Form **990** (Rev January 2020)

EXTENDED TO DECEMBER 15, 2020

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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 informations

Open to Public Inspection

<u> </u>	or th	e 2019 calendar year, or tax year beginning FEB 3, 2019 and	enaing	FEB 1, 2020			
В	hock if	le. C Name of organization		D Employer identific	cation number		
	Addr	FAMILY CHRISTIAN RESOURCE CENTERS INC					
	Nami chan			46-07516	26		
	Initia returi		Room/sur	te E Telephone number			
	Final	2655 NORTHINING DARWAY		678-690-	7877		
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,549,000.		
	Amer	ALPHARETTA, GA 30009		H(a) Is this a group re	turn		
	Appli	I F Name and address of buncibal officer, TPOPTP II. VOVID		for subordinates	? Yes X No		
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> </u>	ax-ex	rempt status X 501(c)(3) 501(c) ()	or 5	27- If "No," attach a	list (see instructions)		
		te: ► N/A	<u>U</u>	H(c) Group exemption			
		forganization: X Corporation Trust Association Other	L Ye	ar of formation: 2012 N	State of legal domicile: GA		
P	art I	Summary			200		
	1	Briefly describe the organization's mission or most significant activities. TO H		THERS FIND, C	ROW, SHARE		
Governance		AND CELEBRATE THEIR FAITH IN JESUS CHRIST					
Ê	2	Check this box I if the organization discontinued its operations or dispositive of voting members of the governing body (Part VI. line 1a)	sed ot mo	CEIVED 13	ets		
ò	3	Training of total grant and governing body (1 art of mile ta)	***************************************		3		
		Number of independent voting members of the governing body (Part VI, line 1t)	3	4			
9	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	NF NF	C 2 8 2020 5			
Activities &	6	Total number of volunteers (estimate if necessary)	<u> </u>	7.6	0.		
Ą	l	Total unrelated business revenue from Part VIII, column (C), line 12	റദ	DEN UT 76	0.		
		Net unrelated business taxable income from Form 990-T, line 39	- 	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	39,988,944.	1,549,000.		
9	9	Program service revenue (Part VIII, line 2g)	 -	0.	0.		
Revenue			⊢	0.	0.		
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	⊢	23,873,507.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	⊢	63,862,451.	1,549,000.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,621,846.	2,070,000.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	45	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	F	0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.		
둳	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	 -	1,656.	1,376.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · ·	3,623,502.	2,071,376.		
	19	Revenue less expenses. Subtract line 18 from line 12	· F	60,238,949.	-522,376.		
58				Beginning of Current Year	End of Year		
Assets	20	Total assets (Part X, line 16)		58,064,621.	59,520,586.		
A.G	21	Total liabilities (Part X, line 26)	Γ	0.	1,978,347.		
S S	22	Net assets or fund balances. Subtract line 21 from line 20	「	58,064,621.	57,542,239.		
_	<u>irt II</u>	Signature Block					
		alties of perjury, I declare that have examined this return, including accompanying schedules			knowledge and belief, it is		
true	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepar	er has any knowledge.			
		- Jan Comment		12/14	120'40		
Sig		Signature of other		Datě	'		
Her	e	LESLIE M. KURTZ, TREASURER & CFO		······································			
		Type of print name and title	7000	I Date	T DYIN		
0-14		Print/Type preparer's name Preparer's name		Date Check	PTIN		
Paid			CPA	12/14/20 self-employe			
Preparer Firm's name WILLIAMS BENATOR & LIBBY LLP Firm's EIN 58-1460137 Use Only Firm's address 1040 CROWN POINTR PKWY							
3.000							
Mari	ATLANTA, GA 30338 Phone no.770-512-0500 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No.						
			 -		X Yes No		
83200	11 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate Instruction	กร.		Form 990 (2019)		

SCANNED JUN 0 2 2021

Briefly describe the organization's mission FIMILY CHRISTIAN MINISTRIES WAS ESTABLISHED TO HELP OTHERS FIND, GROW, SHARE AND CELEBRATE THEIR FAITH IN JESUS CHRIST THROUGH THE OPERATION OF CHRISTIAN LIFESTYLE CENTERS; THE AGGREGATION OF CHRISTIAN DIGITAL CONTENT FOCUSED ON HELPING PEOPLE GROW IN THEIR FAITH; PARTNERING WITH Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported		m 990 (2019) FAMILY CHRISTIAN RESOURCE CENTERS INC 46-0751 art III Statement of Program Service Accomplishments	626	Page 2
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	e_		Form 990	(2010)

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Form 990 (2019) FAMILY CHRISTIAN RESOURCE CENTERS INC [Partily] Checklist of Required Schedules

ABOT	OR
46-0751626	Page 3

			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	X	l
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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	5_		Х
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 "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_	l	X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		X
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		<u>X</u>
С	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		X
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 167 if "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	\longrightarrow	<u> </u>
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	1	i 1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ľ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	Х	

Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Pak IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L. Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 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) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // "Yes." complete Schedule L. Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28h c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 32 X 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 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 X 3<u>5</u>a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity Х within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 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 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7h c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O Form 990 (2019) 13

