For Paperwork Reduction Act Notice, see the separate instructions.

Short Form Return of Organization Exempt From Income Tax

2019

OMB No 1545-0047

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

Open to Public Inspection

▶ Do not enter social security numbers on this form, as it may be made public. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2019 calend	ar year, or tax year beginning	August 14	, 2019,	and ending	Dec	ember	31 , 20	20
В	heck if ap				D Emple	oyer id	entification number	r		
	Address c	SPARKLING BROOKS MINISTRIES, INC							4-3797790	
=	Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telep					E Telep	hone ni	umber		
=							30	9-369-6183	1	
=	Amended		City or town, state or province, country, and	ZIP or foreign postal code		F	F Grou	р Ехег	mption	1
=		n pending	Peoria, Illinois 61615			$\mathcal{O}(\mathcal{I})$	Num	ber 🕨	<u> </u>	
G A	Account	ting Method	✓ Cash	fy) ▶			Check >	► 🗆 ı	f the organization	ıs not
1 7	Vebsite	e: >					required	to atta	ach Schedule B	
JT	ax-exen	npt status (châ	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4	947(a)(1) o	r □527	(Form 99	90, 990	0-EZ, or 990-PF)	
KF	orm of	organization	☑ Corporation ☐ Trust	☐ Association	Other					<u> </u>
			7b to line 9 to determine gross receipts		00,000 or r	more, or if tota	assets			
(Par	t II, col	٠ ,,	5500,000 or more, file Form 990 instead of			•		▶ \$		276
P	art I	Revenu	e, Expenses, and Changes in N	let Assets or Fund	d Balanc	es (see the	instruc	tions	for Part I)	
		Check if	the organization used Schedule O	to respond to any	question	in this Part I			<u> </u>	. 🔲
	1	Contribution	ons, gifts, grants, and similar amount	s received				1		276
	2	Program s	ervice revenue including governmen	t fees and contracts			Į	2		
	3	Membersh	ip dues and assessments				[3		
	4	Investment	: income				[4		
	5a	Gross amo	unt from sale of assets other than in	ventory	. 5a					
	b	Less [,] cost	or other basis and sales expenses		. 5b					
	С	Gain or (lo	ss) from sale of assets other than inv	entory (subtract line	5b from li	ine 5a) .	[5c		
	6	Gaming an	d fundraising events.							
	a	Gross inc	ome from gaming (attach Schede	ule G if greater th	nan			L	DEC	
ä		\$15,000)			6a	<u> </u>		-I1	RECEI	VED
Revenue	b		me from fundraising events (not incl			f contribution	ıs			
æ			aising events reported on line 1) (at		the			B650	JUL 10	2020
		sum of suc	th gross income and contributions ex	kceeds \$15,000)	· 6b			19		2020
	С		t expenses from gaming and fundra		6с	<u>L</u>			0000	
	d		e or (loss) from gaming and fundra	ising events (add lin	es 6a and	d 6b and sul	otract		OGDEN	. UT
		line 6c)						6d		
	7a	Gross sale	s of inventory, less returns and allow	ances	. 7a					
	b		of goods sold		. 7b					
	С	•	it or (loss) from sales of inventory (su	ibtract line 7b from li	ne 7a)			7c		
	8	Other reve	nue (describe in Schedule O) .					8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,			<u> </u>	, 🕨	9	 	276
	10		I similar amounts paid (list in Schedu	ıle O) .				10		
	11	•	ald to or for members					11		
es	12		ther compensation, and employee b			•	.	12		
Expens	13		al fees and other payments to indep	endent contractors			.]	13		
ğ	14		y, rent, utilities, and maintenance					14		
Ú	15		ublications, postage, and shipping					15		
	16		enses (describe in Schedule O) .				٠.	16		25
	17_		enses. Add lines 10 through 16		<u> </u>	· · · · ·	•	17		25
ß	18		(deficit) for the year (subtract line 17				:	18		251
Set	19		or fund balances at beginning of	•	olumn (A)) (must agree	with	احيا		
Net Assets		•	r figure reported on prior year's retu		•	•		19		251
let	20		nges in net assets or fund balances (•		20		0
	21		or fund balances at end of year. Co				. ▶	21		251
For	Panen	work Reduct	ion Act Notice, see the separate instru	ctions.	Cat	No 10642I			Form 990-EZ	(2019)

