FORM **990-EZ**

Department of Treasury

Short Form 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. 1545-1150

Open To Public Inspection

| Inte | cernal Revenue Service foundations) Open To | | Open To Publ | ic Inspec | ction |
|------|---|---|---------------------------------|-----------|------------|
| Α | For the 2018 | calendar year, or tax year beginning 01/01/2018 , and ending | 12/31/2018 | | |
| В | Check if applicable | C Name of Organization | Employer ID |) numbe | r |
| | Address change | ess change KINGDOM COME MINISTRIES 61-175296 | | | |
| | Name change | change Number and Street (or P.O. box, if mail is not delivered to street address) E Telephone nur | | umber | |
| | Initial return | | | | |
| | Final return/terminated | City or town, state or country, and Zip + 4 | F Group Exemption Number | | |
| | Amended return | | | | |
| | Application pending | | | | |
| G | Accounting method: 🔽 Cash | Accrual Other: | Check if th | ne orgar | ization is |
| | Website: | | not required to | | |
| | ••••• |)(3) | (Form 990, 990 | 0-EZ, or | 990-PF). |
| _ | <u> </u> | nd Changes in Net Assets or Fund Balances | | | |
| | | hedule O to respond to any question in this Part I. | | | Б |
| 1 | Contributions, gifts, grant | s, and similar amounts received. | | \$ | 142843 |
| 2 | | including government fees and contracts | | \$ | 0 |
| 3 | Membership dues and ass | | | \$ | 0 |
| 4 | Investment income | | | \$ | 267 |
| 5a | | f assets other than inventory | \$ | 0 | |
| 5b | Less: cost or other basis a | | \$ | 0 | |
| 5c | Gain or (loss) from sale of | assets other than inventory (Subtract line 5b from line 5a) | | \$ | 0 |
| 6 | Gaming and fundraising e | | | | |
| 6a | Gross income from gamin | g (attach Schedule G if greater than \$15,000) | \$ | 0 | |
| 6b | Gross income from fundra | | \$ 50 | 303 | |
| 6с | Less: direct expenses fron | n gaming and fundraising events | \$ 27 | 264 | |
| 6d | Net income or (loss) from | gaming and fundraising events | | \$ | 23039 |
| 7a | Gross sales of inventory, l | less returns and allowances | \$ | 0 | |
| 7b | Less: cost of goods sold | | \$ | 0 | |
| 7c | Gross profit or (loss) from | sales of inventory | ······ | \$ | 0 |
| 8 | Other revenue | | | \$ | 0 |
| 9 | Total revenue Add lines | 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | \$ | 166149 |
| 10 | Grants and similar amoun | nts paid (list in Schedule O) | | \$ | 0 |
| 11 | Benefits paid to or for me | mbers | | \$ | 0 |
| 12 | Salaries, other compensal | tion, and employee benefits | | \$ | 76622 |
| 13 | Professional fees and other | er payments to independent contractors | | | 4575 |
| 14 | Occupancy, rent, utilities, | and maintenance | | \$ | 3399 |
| 15 | Printing, publications, pos | stage, and shipping | | \$ | 1514 |
| 16 | | | | \$ | 78298 |
| 17 | Total expenses Add lines | s 10 through 16 | | \$ | 164408 |
| 18 | | year (Subtract line 17 from line 9) | | \$ | 1741 |
| 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 years return) | | | | |
| 20 | Other changes in net asse | ets or fund balances (explain in Schedule O) | | \$ | 0 |
| 21 | Net assets or fund balance | es at end of year. Combine lines 18 through 20 | | \$ | 54764 |
| | | | | | |

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.