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

_	Check if Schedule O contains a response or note to any line in this Part VI					A
Sec	tio⊋ A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		<u>3</u>] , ,	ļ	
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			. '	1	
b	Enter the number of voting members included on line 1a, above, who are independent	1b_		3]		-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other	<u></u>	,	
	officer, director, trustee, or key employee?			_2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	dırec	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			_3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		_ X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		_5		_ X
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 ap	point i	one or		ĺ	
	more members of the governing body?			7a		_ X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		_ X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a		X
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 read	hed a	t the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		_X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue.	Code.)			
			·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	affiliates.			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		•	10b		
l 1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a		$\overline{\mathbf{x}}$
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		J			•
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or tructoes, and key employees required to disclose annually interests that could give rise	to conf	hcts?	120	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo					
	in Schedule O how this was done	JU, T		12c	х	
13	Did the organization have a written whistleblower policy?			13		$\overline{\mathbf{x}}$
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 inc	lependent			
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	•			'
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					- :-
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	th a	1 1	ľ	1
	taxable entity during the year?		-	16a		$\overline{\mathbf{x}}$
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			ı
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					ļ
	exempt status with respect to such arrangements?			16b		
	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed ▶GA					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-	T (Section 501(c)(3)	s only)	avaılab	le
	for public inspection. Indicate how you made these available. Check all that apply		\-/-/	,,		
	Own website Another's website X Upon request Other (explain	on Sc	hedule (1)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		•	d financ	ıal	
	statements available to the public during the tax year					
	State the name, address, and telephone number of the person who possesses the organization's book	ks and	records >			
	THE ORGANIZATION - 678-690-7877					
	2655 NORTHWINDS PARKWAY, ALPHARETTA, GA 30009		-			

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Form	aan	1201	a۱

FAMILY CHRISTIAN RESOURCE CENTERS INC

46-0751626

Page 7

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

X Check this box if neither the organization (A)	(B)	_		(6	C)			(D)	(E)	(F)
Name and title	Average	(de	not o	Pos	itior	l than	one	Reportable	Reportable	Estimated
	hours per	r box.u		(do not check more than one box, unless person is both an officer and a director/trustee)				compensation	compensation	amount of
	week	⊢-	_	nd a d	Irecto	J	Tee)	from	from related	other
	(list any	ecto						the	organizations	compensation
	hours for related	p io	<u> </u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	nste	trus		g g	ngen		(44-2/1099-141130)		and related
	below	graph	rtiona	_	lg (s si	 	İ	ľ	organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form			3
(1) RICHARD L. JACKSON	1.00									
PRESIDENT		X	L	X	_	<u> </u>	L_	0.	0.	0.
(2) LESLIE M. KURTZ	1.00								_	
TREASURER & CFO		<u>L</u>		Х				0.	0.	0.
(3) JAY D. MITCHELL	1.00	ł			l	1		_		_
SECRETARY	 	 	<u> </u>	X	<u> </u>	_	<u> </u>	0.	0.	0.
(4) LAURENCE H. POWELL	1.00	 								•
DIRECTOR	1 00	X	_			<u> </u>	├	0.	0.	0.
(5) MICHAEL KENDRICK	1.00	ļ.,							_	0
DIRECTOR		X		\vdash	\vdash	-	\vdash	0.	0.	0.
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Form 990 (2019)	FAMILY	CHRISTIAN	V F	RES	OU	JRC	E	CI	ENTERS INC	46-0	751	626	F	age
Part VII Section A. Officer	s, Directors, Tr		ploy	ees,			ghe	st C	Compensated Employed	es (continued)				
· (A)		(B)				C)			(D)	(E)			(F)	
Name and titl	e	Average	irs per (do not check box, unless pe			Position (do not check more than one		Reportable	Reportable			stimat		
*		week							compensation	compensation from related		ar	nount other	
		(list any	ĕ				Π		the	organization		com	npensa	
		hours for	ır director		1	1	ᇐ	}	organization	(W-2/1099-MIS			rom th	
		related	stee	rustee		۱.,	beusa		(W 2/1099-MISC)			1 -	janızat	
		organizations below	ual fr	lonal		ploye	E S	1.		Ì		1	id relai anizati	
		line)	Individual trustee or	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former		1		l ola	arnzan	10115
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1b Subtotal									0.		0.			0.
c Total from continuation	sheets to Part	VII, Section A						>	0.		0.			0.
d Total (add lines 1b and								<u> </u>	0.		0.	L		0.
2 Total number of individual	ils (including but	t not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			
compensation from the o	rganization												V	<u> </u>
				-	٠.							$\overline{}$	Yes	No
3 Did the organization list a			ee, k	еу е	mpl	oye	e, or	nıg	hest compensated emp	loyee on	1	-		Х
line 1a? If "Yes," complet						4	~	-46	or compensation from t	ha araanizatian		3		
4 For any individual listed of and related organizations										ne organization		4		X
5 Did any person listed on I										lual for services		 	-	 -
rendered to the organizat									or garazation or marrie			5		Х
Section B. Independent Cont													-	
1 Complete this table for yo	our five highest of	compensated ind	eper	nder	nt co	ntra	ctor	's th	at received more than \$	100,000 of comp	ensa	tion fro	m	
the organization Report of	compensation fo	or the calendar ye	ar e	ndın	g w	ith o	r wit	thin	the organization's tax y	ear				
	(A)							- [(B)	ĺ	_	(C		
Na Na	ame and busines	ss address	NC	NE	:			4	Description of s	ervices		omper	nsatio	<u> </u>
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Total number of independent contractors (including but not limited to those listed above) who received more than

