

Form 990-EZ

**Short Form**  
**Return of Organization Exempt From Income Tax**

2012

OMB No. 1545-0047

2020

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**A For the 2020 calendar year, or tax year beginning**

, 2020, and ending

, 20

**B Check if applicable**

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**

MINISTERIAL ASSOCIATION OF ANTHONY INC

Number and street (or P O box if mail is not delivered to street address)

?

Room/suite

P O BOX 43 210 W MAIN STREET

City or town, state or province, country, and ZIP or foreign postal code

ANTHONY KS 67003-0043

03

**D Employer identification number**

870730787

**E Telephone number**

(620) 845-0331

**F Group Exemption**

Number ► ?

**G Accounting Method**  Cash  Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status (check only one)** —  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527**K Form of organization**  Corporation  Trust  Association  Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets**

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ) ► \$ 66125.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) ?Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 32228
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
<b>Expenses</b>	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
	c Less: direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a 33897
	b Less: cost of goods sold . . . . .	7b 16921
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c 16976
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 49204
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
<b>Net Assets</b>	11 Benefits paid to or for members . . . . .	11 6381
	12 Salaries, other compensation, and employee benefits	12 8866
	13 Professional fees and other payments to independent contractors	13 199
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 10589
	15 Printing, publications, postage, and shipping . . . . .	15
	16 Other expenses (describe in Schedule O) ? . . . . .	16 12059
	17 <b>Total expenses.</b> Add lines 10 through 16	17 38094
	18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18 11110
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 107212
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 951
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 119273

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2020)

G9

Part II Balance Sheets (see the instructions for Part II)

**Check if the organization used Schedule O to respond to any question in this Part II .**

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	44926.22	55487
23	Land and buildings . . . . .	12000 23	12000
24	Other assets (describe in Schedule O) . . . . .	50286 24	51786
25	<b>Total assets</b> . . . . .	<b>107212.25</b>	<b>119273</b>
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	<b>26</b>	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>107212 27</b>	<b>119273</b>

### Part III Statement of Program Service Accomplishments (see the instructions for Part III)

**Statement of Program Service Accomplishments (See the Instructions for Part III). Check if the organization used Schedule Q to respond to any question in this Part III.**

**What is the organization's primary exempt purpose?      THRIFT SHOP/FOOD BANK FOR LESS FORTUNATE**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE ATTACHED SCHEDULE Q

29	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
30	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
31	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
32	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
	Total program service expenses (add lines 28a through 31a) . . . . .	32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule Q to respond to any question in this Part IV.

ABD

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	39a	✓
39 Section 501(c)(7) organizations. Enter:	39b	✓
a Initiation fees and capital contributions included on line 9	40a	✓
b Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40c	✓
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40d	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	✓
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ► <b>NONE - NO REQUIREMENTS FOR KANSAS</b>		
42a The organization's books are in care of ► SHELLY WILKINSON	Telephone no. ► (620) 845-0331	
Located at ► 424 N KANSAS AVE ANTHONY KS	ZIP + 4 ► 67003	
b 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)? If "Yes," enter the name of the foreign country ►	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
c Did the organization receive any payments for indoor tanning services during the year?	44b	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45a	✓
	45b	✓

**Form 990-EZ (2020)**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

Yes	No
	✓

**Part VI      Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

•

47 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

	Yes	No
47		✓
48		✓
49a		✓
49b		?

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization? -

b. If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

f Total number of other employees paid over \$100,000 . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b> <span style="font-size: 2em;">?</span>	<div style="display: flex; align-items: center;"> <div style="flex: 1; position: relative;"> <span style="position: absolute; top: 0; left: 0; font-size: 2em; color: #ccc;">▶</span> <span style="font-size: 1.5em; font-weight: bold;">Shelly Wilkinson</span> </div> <div style="flex: 1; margin-left: 10px;"> <p>Signature of officer</p> <p><b>SHELLY WILKINSON</b></p> <p>Type or print name and title</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span style="font-weight: bold;">TREASURER</span> </div>
---	--

1

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DEBRA J HATFIELD</b>	Preparer's signature 	Date <b>11-14-2021</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01301403</b>
	Firm's name ► <b>HUBBARD BUSINESS SERVICES LLC</b>	Firm's EIN ► <b>82-3884898</b>			
	Firm's address ► <b>114 E MAIN STREET P O BOX 401 ANTHONY KS 67003-0401</b>	Phone no. <b>(620) 842-5709</b>			

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

---

Form 990-EZ (2020)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

MINISTERIAL ASSOCIATION OF ANTHONY INC

Employer identification number

87-0730787

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 01

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s). [ ]

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- Attach to Form 990 or 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**MINISTERIAL ASSOCIATION OF ANTHONY INC**

