		1 1	V-7036
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		2. y 10. 1. y 10. 2. y 10. 2. y 10. 3. y 10. 4.	3 64
	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).	1 1	1930*124 12	2028 20423
Sec	tion D. All Type III Supporting Organizations			
	урган от тран	١,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1 25.25 C	Wa.	53553
•				
	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		خضئتة	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	2775*********	45 7.795	design to
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		bibl.	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		*****	-1745
	the organization maintained a close and continuous working relationship with the supported organization(s)	2 30 (1/10/2010) (3)	الإن يوروهوالم	er appelly
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			g 5328
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	27.30 5		22-2-8
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).		
а	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			
ίc	The organization supported a governmental entity Describe in Part VI how you supported a government enti-	ty (see instructions)_		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	rest i		1.45.14 1.45.14
_	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			9 99 9
	that these activities constituted substantially all of its activities	2a	******	3
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	J-5000 B	M/III	4387
IJ	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			Metalens
		<u> </u>		小遊
	reasons for the organization's position that its supported organization(s) would have engaged in these	المُعَالِمُ المُعَالِمُ المُعَالِمُ المُعَالِمُ المُعَالِمُ المُعَالِمُ المُعَالِمُ المُعَالِمُ المُعَالِمُ الم		
_	activities but for the organization's involvement	2b	\$585.M.	7. 1 .19°
3	Parent of Supported Organizations Answer (a) and (b) below.			1.5
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Zx., 1)	V. 1000
	trustees of each of the supported organizations? Provide details in Part VI.	3a	3-8-4 · .	v 35574174
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990 EZ) 2019 KAMPUCHEA FOR CHRIST, U			4-1352664 Page 6
7.14				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		art vij See instructions. Ali
Secti	other Type III non-functionally integrated supporting organizations must colon A - Adjusted Net Income	impiete 3	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	·	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		· · · · · · · · · · · · · · · · · · ·
5	Depreciation and depletion	5		к (
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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	SERVE		
	instructions for short tax year or assets held for part of year)	1455		
a	Average monthly value of securities	1a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Average monthly cash balances	1b	·· ···································	
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	磁液		
·	factors (explain in detail in Part VI)	2		
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	Mınımum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	HALTENGEN ENGLANCE	
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		4
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	─		
9	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra		uzation (see
′	instructions)	ycyra	accompositing organ	neamon jood

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

Schedule_A	(Form 990 or 990-E	Z) 2019 KAM	PUCHEA FOR	<u>R CHRIST,</u>	<u>U.S.A.</u>	84-	1352664 Page
Part VI	Supplemental Part IV, Section A, Inne 1, Part IV, Sec Section D, Innes 5,	Information lines 1, 2, 3b, 3 tion D, lines 2 a	1. Provide the exp 3c, 4b, 4c, 5a, 6, 9 and 3, Part IV, Sect	olanations require a, 9b, 9c, 11a, 11 tion E, lines 1c, 2a	d by Part II, line 10, I b, and 11c, Part IV, a, 2b, 3a, and 3b, Pa	Part II, line 17a or 17b, Pai Section B, lines 1 and 2, F art V, line 1, Part V, Section art for any additional inforn	t III, line 12, Part IV, Section C, n B, line 1e, Part V,
	(See instructions.)				<u> </u>		
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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

KAMPUCHEA FOR CHRIST

Employer identification number 84-1352664

Pai	t I Organizations Maintaining Donor Advised		or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			Complete ii tiio
	Organization unovered 100 on 100 on 100, 1 dictis, into	(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year	,		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
_	Aggregate value at end of year			
4	Did the organization inform all donors and donor advisors in v	I donor adve	ad funds	
5			eu iuiius	Yes No
_	are the organization's property, subject to the organization's	-	براهم احمار	Tes NO
6	Did the organization inform all grantees, donors, and donor as for charitable purposes and not for the benefit of the donor or		=	
	• •	donor advisor, or for any other purpose	contening	□ Vaa □ Na
Par	impermissible private benefit? till Conservation Easements. Complete if the org	representation enswered "Ves" on Form 900	Part IV June 7	Yes No
			raitiv, line i	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	f _ la4ll.	
	Preservation of land for public use (for example, recreat	· —		/ important land area
	Protection of natural habitat	Preservation of	r a certified n	istoric structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete 2a through 2d if the complete lines 2a through 2d if the complete	led conservation contribution in the form	of a conserv	
	day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements		2a	+
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	• •	2c	
d		ifter 7/25/06, and not on a historic structu		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization	during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·		
	violations, and enforcement of the conservation easements it			☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing cons	servation eas	ements during the year
	—			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easemer	nts during the year
	\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	ents that des	cribes the
<u> </u>	organization's accounting for conservation easements	Art Historical Transcers or Ot	hau Cimile	A A A A A A A A A A A A A A A A A A A
Pa	rt III Organizations Maintaining Collections of		ner Simila	ir Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pub			public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of pu	iblic service,
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical treat		l gain, provid	е
	the following amounts required to be reported under FASB A	SC 958 relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990, Part X			\$