0

\$100,000 of compensation from the organization

Page 9

			Check if Schedule O contains	s a response	or note to any lir	ne in this Part VIII			
		v			-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	•	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions All other contributions, gifts, grants, a similar amounts not included above Noncash contributions included in lines 1a-16 Total. Add lines 1a-1f	nd 1 ,	549,000.	1,549,000.	•		```
Program Service C Revenue		2 a b c d e f	All other program service revenue Total. Add lines 2a-2f		Business Code				
	3 4 5	a b c	Investment income (including divident similar amounts) Income from investment of tax-ex Royalties Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)		>				
Other Revenue		a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events including \$	of	(ii) Other				
		contributions reported on line 1c) See Part IV, line 18 B Less direct expenses C Net income or (loss) from fundraising events 9 a Gross income from garning activities See Part IV, line 19 D Less direct expenses C Net income or (loss) from garning activities			>				
Miscellaneous Revenue	11	a b c d e	Less cost of goods sold Net income or (loss) from sales of All other revenue Total. Add lines 11a-11d Total revenue. See instructions		Business Code	1,549,000.	0.	0.	0.
32009	01	-20-2	20			·——- -			Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part IX () On ont multure amounts reported on hims 60, 78, 80, 98, and 100 of Part VIII () Total openins are contained in the Program service of the Program se	Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
All oil, 90, mild 100 of Part Will Graits and other assistance to domestic organizations and domestic governments, See Part IV, line 21 Graits and other assistance to domestic individuals See Part IV, line 17 to 19 t	Do		(A)	(B)		(D)
1 Graits and other assistance to domestic organizations and domestic governments. See Part IV, line 27 2 Grants and other assistance to domestic individuals See Part IV, line 27 3 Grants and other assistance to domestic individuals See Part IV, line 28 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of multided above to disqualified persons (as defined under saction 4958(ft) (1) and persons described in section 4958(ft) and 4938(ft) individuals and 4958(ft) (1) and persons described in section 4958(ft) and 4958(ft) (1) and persons described in section 4958(ft) and 49		•	Total expenses			Fundraising expenses
2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 energian organizations or included above to designallind persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(1) and 49(3)) employer contributions (include section 4958(r)(1) and 495(r) employer contributions (include section	1	Grants and other assistance to domestic organizations				, ,
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 Grompersation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (set direct under section 4586(c)(3)(8) Persons described in section 4586(c)(3)(8) Persons plan accusals and confrobutions (include section 4014) and 403(t) employer contributions) Chief employee benefits Person plan accusals and confrobutions (include section 4014) and 403(t) employer contributions) Chief employee benefits Person plan accusals and confrobutions (include section 4014) and 403(t) employer contributions) Chief employee benefits Person plan accusals and confrobutions (include section 4014) and 403(t) employer contributions) Chief responsible (include section 4014) and 403(t) employer contributions (include section 4014) and 403(t) employer contr		and domestic governments. See Part IV, line 21	2,070,000.	2,070,000.		<u> </u>
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of uncluded above to disqualified persons (set offined above to disqualified persons) (settled above to disqualified persons) (settled and expenses) (settled under section 4958(f)(19)) and persons described an section 4958(f)(19) and 490(b) employer contributions) 9 Other employee benefits 1 Person plan accurals and contributions (include section for file) and 490(b) employer contributions) 10 Payroll taxes 11 Fees for services (nonemployees) 12 Advantages 13 Management 14 Legal 15 Cancounting 16 Lobbying 17 Professional fundrasing services. See Part IV, line 17 Investment management fees 19 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g sepriess on Sch 0.) 12 Advertising and promotion 13 Office expenses 15 Ray amount, list line 11g sepriess on Sch 0.) 14 Information technology 15 Raysimes 16 Occupancy 17 Travell 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Payments to affiliates 20 Conferences, conventions, and meetings for the payments to affiliates 21 Depreciation, depletion, and amortization is insurance. 22 Depreciation, depletion, and amortization is insurance. 23 ATAX LICENSE & FEES 24 All other expenses 25 Total functional expenses Add lines 1 through 24e 27 All other expenses 28 Joint casts. Complete this time only if the organization reported in column (8) point costs from a combined educational Campagement and promotion and produced advanced and campagement and promotion and produced advanced and campagement and promotion and point costs from a combined	2	Grants and other assistance to domestic				
organizations, foreign governments and 16 organ individuals See Part IV, lines 15 and 16 organization of current officens, directors, trustees, and key employees Compensation of uncluded above to disqualited persons (as defined under section 4958(I)(1)) and persons described in section 4958(I)(1) and 490(b) employee contributions) and persons described in section 4958(I)(1) and 490(b) employee contributions) and persons described in section 4958(I)(1) and 490(b) employee contributions) and 4958 (I) and 490(b) employee contributions and 4958 (I) and		individuals See Part IV, line 22				
organizations, foreign governments and 16 organ individuals See Part IV, lines 15 and 16 organization of current officens, directors, trustees, and key employees Compensation of uncluded above to disqualited persons (as defined under section 4958(I)(1)) and persons described in section 4958(I)(1) and 490(b) employee contributions) and persons described in section 4958(I)(1) and 490(b) employee contributions) and persons described in section 4958(I)(1) and 490(b) employee contributions) and 4958 (I) and 490(b) employee contributions and 4958 (I) and	3	Grants and other assistance to foreign				' &
4. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation or funded above to disqualified persons (se defined under section 458(f)(1)) and persons described in section 458(f)(1) and person plan accrusis and contributions (include section 401(k) and 403(h) employer contributions) 9. Other employee benefits 1. Fees for services (nonemployees) 3. Management 3. Legal 670. 670. 3. Legal 670. 670. 4. Caccounting 4. Lobbying 4. Professional fundraising services. See Part IV, line 17 5. Investment management fees 9. Other (Iffilial 11) gamount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12. Advertising and promotion 13. Office expenses 1. Information technology 1. Travel 1. Royaltes		organizations, foreign governments, and foreign				,
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation int included above to disqualified persons (as defined under section 498(f)(f)) and persons described in section 408(f) employer contributions) 7 Other employee benefits 8 Payroll taxes 9 Payroll taxes 10 Person plant taxes 11 Fees for services (nonemployees) 12 Accounting 13 Lobbying 14 Lobbying 15 Lobbying 16 Lobbying 17 Investment management fees 19 Other (fill his 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 19 Advertising and promotion technology 10 Advertising and promotion technology 11 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest of the person of		individuals See Part IV, lines 15 and 16				
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		<u>-</u>				