Cat No 106421

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Page	

rom:	990-62 (2019)					raye Z
*Pa						
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u></u>	<u> </u>
				(A) Beginning of year	 	(B) End of year
22	Cash, savings, and investments				22	251
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	
25	Total assets		• • • •		25 26	251
26	Total liabilities (describe in Schedule O)				27	0
27	Net assets or fund balances (line 27 of column III Statement of Program Service Accomp				21	251
Par	Check if the organization used Schedule	•			1	Expenses
\//b o		Proclaim God's Love		raitiii u		uired for section
						c)(3) and 501(c)(4) nizations, optional for
as m	rribe the organization's program service accomplis neasured by expenses. In a clear and concise man ons benefited, and other relevant information for ea	anner, describe the	e services provided	rogram services, I, the number of	othe	
•	In The Garden - Women's large group teaching, person		Sod opportunity, and	sharing personal		
	testimony					
	(Grants \$ 0) If this amount	ıncludes foreign gra	nts, check here	▶ 🗆	28a	c
29	Wonder Group - Women's small group teaching, grou	p prayer and commu	inity worship experie	ence		
				·····		
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	<u> ▶ ⊔</u>	29a	c
30	Leadership Development - mid-sized conference for 3	30 volunteer leaders	to provide encourage	ement, training		
	and interaction with other leaders				l	
					-	
		includes foreign gra		<u> ▶ L</u>	30a	<u> </u>
31	p 3				24.0	
20	(Grants \$ 0) If this amount Total program service expenses (add lines 28a ti	includes foreign gra			31a 32	
92 Par						tions for Part IV
rai	Check if the organization used Schedule				11311 00	
	Oncer if the organization used conteduct	(b) Average	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0	Estimated amount of other compensation
Kımb	erly A Weber					
Presi	dent	35			0	
Danie	elle R Flanagan					
Treas	surer	20			0	
Stepl	nanie L Farris					
Secr	etary	20	C		0	
					+	
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					-	
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#O

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions	34	✓	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	J		لــِــــــــــــــــــــــــــــــــــ
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
L		304		٧,
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter.	┤ ' '		
39 a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 '		1
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
d	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	100	<u>.</u>	
44	transaction? If "Yes," complete Form 8886-T	40e	_	<u> </u>
41		309) 36	30-618	
42a	The organization's books are in care of ▶ Danielle R Flanagan Telephone no. ▶ (Located at ▶ 1029 Brookhill Road, Peoria, Illinois ZIP + 4 ▶	616		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		√
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	.		,- '
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
	If "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<u> </u>
43	and enter the amount of tax-exempt interest received or accrued during the tax year	•	•	
	and enter the amount of tax-exempt interest received of accided during the tax year.		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1.00	1
****	completed instead of Form 990-EZ	44a		-
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	44b		V
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	L	✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1		,]
	Form 990-F7. See instructions	45h		1

Form 99	` 30-EZ (20	019)					Р	Page 4
	5						Yes	No
46		ie organization engage, directly or indidates for public office? If "Yes,"			n benait of or in opposit	· 46		<u>-</u>
Part	VI	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used So	s Only ns must answer que	estions 47–49b and			or line	es
47	Did th	ne organization engage in lobbying	activities or have a		on in effect during the		Yes	No
48	,	organization a school as described				47		✓
49a		e organization make any transfers				. 49a		√
ь 50	Comp	s," was the related organization a solete this table for the organization's	s five highest compen	sated employees (ot	her than officers, directo			
		oyees) who each received more that	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee	(e) Estimate	d amou	unt of
NONE			-					
			•					
			-				_	
			-					
f 51	Comp	number of other employees paid or olete this table for the organization 000 of compensation from the org	i's five highest comp	ensated independen	t contractors who each	received	more	than
	(a)	Name and business address of each indepen	dent contractor	(b) Type of ser	vice (c)	Compensati	on	
NONE				_				
				-				
				-				
d 52	Did t	number of other independent contr he organization complete Sched leted Schedule A	•	ection 501(c)(3) orga	anizations must attach	0 na . ▶ ✓ Yes		No_
Under p	enalties rrect, and	of perjury, I declare that I have examined this d complete Declaration of preparer (other tha	return, including accompar in officer) is based on all info	nying schedules and statem ormation of which preparer	nents, and to the best of my kr has any knowledge	owledge and	i belief,	ıt ıs
		Signature of officer	Honagea		(a/29/c	20		
Sign		1						
Sign Here		Danielle R. Flanagan, Treasurer Type or print name and title	Preparer's sugnature		Pate	. PTIN		

