Form **990**

(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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		if applic				ganization _			R CORI	PS IN	С	, 2013	, and e	_		over in	lentifica	tion numbe			
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Revenue	8	Co	ntributio	ions ar	nd grants	(Part VIII, line	e 1h)							<u>∃œ</u> `	888	, 943		1,869,5			
	9				-	(Part VIII, lin				()GD	EN.	UT			, 985		33,6			
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æ	111					column (A), I	-		•	d 11e)											
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Expenses	16		-		•	ees (Part IX,		•	•	` ''		,				<u> </u>		· · · · ·			
per	Ι.				_	s (Part IX, co							<u> </u>					•			
Щ	17					column (A), I							- -		510	,780	-	432,6	537		
	18					: 13-17 (mus			•), line 2	5)				693	,396		773,6			
	19					Subtract line			•	•	•				226	, 532		1,129,6			
<u>s</u>				-									Be	ginnin	g of Curre	nt Year	E	nd of Year			
Ser	20	Tot	al asse	ets (Pa	rt X, line 1	6)									443	,317		1,774,6	<u> 592</u>		
AT.	21	Tot	al liabil	lities (F	art X, line	26)									3	,727		189,4	144		
Net Assets or Fund	22	Net	assets	s or fu	nd baland	es. Subtract	line 2	1 from line	20						439	,590		1,585,2	248		
Par		S	Signat	ture	Block									•							
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						ne preparer s				cuons)						<u>·</u>		X Yes	No 219)		

4d Other program services (Describe on Schedule O)

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶

765,013

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 (see instructions)?	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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		1	
	"Yes," complete Schedule D, Part I .	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted			
	endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1333	(SE)
	VII, VIII, IX, or X as applicable.	**		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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 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		Х
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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E $\dots \dots$	13		Х
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			1
	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 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			İ
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			.,
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Part IV Checklist of Re	quired Schedules (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			.,
242	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		Х
240				
	\$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			v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24a		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds? $\dots N/A$	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
250	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			- 21
	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		Х
27				
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		-	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	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		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
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 Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
27	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	-	X
38	19? Note: All Form 990 filers are required to complete Schedule O · · · · · · · · · · · · · · · · · ·	38	Х	
Pau	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 56	Λ	
T al	Check if Schedule O contains a response or note to any line in this Part V			П
	Shook if Concodic C Contains a response of flote to any line in this Fall V		Yes	No.
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
_	reportable gaming (gambling) winnings to prize winners?	1c		X
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Part '	V	Statements	Regarding	Other	IRS	Filings a	and T	ax Com	pliance	(continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		4.4	100	6.52
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 1		111	2.2
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	•	النكب	-	r
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on \$,	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature of	• ,			3.7
_	a financial account in a foreign country (such as a bank account, securities account, or other	financial account)?	4a	Pain /s	X
b	If "Yes," enter the name of the foreign country	annual Associate (CDAD)	ite i	17	
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fir Was the organization a party to a prohibited tax shelter transaction at any time during the tax	· ·	<u> </u>	FEET	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	•	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	· · · N/A	5c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, ar				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such co	ontributions or			
	gifts were not tax deductible?	N/A	6b		
7	Organizations that may receive deductible contributions under section 170(c).		373	1.33	2
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	artly for goods	e Par		
	and services provided to the payor?		7a		X
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 wi	hich it was			
	required to file Form 8282?		7c	k Troille	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_ 47	1	EX.
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal land the organization during the year pay promiums directly or indirectly on a personal horse		7e 7f		X
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal beneat the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g		X
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7 <u>9</u>	<u> </u>	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m			5 7. 21	
_	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.		Fi, 501	SME	TEN.
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	10,24	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9b		Х
10	Section 501(c)(7) organizations. Enter		1 3	N.	SN ^F E
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	ر جمعت ا عاد الله	1	10.10
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	32	0.7	4.3
11	Section 501(c)(12) organizations. Enter		10 90 9	1	3
а	Gross income from members or shareholders	11a			12.5
þ	Gross income from other sources (Do not net amounts due or paid to other sources	l	1 3		
	against amounts due or received from them)	11b		1	لتعبقد
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	i i	12a 0 ~ ⇒.	2010	X
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	¥, ',	300	
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	F 234	X
a	Note: See the instructions for additional information the organization must report on Schedul	e O	37.75	3500	Et ! 71
b	Enter the amount of reserves the organization is required to maintain by the states in which		11 30		是湯
-	the organization is licensed to issue qualified health plans	13b	2		
С	Enter the amount of reserves on hand	13c	40.4	3.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in	Schedule O N / A.	14b		
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		X
	If "Yes," see instructions and file Form 4720, Schedule N		النف		
16	Is the organization an educational institution subject to the section 4968 excise tax on net invitation.	estment income?	16	,	X
	If "Yes," complete Form 4720, Schedule O		\$ n. 5.		
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Part VI