Form 990 (2019)

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 107,641. 8,605. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 58,056,016. 59,412,945. 15 15 Other assets See Part IV, line 11 58,064,621. 59,520,586. 16 Total assets. Add lines 1 through 15 (must equal line 33) 670. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. <u>1,977,677.</u> 25 of Schedule D 978,347. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 54,457,239. 54,979,621. 27 27 Net assets without donor restrictions 3,085,000. 3,085,000. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30

Form 990 (2019)

57,542,239.

59,520,586.

31

32

33

58,064,621.

58,064,621.

31

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

	1 990 (2019) FAMILY CHRISTIAN RESOURCE CENTERS INC	<u>46-</u>	<u>-0751626</u>	<u>5 Pa</u>	_{age} 12
Pa	rt XI Reconciliation of Net Assets				
<u></u>	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>49,0</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>71,3</u>	
3	Revenue less expenses Subtract line 2 from line 1	3	52		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,06	<u>54,6</u>	21.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u>-6.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				-
	column (B))	10	57,54	<u>12,2</u>	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				''
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)	* '9	7 7 1	1 - 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a	<u> </u>	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		`	1.	-,
	Separate basis Consolidated basis Both consolidated and separate basis		<u>.</u>	<u> </u>	لنا
b	Were the organization's financial statements audited by an independent accountant?		2b	↓	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,	1	' '	-
	consolidated basis, or both		- **	١.	
	Separate basis Consolidated basis Both consolidated and separate basis			4	ائنا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		_2c	 	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O	· <u> </u>	1	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Aud	ııt		
	Act and OMB Circular A-133?		<u>3a</u>	+	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	L

Form **990** (2019)

932012 01-20-20

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

Open to Public Inspection

Name of the organization

Employer identification number FAMILY CHRISTIAN RESOURCE CENTERS INC <u>46-0751626</u>

Pá	irt I	Reason for Public	Charity Status (All organizations must c	omplete th	ns part) S	ee instructions	
ſhe	organ	zation is not a private found	dation because it is (For lines 1 through 12, o	heck only	one box.)		<u> </u>
1		A church, convention of ch		_	_	•	1)(A)(i)	\mathcal{H}
	\equiv						''\\\''' \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	<i>J</i> 1
2	\vdash	A school described in sect						_
3	닏	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	D(b)(1)(A)(i	ii).	•
4	Lj	A medical research organiz	zation operated in co	njunction with a hospita	l described	in section	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state						
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a go	overnmental unit describ	ed in
_		section 170(b)(1)(A)(iv). (0				,		
_	\Box	, ,, ,, ,, ,,	•			70/L\/4\/A\	v. A	
6		A federal, state, or local go						
7		An organization that norma	ılly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
	_	section 170(b)(1)(A)(vi). (C	complete Part II)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	tII)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operat	ed in conji	unction with a land-grant	college
		or university or a non-land-g						
		university	,	,			,	
10	X	An organization that norma	illy recover (1) more	than 22 1/20/ of its sun	nort from	contributio	ne mambarehin fage ar	nd aross receipts from
	لحصا							
		activities related to its exen						
		income and unrelated busing		(less section 511 tax) fro	om busines	sses acqui	red by the organization a	after June 30, 1975
		See section 509(a)(2). (Co	mplete Part III)					
11		An organization organized a	and operated exclusi	ively to test for public sa	fety See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2)	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g	
а		Type I. A supporting orga	• •				-	aivina
		the supported organization	•		•	_		-
		organization You must o						
_		, -	•		tion it into it.		od ergenizetien(s), hij hei	una.
D	L	Type II. A supporting org						
		control or management o			ame perso	ns tnat co	ntrol or manage the supp	οοπεα
		organization(s) You mus	t complete Part IV,	Sections A and C.				
С	L_	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	You must complete l	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	bution red	quirement and an attentiv	/eness
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V .	
е		Check this box if the orga						
		functionally integrated, or					<i>y</i> , <i>y</i> , <i>y</i> , <i>y</i> , <i>y</i> , <i>y</i> , <i>y</i> , <i>y</i> ,	
f	Ente	r the number of supported o)g	3 - 3			
		ide the following information	•	d organization(s)				<u> </u>
_ 9		Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10	ın your governi Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))	100			· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·			ļ			
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Sch	ne <u>dule A (Form 99</u> 0 <u>or 990-EZ) 2019 F.</u>	AMILY CHR	ISTIAN RE	SOURCE CE	NTERS INC	46-075	1626 Page 2
	art II Support Schedule for (Organizations	Described in	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked						
	fails to qualify under the tests						
Se	ction A. Public Support					<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2013	10/2010	(0) 2017	(4) 2010	(e) 2019 _	Ai) Iolai
•	membership fees received (Do not			Ì			
	include any "unusual grants ")			1		/	1
2	Tax revenues levied for the organ-					 	
-	ization's benefit and either paid to		ĺ				ľ
	or expended on its behalf						
3	The value of services or facilities					/	
٠	furnished by a governmental unit to		j]		/]
	the organization without charge				/	ľ	
4	Total. Add lines 1 through 3		-				
5	The portion of total contributions				/		
Ŭ	by each person (other than a			}		}	1
	governmental unit or publicly						
	supported organization) included	•			/		ł
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			/	ľ ·		ł
	column (f)	!					
6	Public support. Subtract line 5 from line 4		-	/			
	ction B. Total Support				<u> </u>		<u> </u>
ale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(6) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	127 0 :-	(5) 50.0		10/2010	(0)	1,7 . 3 . 3 .
	Gross income from interest,			/			
Ī	dividends, payments received on			1	}		
	securities loans, rents, royalties,						
	and income from similar sources					'	
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc (see instruction	ns)			12	
	First five years. If the Form 990 is for	/		d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop						
e	ction C. Computation of Public	Support Per	centage				
4	Public support percentage for 2019 (lin	ie 6, column (f) div	vided by line 11, c	olumn (f))		14	%
5	Public support percentage from 2018 \$	Schedule A, Part I	l, line 14		(15 [%
6a	33 1/3% support test - 2019. If the or	_			14 is 33 1/3% or mo	ore, check this box	
	stop here. The organization qualifies a						▶∟」
b	33 1/3% support test 2018. If the or	ganization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualif	•					▶∟」
7a	10% -facts-and-circumstances test -	_					
	and if the organization meets the "facts					t VI how the organ	ization
	meets the facts-and-circumstances" te	_					▶∟」
b	10% -facts-and-circumstances test -						
	more, and if the organization meets the				-		. —
_	organization meets the "facts and circu	tononou tont T	he erconstation o	ualifica ao o aubliol	ly supported aroon	ization	▶