Employer identification number

**87-0730787**

THIS 990-EZ CANNOT BE EFILED WHEN THE PREPARER EFILED A TAX RETURN ON SEPTEMBER 14, 2021, THE RETURN WAS REJECTED BY REJECT CODE #R0000-905-01 THE PREPARER CALLED THE EHELP DESK THE IRS AGENT INFORMED THE PREPARER A DECEASED PERSON WAS LISTED. A PREPARER CANNOT HAVE A DECEASED PERSON LISTED ON THE LICENSE THE PREPARER IS IN THE PROCESS OF AMENDING THE 1999 EFILE APPLICATION TO REMOVE THE TWO DECEASED PERSONS' NAMES ONCE THE AMENDED APPLICATION IS APPROVED BY THE IRS THE PREPARER WILL BE ABLE TO EFILE AGAIN.

CONTINUE TO NEXT PAGE FOR SCHEDULE O ITEMS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**MINISTERIAL ASSOCIATION OF ANTHONY INC**

Employer identification number

**87-0730787**

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES**

SUPPLIES	\$ 752	REAL ESTATE TAXES	\$ 530	SALES TAX	\$ 2679	INSURANCE	\$ 4486
OFFICE SUPPLIES	\$ 27	ADVERTISING	\$ 1223	POSTAGE	\$ 46	PAYROLL TAXES	\$ 1825
TERMINEX-TERMITE TREATMENT	\$ 379	DUES/SUBSCRIPTIONS	\$ 72	KS ANNUAL REPORT FEE			\$ 40.
<b>TOTAL OTHER EXPENSES.</b>	<b>\$ 12059</b>						

**FORM 990-EZ, PART I, LINE 20, OTHER CHANGES:**

REMOVAL OF HARPER COUNTY HOPE COMMITTEE. COMMITTEE DECIDED TO BRANCH OUT ON ITS OWN AS DONATIONS TO  
FUND THE HOPE PROJECTS CONTINUES TO COME IN. BILLS ARE PAID BY DONATIONS

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

SHELVING	\$ 688.	BUILDING REMODEL	\$ 22639	APPLIANCE	\$ 840	DISHWASHER	\$ 250
CONCRETE	\$ 821	TABLES	\$ 202	SHELVES	\$ 980	SEWER	\$ 1154
HVAC	\$10686.	SIGN	\$ 650	WIRING	\$ 5756.	CONSTRUCTION	\$ 4670
FOOD BANK FREEZER/COOLERS	\$ 2450				<b>END OF YEAR TOTAL</b>		<b>\$ 51786</b>

**FORM 99-EZ, PART II, LINE 28, STATEMENT PROGRAM SERVICE ACCOMPLISHMENTS:**

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE FOOD, CLOTHING, AND SUMMER FOOD PROGRAM FOR THE  
LESS FORTUNATE. THIS ASSOCIATION OPERATES A THRIFT SHOP WHICH SELLS USED CLOTHING AND OTHER ITEMS AT A  
MINIMAL COST. FOOD ITEMS AND CASH ARE DONATED TO PROVIDE FOOD TO THOSE IN NEED. THE ASSOCIATION ALSO SERVES  
A LUNCH IN THE SUMMER MONTHS WHEN SCHOOL IS OUT TO CHILDREN AND THEIR FAMILIES. CASH DONATIONS ALLOW THIS  
SERVICE TO BE PROVIDED. IN 2018 A BUILDING WAS ACQUIRED AND THE FOOD BANK MOVED TO IT ALLOWING MORE SPACE FOR  
BOTH CLOTHING AT THE THRIFT SHOP AND FOOD AT THE FOOD BANK

Name of the organization

**MINISTERIAL ASSOCIATION OF ANTHONY INC**

Employer identification number

**87-0730787****FORM 990-EZ, PART V, OTHER INFORMATION, LINE 35B****THE ASSOCIATION IS NOT FILING FORM 990-T AS ITS BUSINESS ACTIVITIES ARE SMALL, CONSISTING OF DONATED INVENTORY****(CLOTHES), CASH AND FOOD CONTRIBUTIONS TO SUPPLY THE FOOD BANK. FOOD IS ALSO PURCHASED FROM THE KANSAS FOOD****BANK IN WICHITA KANSAS. THE THRIFT SHOP DOES NOT MAKE A PROFIT BASED UPON SALES ALONE AND RELIES UPON****CONTRIBUTIONS TO KEEP IT GOING****MAILING DATE FOR THIS 990-EZ IS NOVEMBER 15, 2021 PER CERTIFIED RETURN RECEIPT REQUESTED****NUMBER 7019 0160 0001 1075 8240**