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

	Chack of School to Contain a resource of casts to cast the processes, or changes in School to	See insti	uction	S	
C = = 4!	Check if Schedule O contains a response or note to any line in this Part VI				Щ
Secu	on A. Governing Body and Management				
4.		6		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or		1	د دي	2.4
	if the governing body delegated broad authority to an executive committee or similar		1 4	37,4	
	committee, explain on Schedule O	0	**	·5 1 ·	1,48
b	Enter the number of voting members included on line 1a, above, who are independent 1b	0	عزيه ا	4. .	~ ^{**} .5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ننت	أنسا
	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, or trustees, or key employees to a management company or other person?	•	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1 th 40	Se.]
	the year by the following		Personal State		لشنا
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b		X
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 in Schedule O		9		X
Secti	on 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?	N/A	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			نسكد	لــــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · ·		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?	N/A	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	N/A	12c		
13	Did the organization have a written whistleblower policy?	• •	13		X
14	Did the organization have a written document retention and destruction policy?	•	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		1	***	44
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			74	100
а	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		,		نشت
	with a taxable entity during the year?	•	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				¥ (\$
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	/-	<u></u>		
	organization's exempt status with respect to such arrangements?	N/A	16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE		<u></u>		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Se	ction 501	(C)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply				
	Own website				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere	st policy,	and		
•-	financial 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 recor	ds 🕨			
	SEE ATTACHMENT #3				

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

(A) Name and title	(B) Average hours per week		box. ur	Pos check less pe and a d	rson is	nan one both an trustee)		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of	
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
DWAYNE KING	5.00			X				0	0	C	
PRESIDENT											
NANCY CRANE TREASURER	5.00			X				0	0	C	
JACKIE COHEN SECRETARY	5.00			X				0	0	0	
THOMAS COBB ADVISORY BOARD	5.00	X						0	0	C	
MIKE ROUB VICE PRESIDENT	5.00			X				0	0	0	
THOMAS TIBBLE DIRECTOR	5.00	X						0	0	0	
										-	
		. <u>-</u>									

Form **990** (2019)

19 9907

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

	(A) Name and title	(B) Average		box, ur	Posi t check tless pe and a d	tion more tl rson is	nan one both an (trustee)	1	(D) Reportable	(E) Reportable	Estimated amount of
		week (list any hours for related for related to line to line the line to line								compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
1b	Subtotal					• • •		•			
c d	Total from continuation sh Total (add lines 1b and 1c)		rt VII, S	ectioi	п Α ·						
2	Total number of individuals (out not h	mited	to thos	e liste	d above) who	received more than	! \$100 000 of	
_	reportable compensation fro	-					G G5010	,	Todowod moro man	4 100,000 01	
	· · · · · · · · · · · · · · · · · · ·										Yes No
3	Did the organization list any	former off	icer, dire	ector, e	or trus	tee, ke	y emplo	yee, o	r highest compensat	ed	
	employee on line 1a? If "Yes								•		3 X
4	For any individual listed on li								· ·		
_	organization and related organization		-								4 X
5	Did any person listed on line for services rendered to the				•				-	ndividuai	5 X
Section	n B. Independent Contracto		111111	es, co	inpicie	30110	dule 5 it	JI SUC	ii peisoii	· · ·	13 1 1
1	Complete this table for your		t compe	ensate	d ındei	pende	nt contra	actors	that received more th	nan \$100,000 of	
-	compensation from the orga										ax year
		(A)	•						(B)		(C)
	Name and	business	address						Description of se	ervices	Compensation
											
										-	
					-						
	·-···										
2	Total number of independen			_				e liste	d above) who		
	received more than \$100,000	of compe	nsation	from t	he org	anızat	ion 🕨				