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2019

(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

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) zoio	(5) 2010	(0) 20 1,	(6) 2010	10/2010	17 1014
•	membership fees received. (Do not	1		}	1		1
	include any "unusual grants ")	11991868.	h 1554273.	7470780.	63862451.	1549000.	96428372.
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	198734404			0.		455219741
3	Gross receipts from activities that	20752201	202301170	7 0 3 2 0 0 2 1			
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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	01000000	104115540	01 20 4 5 4 1	62060451	1540000	FF1 C 4 0 1 1 2
	-	210726272	194115749	81394641.	63862451.	1549000.	551648113
	a Amounts included on lines 1, 2, and 3 received from disqualified persons		10543000.	7597000.	63790507.		81930507.
, L	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	8682737.		ı			8682737.
	Add lines 7a and 7b		10543000.	7597000.	63790507.		90613244.
_8	Public support. (Subtract line 7g from line 6)						461034869
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	210726272	194115749	81394641.	63862451.	1549000.	551648113
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						l
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support (Add lines 9, 10c, 11, and 12)	210726272	194115749	81394641.	63862451.	1549000.	551648113
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3) organiza	tion,
3	check this box and stop here	- Cummant Daw		· · · · · · · · ·			
	tion C. Computation of Publi			. (0)	 	1	02 57 0
	Public support percentage for 2019 (li		•	olumn (f))		15	83.57 % 87.90 %
	Public support percentage from 2018 etion D. Computation of Inves					16	87.90 %
	Investment income percentage for 20			e 13 column (f)		17	.00 %
	Investment income percentage from 2	•		e 13, Column (i))	ŀ	18	<u>*************************************</u>
	33 1/3% support tests - 2019. If the			n line 14, and line	ا 15 s more than 33		
. .	more than 33 1/3%, check this box an						►X
b	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, check						▶□
20	Private foundation. If the organization						▶ □