| 25 Total assests (describe in Schedule O) | 23 | Land and buildings | | | | \$ | | 0 \$ | 0 |
|--|---|--|---|--|--------------|---|---------|--------|------------|
| The Atlands Habilittes (describe in Schedule 0) 7 Net assets or fund balances (line 27 of column (8) must agree with line 21) 7 Net assets or fund balances (line 27 of column (8) must agree with line 21) 7 Part WI Statement of Program Service Accomplishments (see the instructions for Part III) 7 Check if the organization used Schedule 0 to respond to any question in this Part III. 7 Part WI State erganizations primary exempt purpose? 8 Poscription: See Schedule 0 8 Check if this amount includes foreign grants 8 | 24 | 24 Other assets (describe in Schedule O) \$ | | | | 145 | 57 \$ | 27060 | |
| 27 Net assets or fund balances (line 27 of column (8) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III. Part IV List of Officers, Directors, Trustees, and Key Employees (b) Average hours (b) Average hours (b) Average hours (b) Average hours (c) Average | 25 Total assets \$ | | | | | 591 | 85 \$ | 56580 | |
| Ministry Services Description: See Schedule O to respond to any question in this Part III. | 26 | 26 Total liabilities (describe in Schedule O) \$ | | | | \$ | 61 | 62 \$ | 1816 |
| What is the organizations primary exempt purpose? Ministry Services | 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) \$ | | | | 530 | 23 \$ | 54764 | | |
| What is the organizations primary exempt purpose? Ministry Services Ministry Services Description: See Schedule 0 Check if this amount includes foreign grants Description: See Schedule 0 Check if this amount includes foreign grants Description: Benevolence Fund - Resource Hub for the basic needs of food, shelter, safety, and love. We have served approximately 50 people with this service. Check if this amount includes foreign grants Description: Benevolence Fund - Resource Hub for the basic needs of food, shelter, safety, and love. We have served approximately 50 people with this service. Check if this amount includes foreign grants Description: See Schedule 0 Check if this amount includes foreign grants 314155 Description: See Schedule 0 Check if this amount includes foreign grants See Schedule 0 Check if this amount includes foreign grants Services Seppense: 314155 Services Seppense: 314155 Services Seppense: 314155 Seppe | Part I | Statement of Program Service | Accomplishments | (see the instructions fo | or Part III) | | | | |
| Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants S14155 Description: See Schedule O Check if this amount includes foreign grants S2. Total program service expenses (add lines 28s through 31a) TOTAL PROPERTY OF THE SCHEDULE OF THE | Check i | f the organization used Schedule O t | o respond to any ques | stion in this Part III. | | | | | |
| Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants S14155 Description: See Schedule O Check if this amount includes foreign grants S2. Total program service expenses (add lines 28s through 31a) TOTAL PROPERTY OF THE SCHEDULE OF THE | What i | s the organizations primary exer | npt purpose? | | | | | | |
| Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: Benevolence Fund - Resource Hub for the basic needs of food, shelter, safety, and love. We have served approximately 50 people with this service. Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants Check if this amount includes foreign grants in this fart V. Check if this amount includes foreign grants Check if the organization used Schedule O to respond to any question in this far | | | | | | | | | |
| Check if this amount includes foreign grants Description: See Schedule 0 Check if this amount includes foreign grants Description: Benevolence Fund - Resource Hub for the basic needs of food, shelter, safety, and love. We have served approximately 50 people with this service. Check if this amount includes foreign grants Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if the organization unders of Schedule 0 Check if the organization seed Schedule 0 to respond to any question in this Part V. Secription: See Schedule 0 Check if this amount includes foreign grants Secription: See Schedule 0 Check if this amount include | Descri | ntion: See Schedule O | | | | | | nt: | |
| Description: See Schedule O Check if this amount includes foreign grants Description: Benevolence Fund - Resource Hub for the basic needs of food, shelter, safety, and love. We have served approximately 50 people with this service. Check if this amount includes foreign grants Check if this amount includes foreign grants States of the organization includes foreign grants Check if this amount includes foreign grants States of the organization undergo to any question in this Part IV. (a) Name and title per week devoted to pe | _ | = | rants | | | | | ense: | |
| Description: See Schedule O Check if this amount includes foreign grants Description: Benevolence Fund - Resource Hub for the basic needs of food, shelter, safety, and love. We have served approximately 50 people with this service. Check if this amount includes foreign grants Description: See Schedule O Check if this amount includes foreign grants S2. Total program service expenses (add lines 28a through 31a) S5. 4458 Description: See Schedule O Check if this amount includes foreign grants S2. Total program service expenses (add lines 28a through 31a) S6. 4458 Description: See Schedule O Check if this amount includes foreign grants S7. 7996 S7. 799 | | | | | | | | | |