Part	VIII	-		20000 0	r note to any line in th	in Dort VIII			
		Check if Schedule O co	oritains a rest	Jonse of	note to any line in th	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Contributions, Gifts, Grants and Other Similar Amounts	b c d e f 9 h 2a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gift similar amounts not include Noncash contributions include Total. Add lines 1a-1f OTHER MISC IN	ts, grants, & ded above ad in lines 1a-1f		1,869,520 4,341 ► Business Code 900099	1,869,520 33,655			under sections 512–514
Δ.	f g	All other program service Total. Add lines 2a-2f	revenue		•	33,655	· ·		
	3 4 5	Investment income (included other similar amounts) Income from investment of Royalties		·	•	167	167		
	6a b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Re 6a 6b 6c	al	(II) Personal				
	7a	Gross amount from sales of assets other than inventory	(ı) Secu	ırıtıes	(II) Other				#
	С	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	7b 7c						
evenue	1	Gross income from fundra (not including \$ of contributions reported of See Part IV, line 18		8a					
Other Revenue	С	Less direct expenses Net income or (loss) from Gross income from gamin		8b events	<u> </u>	_			
	С	Less direct expenses Net income or (loss) from Gross sales of inventory, I		9a 9b uties	•				
	1	returns and allowances Less cost of goods sold Net income or (loss) from	sales of inve	10a . 10b ntory	•				
Miscellaneous Revenue	11a b c	All phonocratic			Business Code				
	е	All other revenue Total. Add lines 11a-11d Total revenue. See instri	uctions		<u> </u>	1,903,342	33,822		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Fundraising Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 43,043 43,043 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 271,340 271,340 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 26,658 26,658 10 Payroll taxes 11 Fees for services (nonemployees) Management 24,428 24,428 Legal . . 1,281 1,281 Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 5,533 5,533 (A) amount, list line 11g expenses on Schedule O) 11.789 11,789 12 Advertising and promotion 20,119 20,119 13 Office expenses 14 Information technology . 15 Royalties 117,260 117,260 16 Occupancy . 9.614 9,614 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 15,491 15,491 22 Depreciation, depletion, and amortization 30,589 30,589 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 31,380 31,380 FOOD SERVICE SUPPLIES 21,096 21,096 AUTOMOTIVE EXPENSES b 10,116 10,116 C **EQUIPMENT EXPENSES** 825 825 MEMBERSHIPS AND DUES d 133,116 132,846 270 All other expenses 773,678 55,712 717,966 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			· · ·
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	270,979	1	233,075
	2	Savings and temporary cash investments	·	2	
	3	Pledges and grants receivable, net	1,865	3	
	4	Accounts receivable, net .		4	
	5	Loans and other receivables from any current or former officer, director,	ではは後、実際のはない。	37-72	·····································
	_	trustee, key employee, creator or founder, substantial contributor, or 35%		131	30
		controlled entity or family member of any of these persons	المسارات والمستعددة المتأومة المتراجعة المتراجعة	5	التنابا مناتات المالية المنته التاليب ستة
	6	Loans and other receivables from other disqualified persons (as defined	the design topical at the	41 1	· 是 4月一次 6000000000000000000000000000000000000
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	ner Minner Charadeni Allinare establishada	6	
	7	Notes and loans receivable, net		7	
ţ	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	4,556	9	
4		Land, buildings, and equipment cost or	The Lister	1	Su Tan S S STORAGES
		other basis. Complete Part VI of Schedule D 10a 1,706,812		13	
	ь	Less accumulated depreciation 10b 165, 195	165,917	10c	1,541,617
		Investments publicly traded securities	<u>.</u>	11	, ,
	12	Investments other securities See Part IV, line 11		12	
	13	Investments program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	443,317	16	1,774,692
	17	Accounts payable and accrued expenses		17	2,444
	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 · · · ·		21	
es	22	Loans and other payables to any current or former officer, director,	10 th 16 1 th 16 1	¥ [•]	点"特殊"。
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		4	
iat		controlled entity or family member of any of these persons .		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	187,000
	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	2 727		
		of Schedule D	3,727	25	189,444
	26	Total liabilities. Add lines 17 through 25	3,727	26	189,444
y,		Organizations that follow FASB ASC 958, check here ► 🂢		13 - E	
če		and complete lines 27, 28, 32, and 33.	439,590	مغتث	43,631
alar	27	Net assets without donor restrictions	439,390	27	43,631 1,541,617
Ø P	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28	T, J41, O1/
Ë		-			
or F	20	and complete lines 29 through 33.			
its (29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		29 30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	439,590		1,585,248
Ž		Total liabilities and net assets/fund balances	443,317	33	1,774,692