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)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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As A person who directly or indirectly controls, ether alone or together with persons described in (b) and (c) below, the governing body of all supported organization? b A family member of a person described in (b) above? c A 35% controlled entity of a person described in (b) above? c A 35% controlled entity of a person described in (b) above? c A 35% controlled entity of a person described in (d) above? c A 35% controlled entity of a person described in (d) a for (b) above? b A 55% controlled entity of a person described in (d) a for (b) above? b A 55% controlled entity of a person described in (d) or (b) above? c A 35% controlled entity of a person described in (d) or (b) above? b A 55% controlled the provided organizations c a controlled the organizations or ensured organizations directively operated, supervised, or controlled the organizations a civiles if the organization organization or electric provided control or organization, describe how the provise to appoint and/or remove ductors or instances were allocated among the supported organization operated for the benefit of any supported organization on their than the supported organization operated for the benefit of any supported organization on their than the supported organization operated for the benefit of any supported organization on the than the supported organization operated for the benefit of any supported organization on the than the supported organization operated for the benefit of any supported organization on the first in estimate organization operated for the benefit of any supported organization on the supported organization on the supported organization of the supported organization on the supported organization of the supported organization of the supported organization on the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization organization organiz		edule A (Form 990 or 990 EZ) 2019 FAMILY CHRISTIAN RESOURCE CENTERS INC 46-07	5162	6 P	age 5
11. Hast the organization accepted a gift or contribution from any of the following persons? A person with derectly or indextry controls, ethnic actions or together with persons described in (b) and (c) below; the governing body of a supported organization? A family member of a person described organization? A family member of a person described in (b) active? A 35% controlled entity of a person described in (b) or (b) above? (iii) active (b)	Ра	rt IV Supporting Organizations (continued)		,	
a A parson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) or (b) above? c A 35% controlled entity of a parson described in (a) or (b) above? d A 35% controlled entity of a parson described in (a) or (b) above? D A the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe how the powers to appoint ador among directively operated, supervised, or controlled the organizations are all times during the tax year. 1 Did the directors, frustees, or membership of one or more supported organization, and all times during the tax year. 1 Lax year? If No," describe how the powers to appoint ador among directively operated, supervised, or controlled the organizations are restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated is of the benefit of any supported organization other than the supported organization organization of the supported organization organization organization of the supported organization or		•		Yes	No
below, the governing body of a supported organization? A ASS controlled entity of a person described in (s) or (b) above? A 35% controlled entity of a person described in (s) or (b) above? If "Yes" to a. b. or c. provide detail in Pert VI. Section B. Type I Supporting Organizations Dot the directors, trustees, or membership of one or more supported organizations have the power to regularly support or elect at least a majority of the organization of interest and the structure of the controlled entity of the organization of interest and intere		•		J	'
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) are to a bove? A 55% controlled entity of a person described in (a) are to a bove? I 10 bit 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 organizations have the power to a person described in Part VI how the supported organizations directors or trustees at all times during the tax year? If "In", describe in Part VI how the supported organization of services are the organization and the more than one supported organization. A describe how the powers to appoint and/or remove directors or trustees were elicosed among the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the thin the supported organization of the directors or trustees of each of the supporting organization's under the supported organization of the directors or trustees of each of the supporting organization's under the supported organization of the directors or trustees of each of the supported organization's under the supported organization's under the supported organization's the supported organization's the supported organization or the supported organization's powering documents in effect or the date of notification, and (vi) copies of the organization is powering documents in effect or the date of notifica	а	· · · · · · · · · · · · · · · · · · ·	 -	 	<u> </u>
c. A 35% controlled entity of a person described in (s) or (o) above? If "Yes" to a. b. or c. provide detail in Pert VI. Section B. Type I Supporting Organizations I 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 duming the tax yea? If "Yes," escentible in Pert VI how the supported organization's directors or trustees at all times duming the tax yea? If "Yes," escentible in the organization and organization's directors or trustees at all times duming the tax year? If "Yes," escentible organization and organization's directors or trustees at all times duming the tax year. 2 Did the organization operate for the benefit of any supported organization directors and what conditions or restrictions, if any, applied to such power duming the tax year. 2 Did the organization operate for the benefit of any supported organization directors and the trust organization of the third organization of the purposes of the supported organization of the trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's in the supported organization or management of the supporting Organizations. 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 tax year, (i) a vortice in the supported organization or management of the supported organization's tax year, (ii) a vortice in the supported organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization or the perimental			-	 	
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 It'No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities of the organization and an ore than one supported organization, describe how the powers to appoint and/or remove directions or trustees were allocated among the supported organization operated for the benefit of any supported organization of It'Yes, "explain in Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of It'Yes, "explain in Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization of It'Yes, "explain in Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised or crustations of the supported organization of It'Yes, "explain in Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised or trustations of explaints of the supported organization in the supporting Organizations. 1 Were a majority of the organization's surface to rustates during the tax year also a majority of the directors or trustations of each of the organization supported organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations? If "No," explain in Part VI how the organization provide to each of its controlled organizations? If "No," explain in Part VI how the organization is given the capital provided organizations? If "N				 	
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		.,	,		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
·			• 50	 †	``
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2019 FAMILY CHRISTIAN RESOUR			16-0751626 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in l	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ections A through E.	· · · · · · · · · · · · · · · · · · ·
Sec	tion À - 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		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			, , , , , , , , , , , , , , , , , , , ,
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	•	
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
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		
Sect	ion 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	1	
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

	edule A (Form 990 or 990 EZ) 2019 FAMILY CHRIST			6-0751626 Page 7
Pa	art V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	anizations (continued)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
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 which th	ne organization is responsive		
	(provide details in Part VI). See instructions	,		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	tion 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 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
-	Carryover from 2014 not applied (see instructions)			
1	Remainder Subtract lines 3g, 3h, and 3i from 3f.		,	
4	Distributions for 2019 from Section D,	***************************************	1	
	line 7. \$			
а	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		
	Applied to 2019 distributable amount		\	···
	Remainder Subtract lines 4a and 4b from 4		<u></u>	·
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 3		· · · · · · · · · · · · · · · · · · ·	
•	and 4c		,	
8	Breakdown of line 7			· · · · · · · · · · · · · · · · · · ·
	Excess from 2015			
	Excess from 2016			
	Excess from 2017		· · · · · · · · · · · · · · · · · · ·	
<u>a</u>	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	(Form 990 or 990-E.	Z) 2019 FAMIL	I CUKISTI	AN RESOURC	E CENTERS	INC 46-07:	
Part VI	Part IV, Section A, line 1, Part IV, Sec Section D, lines 5,	lines 1, 2, 3b, 3c, 4	1b, 4c, 5a, 6, 9a, 9 3; Part IV, Section	9b, 9c, 11a, 11b, and E, lines 1c, 2a, 2b,	d 11c, Part IV, Sectio 3a, and 3b, Part V, III	line 17a or 17b, Part III, n B, lines 1 and 2, Part I ne 1, Part V, Section B, I any additional informatio	V, Section C, line 1e, Part V,
	(See instructions)						
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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 Open to Public Inspection

Name of the organization

FAMILY CHRISTIAN RESOURCE CENTERS INC

Employer identification number 46-0751626

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	e 6		·
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year		•	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)		_	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	donly	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	ernng	
_	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a hi	storically	/ important land area
	Protection of natural habitat	Preservation of a ce	ertified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conserva	ation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rela	eased, extinguished, or terminated by the orga	anızatıon	during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easi	ements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easemen	its during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement ar	nd
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements t	that desc	cribes the
To-	organization's accounting for conservation easements	Ant Uistaniael Transurae an Other	Cimaila	- Acceta
Par	t III Organizations Maintaining Collections of	•	Sillilla	i Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 956			
	of art, historical treasures, or other similar assets held for pub		ance or	public
	service, provide in Part XIII the text of the footnote to its finan		1	dia af
þ	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of pu	blic service,
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1			*
_	(ii) Assets included in Form 990, Part X		▶ .	*
2	If the organization received or held works of art, historical trea		, provide	Ð
	the following amounts required to be reported under FASB AS	SC 958 relating to these items	_	•
а	Revenue included on Form 990, Part VIII, line 1			*
b	Assets included in Form 990, Part X			\$