Sche	chedule D (Form 990) 2019 KAMPUCHEA FOR CHRIST, U.S.A. 84-1352664 Page 2							
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simila	ır Assets	(continu	ued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply)							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpo	ose in Part	XIII	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other simila	r assets		_	
	to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or							
	reported an amount on Form 990, Part X, line 21							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets not	ıncluded	_	_	_
	on Form 990, Part X?						_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foil	owing table		_			
						—	Amount	
С	Beginning balance				1c	↓		
d	Additions during the year				1d	ļ		
е	Distributions during the year				1e			
f	Ending balance				1f			
	Did the organization include an amount on Fe				-	L	Yes	U No
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII							
Par	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back		years back
1a	Beginning of year balance	132,013.	84,279.	57,426.		7,070.	† 	113,300.
b	Contributions	ontributions 77,808. 111,780. 103,668. 87,784. 117,0					117,041.	
С	Net investment earnings, gains, and losses							
	Grants or scholarships						 	
е	Other expenditures for facilities	01 022	64.046	76.015		27 420		222 271
	and programs	81,823.	64,046.	76,815.		37,428.	 	223,271.
T	Administrative expenses	127,998.	132,013,	84,279.		57,426.	 	7,070.
g	End of year balance	·	•	· · · · · · · · · · · · · · · · · · ·	l	37,420.		
2	Provide the estimated percentage of the curr	ent year end balance) held as				
a	Board designated or quasi-endowment	0/	_%					
b	Permanent endowment ► 100.00	%						
С	-	%						
2-	The percentages on lines 2a, 2b, and 2c sho	•	tion that are held am	d administered for t	ho oraan:	ration		
Sa	Are there endowment funds not in the posse	SSION OF THE Organiza	tion that are need an	iu auministereu for ti	ne organiz	.attori	Г	Yes No
	by (i) Unrelated organizations						3a(ı)	X
	(ii) Unrelated organizations (iii) Related organizations						3a(ii)	<u> </u>
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require	ed on Schedule P?				3b	
4	Describe in Part XIII the intended uses of the	•					[00]	
	t VI Land, Buildings, and Equipm		Millione Idilido					
	Complete if the organization answere		, Part IV, line 11a S	ee Form 990. Part X	, line 10			
	Description of property	(a) Cost or of			Accumulat	ed	(d) Book	value
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other)							
1a	Land	<u> </u>						
	Buildings							
	Leasehold improvements			<u> </u>				
	Equipment							
	Other			5,833.	5,8	33.		0.
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part			· · ·	ightharpoonup		0.

Schedule D (Form 990) 2019

	(Fulli 990) 2019	IGHII OCHUA
Part VII	Investments -	Other Securities.

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
<u>(H)</u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	-of-year market value
<u>(1)</u>			
(2)			· · · · · · · · · · · · · · · ·
(3)			
(4)			
(5)		-	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		<u> </u>	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
	Description	rid. Gee Form 556, Fare X, line 15	(b) Book value
(1)		717.7.	
(2)			
(3)			
(4)			
(5)			
(6)	·····		
(7)	***************************************		
(8)			
(9)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)	<u> </u>	
Part X Other Liabilities.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CREDIT CARD PAYABLE	• .		2,784.
(3) HELPING HANDS KOREA			12,059.
(4)		- 1	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		14,843.
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements the	at reports the
organization's liability for uncertain tax positions under	FASB ASC 740 Check he	ere if the text of the footnote has been pro	ovided in Part XIII

Sche	dule D (Form 990) 2019 KAMPUCHEA FOR CHRIST, U.S	.A.	84-1352664 Pa	age 4
_	t XI Reconciliation of Revenue per Audited Financial Staten			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
ď	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5_	
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a		
1	Total expenses and losses per audited financial statements	· —————	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b,	Part V, line 4, Part X, line 2, Part XI,	
lınes	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a	dditional information		
_				
		···		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection Employer identification number

KA	MPUCHEA FOR C	HRIST, U	.S.A.			84-135266	4	
	art I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	zation answered "Y	es" on	
	Form 990, Part IV			·				
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other a		·	
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No							
2	United States			procedures for monitoring the use of its	_	her assistance outs	de the	
3	3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)						(n.T.+.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	ıs a proj describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region	
CAM	BODIA		;	PROGRAM SERVICES	MISSIONARY	ACTIVITY	257,013.	
		:			•			
		,						
	···							
			<u> </u>					
3 a	Subtotal	0	0				257,013.	
t	Total from continuation sheets to Part I	0	0				0.	
c	: Totals (add lines 3a	0	0				257 013.	