	1121102011 11211 001110 2110 32 0100077			3
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			\square
1	Total revenue (must equal Part VIII, column (A), line 12)	1		03,342
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	73,678
3	Revenue less expenses Subtract line 2 from line 1	3		29,664
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	39 , 590
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 in Schedule O)	9		15,994
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	1,5	85,248
Par	t XII Financial Statements and Reporting	•	•	
	Check if Schedule O contains a response or note to any line in this Part XII			. 🔲
			Y	es No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other		7	2 X 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1. 2. 3	
	Schedule O		والتأثيا	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	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			
	Separate basis Consolidated basis Both consolidated and separate basis		واست	
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		***	- T () P3.
	separate basis, consolidated basis, or both			4 40
	Separate basis Consolidated basis Both consolidated and separate basis		ا من انتخاب	- 2 -
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. N/A	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on		4 2	الإ يوس م
	Schedule O		1 1	للاثنا الثا
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N/A	3b	
FDA	19 99012 BWF 990 Form Software Copyright 1996 – 2020 HRB Tax Group Inc		Form QC	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
KINGDOM AIR CORPS INC

Employer identification number 92-0168877

1(11	ODOIT TITK	COMED INC				122 0100	, <u>, , , , , , , , , , , , , , , , , , </u>	
Pai	ti Reason	<u>for Public Chari</u>	ty Status (All organizations	s must comp	olete this par	rt) See instructions.		
The o	rganization is not a	a private foundation be	cause it is (For lines 1 throug	h 12, check	only one bo	ox)	•	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
3			ervice organization described				•	
4			ated in conjunction with a hos				ter the hospital's name	
•	city, and state		and in dengandian min a new	op.i.a.	500 m 660m		tor the hospitale riame,	
5		onerated for the hene	efit of a college or university o	wood or on	erated by a	novernmental unit descr	ribed in	
3	_			wiled of ope	crated by a s	governmentar unit desci	libed iii	
_		(1)(A)(iv). (Complete P	·		- 470/b\/4\//	A V /- A		
6	H		or governmental unit describe			* * *		
7	_		a substantial part of its supp	ort from a g	overnmenta	i unit or from the genera	ai public	
		ection 170(b)(1)(A)(vi)						
8	H :		on 170(b)(1)(A)(vi). (Complet	•				
9	_		described in section 170(b)(
	or university or	a non-land-grant colle	ege of agriculture (see instruc	tions) Enter	the name, o	city, and state of the col	lege or	
	university							
10	An organization	n that normally receives	(1) more than $33^{1/}_3\%$ of its	support fron	n contributio	ns, membership fees, a	and gross	
	receipts from a	ctivities related to its ex	empt functionssubject to c	ertain excep	otions, and (2	2) no more than 33 ^{1/} 3%	of its	
	support from g	ross investment income	e and unrelated business taxa	able income	(less section	n 511 tax) from busines:	ses	
	_ acquired by the	e organization after Jun	e 30, 1975 See section 509	(a)(2). (Com	nplete Part II	1)		
11	An organization	n organized and operat	ed exclusively to test for publ	lic safety Se	e section 5	09(a)(4).		
12	An organization	n organized and operat	ed exclusively for the benefit	of, to perfor	m the function	ons of, or to carry out th	ne purposes	