		CHRISTIAN					Cimila		21070		age Z
									(continu	ıed)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	cany of the	following that n	nake sigi	nificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	•	d 🖳		hange program	n					
b	Scholarly research	•	e	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organization	's exemp	ot purpo	se ın Part	XIII		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or other	sımılar a	ssets		_		
	to be sold to raise funds rather than to be ma	the state of the s				.,,			Yes		No
Pa	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		lete if the	e organizatio	n answered "Y	es" on F	orm 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	s or other asse	ts not inc	cluded				
	on Form 990, Part X?		•						Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able [.]					_		
	. ,	•							Amount		
С	Beginning balance						1c		-		
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	stodial accoun	it liability	?		Yes		No
b_	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete it	f the organization an	nswered	"Yes" on Fo	rm 990, Part IV	/, line 10					
		(a) Current year	(b) P	rior year	(c) Two years	back (d	I) Three y	ears back	(e) Four y	ears t	ack
1a	Beginning of year balance				1						
b	Contributions										
С	Net investment earnings, gains, and losses				Ţ						
d	Grants or scholarships	· ·									
е	Other expenditures for facilities										
	and programs		[ĺ	ĺ					
f	Administrative expenses										
	End of year balance							-			
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1c	ı. column (a)) held as	-	·				
а	Board designated or quasi-endowment	,	%	,, (,	,						
b	Permanent endowment	%	_								
		 %									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	id administered	for the	organiza	ition			
	by	_							Y	'es	No
	(i) Unrelated organizations								3a(ı)		
	(ii) Related organizations								3a(ii)	\Box	
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds							
Par	t VI Land, Buildings, and Equipme	ent.						-			
	Complete if the organization answered	l "Yes" on Form 990), Part IV	, line 11a S	ee Form 990, P	art X, lin	e 10				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	d	(d) Book	value	
		basis (investr	nent)	basis	(other)	depre	eciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
<u>e</u>	Other										
Total	. Add lines 1a through 1e (Column (d) must ed	ual Form 990, Part	X. colum	n (B), line 10	Oc.)						0.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) DUE TO JACKSON INVESTMENT GROUP 1, 977, 677.

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

	dule D (Form 990) 2019 FAMILY CHRISTIAN RESOURCE			
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		_1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	_2a		
b	Donated services and use of facilities	_2b		
С	Recoveries of prior year grants	_2c	\$ ·	
d	Other (Describe in Part XIII)	_2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		, ,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	<u> </u>	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Par	t XII Reconciliation of Expenses per Audited Financial State	ements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total expenses and losses per audited financial statements		_1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	.	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		40	
	, tad iiilad qu'al and qu'		_4c	
Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.		_5	-
Par rovid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	Part IV, lines 1b and 2b, Pa	_5	
Par rovid	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	_5	
Par rovid	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	_5	
Par rovid	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	_5	
Par rovid	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	_5	
Par rovid	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	_5	
Par rovid	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	_5	
Par rovid	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	_5	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

% × **Employer identification number** 46-0751626 TO FURTHER THE EXEMPT (h) Purpose of grant or assistance URPOSE OF GIVING _____ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any COMPANY. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Go to www.irs.gov/Form990 for the latest information. ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 2,070,000 FAMILY CHRISTIAN RESOURCE CENTERS INC cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (f applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 81-3897257 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government ALPHARETTA, GA 30009 2655 NORTHWINDS PKWY Name of the organization IDISCIPLE Parti Part

Schedule I (Form 990) (2019)

Page 2 (f) Description of noncash assistance 46-0751626 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance FAMILY CHRISTIAN RESOURCE CENTERS INC (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2019) Part III

Schedule I (Form 990) (2019)

932102 10-26-19

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2019
Open to Public Inspection

OMB No 1545-0047

Name of the organization

FAMILY CHRISTIAN RESOURCE CENTERS INC

Employer identification number 46-0751626

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OTHER NONPROFIT ORGANIZATIONS TO SERVE WIDOWS AND ORPHANS AND OTHER
PROGRAMS.
FORM 990, PART VI, SECTION A, LINE 2:
RICHARD L. JACKSON, THE PRESIDENT AND A DIRECTOR OF THE ORGANIZATION, HOLDS
A SUPERVISORY ROLE WITH RESPECT TO LESLIE M. KURTZ AND JAY D. MITCHELL, THE
CFO AND SECRETARY, RESPECTIVELY, OF THE ORGANIZATION IN CONNECTION WITH
THEIR REGULAR EMPLOYMENT.
FORM 990, PART VI, SECTION A, LINE 8A:
THERE WERE NO MEETINGS HELD DURING THE TAX PERIOD.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON GOVERNING BODY'S BEHALF.
FORM 990, PART VI, SECTION B, LINE 11B:
APPROPRIATE MEMBERS OF BOARD REVIEW TAX RETURN BEFORE AND AFTER FILING WITH
IRS. NOT ALL MEMBERS OF BOARD REVIEW TAX RETURNS.
FORM 990, PART VI, SECTION B, LINE 12C:
WE HAVE A WRITTEN CONFLICT OF INTEREST POLICY AND THE MEMBERS WERE REQUIRED
TO DISCUSS AND DISCLOSE ANY CONFLICTS WHEN WE CONDUCTED THE SALARY REVIEW
PROCESS AT THE END OF LAST YEAR.