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KAMPUCHEA FOR CHRIST, U.S.A.

84-1352664

Page 2

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

· .	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			,					
			,					
							,	.,
		1000				,	,"	
								<u></u>
			e .		2		1	
							1	
		=	ecognized as chanties by the					

2	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	<u> </u>

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

832072 10-12-19

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Schedule F (Form 990) 2019

Yes X No

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2019 KAMPUCHEA FOR CHRIST, U.S.A. Part V Supplemental Information	84-1352664	Page 5
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), (estimated number of recipients), as applicable. Also complete this part to provide any additional information.	and Part III, column	(c)
PART I, LINE 2:		
KAMPUCHEA FOR CHRIST RECEIVES PERIODIC REPORTS OF HOW FUNDS	ARE USED E	FOR
ITS PROGRAM SERVICE ACTIVITIES.		
		<u>, </u>
		· · · · · · · · · · · · · · · · · · ·
		-

932075 10-12-19

Schedule F (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

KAMPUCHEA FOR CHRIST, U.S.A.

Employer identification number 84-1352664

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO UNITE IN FELLOWSHIP WITH OTHER CHRISTIANS IN THE PROCLAMATION OF
JESUS CHRIST AS LORD AND SAVIOR; TO ACT AS A CHRISTIAN EVANGELISTIC
ORGANIZATION FOR THE PURPOSE OF SPREADING THE GOSPEL OF JESUS CHRIST;
TO ACT AS A CHRISTIAN ORGANIZATION FOR THE PURPOSE OF COUNSELING
INDIVIDUALS AND FAMILIES TO LIVE WITHIN THE GOSPEL OF JESUS CHRIST; TO
TEACH AND TRAIN INDIVIDUALS TO COUNSEL OTHERS IN THE SAME MANNER,
INCLUDING A SEMINARY; TO ENCOURAGE FAMILY GROWTH IN THE CHRISTIAN
LIFESTYLE; TO SUPPORT AND ASSIST CHRISTIAN MISSIONARIES; TO ESTABLISH A
CHRISTIAN SCHOOL TO PROVIDE CHILDREN WITH A QUALITY CHRIST-CENTERED
EDUCATION; TO CONDUCT REGULAR CHRISTIAN WORSHIP SERVICES AND RELATED
ACTIVITIES TO PROMOTE THE GOSPEL OF JESUS CHRIST; TO USE ORAL,
ELECTRIC, WRITTEN AND OTHER MEDIA AND OTHER PUBLIC FORUMS TO PROMOTE
IDEALS AND PURPOSES OF THE ORGANIZATION;
FORM 990 - ORGANIZATION'S MISSION (CONTINUED)
AND TO RAISE FUNDS AND TO MAKE DISTRIBUTIONS TO ORGANIZATIONS WHICH
QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE U.S.
INTERNAL REVENUE CODE. THE PRIMARY RECIPIENT OF DISTRIBUTIONS IS
TRANSFORMASIA INTERNATIONAL WHICH WORKS IN CAMBODIA WITH THE MISSION TO
WIN AND REACH ALL OF CAMBODIA FOR CHRIST, AND FROM THESE FRUITS, TO
SEND LABORERS TO REACH THE KHMER-SPEAKING PEOPLES SURROUNDING CAMBODIA
(I.E. VIETNAM AND THAILAND). SUPPORT FOR THE ORGANIZATION'S MINISTRY
COMES PRIMARILY FROM DONOR CONTRIBUTIONS. THE ORGANIZATION IS EXEMPT
FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization KAMPUCHEA FOR CHRIST, U.S.A.	Employer identification number 84-1352664
CODE.	
	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS DISTRIBUTED BY E-MAIL TO ALL DIRECTORS FOR	REVIEW PRIOR TO
FILING.	
EODW 000 DADW VI CECWION D. LINE 12C.	
FORM 990, PART VI, SECTION B, LINE 12C: ALL CORRESPONDENCE FROM AND CONVERSATIONS WITH BOARD MEMBE	RS ARE MONITORED
BY OFFICE PERSONNEL AND THE ADVISORY BOARD. ANY POTENTIAL	
INTEREST ARE ADDRESSED IMMEDIATELY.	
FORM 990, PART VI, SECTION B, LINE 15:	
LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL	
THE PRESIDENT'S ANNUAL SALARY IS REVIEWED BY THE BOARD OF	DIRECTORS.
LINE 15B - COMPENSATION PROCESS FOR OFFICERS	
THE PRESIDENT'S ANNUAL SALARY IS REVIEWED BY THE BOARD OF	DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
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