	of one or more	publicly supported org	anizations described in secti	ion 509(a)(1) or section	509(a)(2). See section	n 509(a)(3).	
	Check the box	in lines 12a through 12	d that describes the type of s	supporting o	rganization a	and complete lines 12e.	, 12f, and 12g	
а		•	perated, supervised, or contr		-	· ·	· · · · -	
	_		ower to regularly appoint or e					
		• • • •	complete Part IV, Sections	•	.,			
b			supervised or controlled in co		th its sunnar	ted organization(s), by	havino	
_		· · · · ·	orting organization vested in t		• •		-	
		= ' ' '	e Part IV, Sections A and C		isons mar o	onator or manage the se	эрропса	
_		•						
С			supporting organization ope				aled with,	
			structions). You must comp			•		
d	□	, ,	ed. A supporting organization				` ,	
			ne organization generally mus				tiveness	
		•	must complete Part IV, Sec					
е	_	_	ceived a written determinatio			a Type I, Type II, Type I][[
	functionally in	ntegrated, or Type III no	on-functionally integrated sup	porting orga	anızatıon.			
f	Enter the number	er of supported organiz	ations		• • •	•		
g	Provide the follo	wing information about	the supported organization(s).	<u> </u>		, -	
(i) N	ame of supported	(ii) ElN	(iii) Type of organization (described on lines 1-10		organization in your	(V) Amount of monetary	(vi) Amount of other	
	organization		above (see instructions))	governing	document?	support (see instructions)	support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								
							 	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
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 include any "unusual grants")	345,395	426,553	544,778	888,943	1,869,52	4,075,189
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	2,032					2,032
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	347,427	426,553	544,778	888,943	1,869,52	4,077,221
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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	78,250	159,039	215,144	405,391	1,007,65	1,865,478
¢	Add lines 7a and 7b	78,250	159,039	215,144	405,391	1,007,65	1,865,478
8	Public support. (Subtract line 7c from line 6)			- 1			2,211,743
Sec	tion B. Total Support			-		<u>_</u>	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	347,427	426,553	544,778	888,943	1,869,52	4,077,221
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					167	167
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					167	167
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			35,000	30,985	33,655	99,640
13	Total support. (Add lines 9, 10c, 11, and 12)	347,427	426,553	579,778	919,928	1,903,34	4,177,028
14	First five years. If the Form 990 is for the or organization, check this box and stop here		second, third, foi	urth, or fifth tax ye	ear as a section	501(c)(3)	▶ 🗌
Sec	tion C. Computation of Public Su	pport Percent	tage				·
15	Public support percentage for 2019 (line 8, o	olumn (f), dıvıded	by line 13, colur	nn (f))		15	52.95%
16	Public support percentage from 2018 Scheo	lule A, Part III, line	15			16	63.84 %
Sec	tion D. Computation of Investmer	nt Income Per	centage				
17	Investment income percentage for 2019 (lin		-	3, column (f))		17	0.00%
8	Investment income percentage from 2018 S				[18	%
9a	33 ¹ /3% support tests 2019. If the organ						
	17 is not more than $33^{\frac{1}{3}}$ %, check this box a	•		-		_	▶ 🛚
b	331/3% support tests 2018. If the organ						and
	line 18 is not more than $33^{1/3}$ %, check this b	•	=			-	▶
0.0	Private foundation. If the organization did r	not check a box or	n line 14 19a or	19h, check this b	ox and see inst	ructions	▶ 1