Firm's name

Black, Black & Brown

Firm's address > 115 Washington Square, Washington, IL 61571

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

Use Only

37-0989581

309-444-3108

► ✓ Yes □ No

Fırm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

0MB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number

SPARKLING BROOKS MINISTRIES, INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (c) 2017 (d) 2018 **(b)** 2016 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . 276 276 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . 0 Total. Add lines 1 through 3. . . 276 276 The portion of total contributions by 5 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) . . . Public support. Subtract line 5 from line 4 276 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017(d) 2018 (e) 2019 (f) Total Amounts from line 4 0 276 276 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . n 11 Total support. Add lines 7 through 10 276 12 0 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . % 15 Public support percentage from 2018 Schedule A. Part II. line 14 15 % 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2019

Part							
	(Complete only if you checked th					•	der/Part II.
	If the organization fails to qualify	under the te	sts listed beli	ow, please co	omplete Part	l.)	
Secti	on A. Public Support						
Calen	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 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 business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf					I	
5	The value of services or facilities		·		/		
3	furnished by a governmental unit to the						
	organization without charge			/	ľ		
6				/			
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			/			
7 a	received from disqualified persons	ļ					
	· · · · · · · · · · · · · · · · · · ·			/			
b	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		· /:	و ع			
C4	line 6.)	4 10 1		l			
	on B. Total Support	4) 0045	11) 0010	() 0047	(1) 0040	() 0040	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources		/				
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses	Λ	,				
	acquired after June 30, 1975	/					
С	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	/			ľ	ŀ	
	(Explain in Part VI.)	/					
13	Total support. (Add lines 9, 10c, 11,	/					
	and 12.)		<u>. </u>				
14	First five years. If the Form 990 is for the	, -	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her				· · · ·	· · · ·	· · <u>•</u> □
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8		-	13, column (f))		15	%
_16	Public support percentage from 2018 \$ch			<u> </u>	<u></u>	16	%
Secti	on D. Computation of Investment∕Inc						
17	Investment income percentage for 2019 (I		• •	-		17	%
18	Investment income percentage from 2018					18	%
19a	331/3% support tests-2019. If the organic						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests - 2018. If the organization						
	line 18 is not more than 331/3%, check this b	oox and stop h	ere. The organi	zation qualifies	as a publicly st	upported organi	zation 🕨 🗌
20	Private foundation. If the organization did	d not check a l	box on line 14,	19a, or 19b, o	check this box	and see instruc	tions 🕨 🗌

Part IV 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.)

S	ection	A. AII	Support	ina Ora	anizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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	- 4c		
5а	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?			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	- <u>-</u> 9c		
l0a	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.	 10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	•		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-	•	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Section	on B. Type I Supporting Organizations			·
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			,]
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	· ·		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
0	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	, '		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ļ		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		
J	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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	nstru	ction	s)
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.			
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ın		ı
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			
	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	٠		1 1
	that these activities constituted substantially all of its activities			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		\vdash	
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ı tru	st on Nov. 20, 1970 (expl	laın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	ıızat	ions must complete Sect	ions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		, e	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount		•	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	, ,	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<u> </u>	
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III support	ing organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Current Year						
1_	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive				
9	Distributable amount for 2019 from Section C, line 6		· ·				
10	Line 8 amount divided by line 9 amount						
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
	From 2016						
d	From 2017						
е_	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount			 ,			
_ _	Carryover from 2014 not applied (see instructions)						
	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2019 from						
	Section D, line 7:						
a	Applied to underdistributions of prior years						
b_	Applied to 2019 distributable amount Remainder, Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.						
8	Breakdown of line 7.						
а	Excess from 2015						
b	Excess from 2016						
c	Excess from 2017						
d	Excess from 2018		, , , , , , , , , , , , , , , , , , , ,				
е	Excess from 2019						

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Page	C

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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

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

Open to Public Inspection

Employer identification number

SPARKLING BROOKS MINISTRIES, INC	84-3797790
Form 990-EZ, Part V, line 34	
In December of 2019, the organization amended its Articles of Incorporation to specifically state the requir	ed language for receipt of
recognition of exemption under Section 501(c)(3) of the Internal Revenue Code. Attached please find a co	py of the Amended Articles of
Incorporation	

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