Schedule O (Form 990 or 990-EZ) (2019)	Page :
Name of the organization FAMILY CHRISTIAN RESOURCE CENTERS INC	Employer identification number 46-0751626
CURRENTLY, DIRECTORS ARE NOT COMPENSATED FOR THEIR SERVICE	S, EXCEPT FOR
REIMBURSEMENT OF REASONABLE EXPENSE. HOWEVER, IT IS POSSIB	LE THAT THE
ORGANIZATION'S DIRECTORS MAY BE COMPENSATED, IN AN AMOUNT	DETERMINED
PURSUANT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY	, IN THE FUTURE.
FORM 990, PART VI, SECTION C, LINE 19:	
THESE ITEMS ARE MADE AVAILABLE AT THE ORGANIZATION OFFICES	UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK/TAX DIFFERENCES	-6.
· ·	
	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2019

OMB No 1545-0047

Open to Public Inspection

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

FAMILY CHRISTIAN RESOURCE CENTERS INC

Employer identification number 46-0751626

Schedule R (Form 990) 2019 (g) Section 512(b)(13) Š INC. INC. INC. controlled entity? Direct controlling Yes RESECURCE CENTERS, RESEOURCE CENTERS, RESEOURCE CENTERS, AMILY CHRISTIAN AMILY CHRISTIAN PAMILY CHRISTIAN entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets Public chanty status (if section <u>e</u> 501(c)(3)) Total income Exempt Code section Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) COLORADO **SEORGIA** GEORGIA Primary activity Primary activity HOLDING COMPANY For Paperwork Reduction Act Notice, see the Instructions for Form 990. DORMANT DORMANT Name, address, and EIN (if applicable) FAMILY CHRISTIAN STORES HOLDING, LLC Name, address, and EIN of related organization of disregarded entity 2655 NORTHWINDS PARKWAY 2655 NORTHWINDS PARKWAY 2655 NORTHWINDS PARKWAY ALPHARETTA, GA 30009 ALPHARETTA, GA 30009 ALPHARETTA, GA 30009 GIVING FILMS, LLC FCS GIFTCO, LLC Part II Part

FAMILY CHRISTIAN RESOURCE CENTERS INC Schedule R (Form 990) 2019

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

46-0751626

General or Percentage managing ownership	2		nore related
(j) General or managing partner?		 	 or n
Code V-UBI gamount in box amount in box 20 of Schedule 4.1 (Form 1065)			because it had one
(h) Disproportionate allocations?			IV, line 34,
(g) Share of end-of-year assets			 " on Form 990, Part
(f) Share of total income			on answered "Yes
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			tion or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
(d) Direct controlling entity			ration or Trust. Cor
(c) Legal domicile (state or foreign country)			 is a Corpo
(b) Primary activity			yanizations Taxable a
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporat organizations treated as a corporation or trust during the tax veri

Organizations treated as a corporation or trust during the tax year	uring the tax year				•				
(a)	(q)	(0)	(Q)	(e)	6)	(6)	ε	8	1
Name, address, and EIN of related organization	Primáry activity	Legal domicite (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or frust)	Share of total income	of /ear	age	Section 512(b)(13) controlled entity?	~ T
		country)	•	(2)		2222		Yes	٥
GEORGIA FILM FUND 35, LLC - 47-2285872			FAMILY						,Į
2655 NORTHWINDS PARKWAY			CHRISTIAN						
ALPHARETTA, GA 30009	FILM PRODUCTION	ВA	RESOURCE	C CORP			1008	×	
PEACHTREE CINEMA 5, LLC - 82-2841049			FAMILY					-	١.
2655 NORTHWINDS PARKWAY	1		CHRISTIAN						
ALPHARETTA, GA 30009	FILM PRODUCTION	СЪ	RESOURCE	C CORP			1008		
PEACHTREE CINEMA 2, LLC - 81-3562659			FAMILY					1	ľ
2655 NORTHWINDS PARKWAY	Π		CHRISTIAN					 -	
ALPHARETTA, GA 30009	FILM PRODUCTION	СА	RESOURCE	C CORP	-		1008	×	
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932162 09-10-19

Schedule R (Form 990) 2019

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- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)

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- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ٥
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	מינו האולוניה היים		מיינים ויינים וי
(a) Name of related organization Trar	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GEORGIA FILM FUND 35, LLC	EД	73,422. FMV	FMV
(2) PEACHTREE CINEMA 5, LLC	B	400,090. FMV	FMV
(3) PEACHTREE CINEMA 2, LLC	D	14,677.FMV	FMV
(4)			
(5)			
(9)	_		

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) Percentage ownership -			•	
General or Pomanaging or partner?				
Dispropor- Dispropor-				
Disproportionale allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
Are all Are all Societics Sec. 501(c)(3) Orgs?			 	
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 FAMILY CHRISTIAN RESOURCE CENTERS INC 46-0751626 Page 5
Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:
NAME OF RELATED ORGANIZATION:
GEORGIA FILM FUND 35, LLC
DIRECT CONTROLLING ENTITY: FAMILY CHRISTIAN RESOURCE CENTERS INC.
Will of the second of the seco
NAME OF RELATED ORGANIZATION:
PEACHTREE CINEMA 5, LLC
DIRECT CONTROLLING ENTITY: FAMILY CHRISTIAN RESOURCE CENTERS INC.
Wilder of the latter or an experience
NAME OF RELATED ORGANIZATION:
PEACHTREE CINEMA 2, LLC
DIRECT CONTROLLING ENTITY: FAMILY CHRISTIAN RESOURCE CENTERS INC.