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)

PART III LINE 12 - HOUSING INCOME \$24245, SALE OF ASSET \$400, MISC REFUNDS 9010

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization

KINGDOM ATR CORPS INC

Employer identification number 92-0168877

	organizations Maintaining Donor	Advised Funds or Other	Similar Fund		nts	
	Complete if the organization answered "Yes" of		Ommar rand	is of Accou		
		(a) Donor advised fund	ls I	(b) Funds and	other accounts	
1	Total number at end of year .	(a) Bollo, advisod latta	-	(=),		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year .				<u>-</u>	
5	Did the organization inform all donors and donor advis	sors in writing that the assets held	t in donor advised	1		
_	funds are the organization's property, subject to the or	*		•	Yes	Пио
6	Did the organization inform all grantees, donors, and o	•		sed		□.,,
•	only for charitable purposes and not for the benefit of	<u> </u>				
	conferring impermissible private benefit?	ine deliter of deliter devider, or le	any other purpo	-	Yes	Пио
Pa	rt II Conservation Easements.				Lites	
	Complete if the organization answered "Yes" of	on Form 990 Part IV line 7				
1	Purpose(s) of conservation easements held by the org					
•	Preservation of land for public use (for example, re-		Presentation	of a historically	ımportant land	area
	Protection of natural habitat	orcanori or cadoanori,	_	of a certified his		aica
	Preservation of open space			or a certified ris	storic structure	
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribut	tion in the form of	a consensation		
_	easement on the last day of the tax year	a quaimed conservation contribut	non in the form of		he End of the T	Tay Vear
	Total number of conservation easements			2a	ine Life of the 1	ax I cai
- h	Total acreage restricted by conservation easements			2b		
		orio etructuro included in (a)		20 2c		
	Number of conservation easements included in (c) acc	, ,		20		
u	historic structure listed in the National Register	quired after 7725700, and not on a	a	2d		
3	Number of conservation easements modified, transfer	rad ralassad avtinguished or to	rminated by the e		ng tho	
3		reu, reieaseu, extiriguismeu, or ter	irrilinated by the of	rganization dun	ng me	
4	tax year ►Number of states where property subject to conservat	ion aggregated.				
5			n handling of			
3	Does the organization have a written policy regarding violations, and enforcement of the conservation easen	· - ·	m, nandling of		∏yes	∏No
6	Staff and volunteer hours devoted to monitoring, inspe		Lonforcina conco	nustion oscomo		
0	Stan and volunteer hours devoted to morntoning, inspe	ecting, nandling of violations, and	remotering conse	ivalion easeme	nis during the y	/cai
7	Amount of expenses incurred in monitoring, inspecting	a handling of walations, and onfo	reina concentatio	n ancomonto di	iring the year	
•	S	g, nationing of violations, and emic	ording conservatio	n easements ut	uning the year	
۰	Does each conservation easement reported on line 2(d) shows satisfy the requirements	of costion 170(h)	(4)/B)(i)		
8	·	d) above satisfy the requirements	5 Of Section 170(11)	(4)(0)(1)	Пусс	Пыс
_	and section 170(h)(4)(B)(ii)?				∐ Yes	∐No
9	In Part XIII, describe how the organization reports con		•			
	balance sheet, and include, if applicable, the text of th	=	nanciai statement	s inal describes	s the	
Do.	organization's accounting for conservation easements.			Alban Cimila	- Accets	
Fair	Organizations Maintaining Collect		easures, or C	uner Simila	r Assets.	
	Complete if the organization answered "Yes" of If the organization elected, as permitted under FASB A		a atatamant and	l balance about		
ıa	of art, historical treasures, or other similar assets held					
	service, provide in Part XIII the text of the footnote to it	•				
b	If the organization elected, as permitted under FASB A	ASC 958, to report in its revenue s	statement and bal	ance sheet wor	ks of	
	art, historical treasures, or other similar assets held for					
	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, histor	·	_	ain, provide the	:	
	following amounts required to be reported under FASI	B ASC 958 relating to these items	5	_		
	Revenue included on Form 990, Part VIII, line 1	•		> \$		
h	Assets included in Form 990 Part X			• •		

L C.	Uli Organizations ivi	amtaining Con-	ections of Art,	mistoricai	rreasures	s, or Other Similar	ASSETS (ontinued)
3	Using the organization's acqui	sition, accession, an	d other records, che	eck any of the	following that	it make significant use o	fits	
	collection items (check all that	apply)		_				
а	Public exhibition		(d 🗌 Loan or	exchange pro	ograms		
þ	Scholarly research		•	e 📙 Other _				
С	Preservation for future gene	erations						
4	Provide a description of the or XIII	ganization's collection	ons and explain how	they further	the organizati	on's exempt purpose in	Part	
5	During the year, did the organi	ization solicit or rece	ive donations of art	historical tre	acurae or oth	or similar		
	assets to be sold to raise fund						Yes	∏No
Par	t IV Escrow and Cus	todial Arrange	ments.					
				art IV, line 9, c	r reported an	amount on Form 990, F	art X, line 21	
1a	Is the organization an agent, tr	ustee, custodian or	other intermediary fo	or contributio	ns or other as	sets not		
	included on Form 990, Part X?	ı					Yes	No
b	If "Yes," explain the arrangeme	ent in Part XIII and c	omplete the followin	g table				_
						An	nount	
C	Beginning balance .					1c		
d	Additions during the year			•		1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include ar	n amount on Form 9	90, Part X, line 21, f	or escrow or	custodial acci	ount liability?	Yes	∐No
b	If "Yes," explain the arrangeme		k here if the explana	ation has bee	n provided or	Part XIII		Ш
Pai	t V Endowment Fun							
	Complete if the organi	zation answered "Ye	es" on Form 990, Pa	rt IV, line 10			,	
		(a) Current year	(b) Prior yea	r (c) Tv	vo years back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions .							
С	Net investment earnings,							
	gains, and losses							
đ	Grants or scholarships							
e	Other expenditures for							
	facilities and programs							
f	Administrative expenses							
g	End of year balance .	<u> </u>						
2	Provide the estimated percenta			e 1g, column	(a)) held as			
а	Board designated or quasi-en		%					
b	Permanent endowment	%						
С	Term endowment	<u> </u>	1.4004					
_	The percentages on lines 2a, 2		•					
3a	Are there endowment funds no	ot in the possession	of the organization t	that are held	and administe	ered for the	.	/aa Na
	organization by							res No
	(i) Unrelated organizations					• • •	3a(i)	
	(ii) Related organizations				10		3a(ii)	
b	If "Yes" on line 3a(ii), are the re						3b	
4	Describe in Part XIII the intend	 		nt iunas.	 			
Pa	rt VI Land, Buildings Complete if the orga			Dort IV has d	1a Cas Form	000 Bort V line 10		
							(d) Book i	
	Description of property	(a) C	Cost or other basis (investment)	(b) Cost of basis (c		(c) Accumulated depreciation	(d) Book v	alue
10	Land		(teodifforit)	·	132,800	doproblation .	1	32,800
1a h	Land	 			185,781	84,101		01,680
b	Buildings	<u> </u>		٠,٠	100, 701			
c d	Leasehold improvements Equipment .	 			68,055	62,659		5,396
e	Other .	•			20,176	18,435		1,741
	I. Add lines 1a through 1e (Colu	ımn (d) must equal	Form 990 Part X co	olumn (B) Jini		▶	1.5	41,617
· Utal	i Add mes la mough le (Coll	min (u) must equal	TOTAL SOU, FAIL A, CL	Juliu (D), IIII	5 100 <i>j</i>			

Part XI	Reconciliation of Revenue per Audited Financial S	tatements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a		
 Total re 	evenue, gains, and other support per audited financial statements		1	
2 Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unr	realized gains (losses) on investments	2a		
b Donate	d services and use of facilities .	2b		
c Recove	eries of prior year grants .	2c	7	
d Other (I	Describe in Part XIII).	2d	71	
e Add line	es 2a through 2d		2e	
3 Subtrac	ct line 2e from line 1		3	
4 Amoun	ts included on Form 990, Part VIII, line 12, but not on line 1			
a Investm	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (I	Describe in Part XIII)	4b	7 <u>.</u>	
c Add line	es 4a and 4b		4c	
5 Total re	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Part XII	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Iir	•	es per Returi	า.
1 Total ex	openses and losses per audited financial statements		1	
2 Amoun	ts included on line 1 but not on Form 990, Part IX, line 25			
a Donate	d services and use of facilities .	2a		
b Prior ye	ear adjustments	2b	7. !	
c Other lo	osses	2c	7	
d Other (I	Describe in Part XIII)	2d	-	
e Add line	es 2a through 2d		2e	
3 Subtrac	et line 2e from line 1		3	
4 Amount	ts included on Form 990, Part IX, line 25, but not on line 1			
	nent expenses not included on Form 990, Part VIII, line 7b	4a	-	
	Describe in Part XIII)	4b	7	
c Add line	es 4a and 4b		4c	
5 Total ex	openses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))	5	
Part XIII	Supplemental Information.		1 1	
2, Part XI, line	es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pr	ovide any additional information		
			· -	

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FDA

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KINGDOM AIR CORPS INC

Employer identification number

92-0168877

PART IV LINE 11A - THE TOTAL ASSETS THE COMPANY OWNS ARE REPORTED ON SCHEDULE D

PART VI SECTION A LINE 3 - NO AUTHORITY HAS BEEN DELEGATED - ALL VOTING MEMBERS ARE OFFICERS

PART VI SECTION A LINE 8A - THE ORGANIZATION HAS REGULAR BOARD MEETINGS AND KEEPS WRITTEN RECORDS

PART IX LINE 11G - IDENTIFICATION OF WHERE THE MONEY WAS PAID - TOM COBB \$1000, ZACH LOVING \$2880, NOAH RUSSELL \$1653

PART XI LINE 9 - ADJUSTMENT TO LAND COST 16191, OTHER MISC ADJ -197 FOR A TOTAL ADJUSTMENT OF 15994