| Check if this amount includes foreign grants Description: Benevolence Fund - Resource Hub for the basic needs of food, shelter, safety, and love. We have served approximately 50 people with this service. Check if this amount includes foreign grants Description: See Schedule 0 Check if this amount includes foreign grants S12. Total program service expenses (add lines 28a through 31a) S22. Total program service expenses (add lines 28a through 31a) S23. Total program service expenses (add lines 28a through 31a) S24. Total program service expenses (add lines 28a through 31a) S25. Total program service expenses (add lines 28a through 31a) S26. Total program service expenses (add lines 28a through 31a) S27. Total program service expenses (add lines 28a through 31a) S28. Total program service expenses (add lines 28a through 31a) S28. Total program service expenses (add lines 28a through 31a) S29. Total program service expenses (add lines 28a through 31a) S29. Total program service expenses (add lines 28a through 31a) S20. Total program service expenses (add lines 28a through 31a) S20. Total program service expenses (add lines 28a through 31a) S20. Total program service expenses (add lines 28a through 31a) S20. Total program service expenses (add lines 28a through 31a) S20. Total program service expenses (add lines 28a through 31a) S20. Total program service expenses (add lines 28a through 31a) S20. Alabetic program service expenses (add lines 28a through 31a) S20. Alabetic program service expenses (add lines 28a through 31a) S20. Alabetic program service expenses (add lines 28a through 31a) S20. Alabetic program service expenses (add lines 28a through 31a) S21. Alabetic program service expenses (add lines 28a through 31a) S22. Total program service expenses (add lines 28a through 31a) S22. Total program service expenses (add lines 28a through 31a) S23. Alabetic program service expenses (add lines 28a through 31a) S23. Alabetic program service expenses (add lines 28a through 31a) S24. Ala | Descri | ntion: See Schedule O | | | | | | nt: | |
| Description: Benevolence Fund - Resource Hub for the basic needs of food, shelter, safety, and love. We have served approximately 50 people with this service. Check if this amount includes foreign grants Check if this amount includes foreign grants Caract: \$14155 Caract: \$14155 Caract: | | = | rants | | | | | ense: | |
| Some proximately 50 people with this service. Check if this amount includes foreign grants Some proximately 50 people with this service. Statistics | E CIT | eek ii tiiis amoant melaacs foreign gi | ants | | | | | | |
| Check if this amount includes foreign grants | Descri | ption: Benevolence Fund - Resource | Hub for the basic nee | eds of food, shelter, sa | fety, and lo | ove. We have served | | nt: | |
| Description: See Schedule 0 Check if this amount includes foreign grants 2. Total program service expenses (add lines 28a through 31a) 2. Total program service expenses (add lines 28a through 31a) 2. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 4. Total program service expenses (add lines 28a through 31a) 5. 44658 2. Total program service expenses (add lines 28a through 31a) 5. 44658 2. Total program service expenses (add lines 28a through 31a) 5. 44658 2. Total program service expenses (add lines 28a through 31a) 5. 44658 2. Total program service expenses (add lines 28a through 31a) 5. 44658 2. Total program service expenses (add lines 28a through 31a) 5. 44658 2. Total program service expenses (add lines 28a through 31a) 5. 44658 2. Total program service expenses (add lines 28a through 31a) 5. 44658 2. Total program service expenses (add lines 28a through 31a) 2. Total program service expenses (add lines 28a through 31a) 2. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 3. Total program service expenses (add lines 28a through 31a) 4. Were any significant changes made to the organization in this Part V. 2. Total Program and program service expenses (add lines 28a through 31a) 3. Did the organization section 501(c)(4), | | | | | | | | anca: | |
| Sec Schedule O Sephenses Sec Schedule O Sephenses Sade Sephenses Sade Sephenses Sade Sephenses Sade | ☐ Ch | eck if this amount includes foreign g | rants | | | | _ | | |
| Check if this amount includes foreign grants Stapenses \$7996 | | | | | | | Gra | nt: | |
| 32. Total program service expenses (add lines 28a through 31a) \$\$ \$ \$ 44658 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 O to respond to any question in this Part IV. (a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation (b) Average hours per week devoted compensation (c) Reportable compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation (f) Average hours we'z/1099-wide deferred compensation (h) Average hours we'z/1099-wide deferred compensation (e) Estimated amount of other compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (h) Health benefits, contributions to employee benefit plans, and demonstration of the compensation (g) Average hours we'z/1099-wide adentification to employee benefit plans, and demonstration to employee benefit plans, and demonstration of the compensation of the compensatio | | • | canto | | | | | | |
| Check if the organization used Schedule O to respond to any question in this Part IV. | ı Cii | eck ir triis amount includes foreign gi | ants | | | | _ | | |
| Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation to employee benefit plans, and deferred compensation to employee benefit plans, and deferred compensation of the compensation of the compensation of the property. Co-Executive Director 40 \$36404 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 32. Tot | tal program service expenses (ad | d lines 28a through 3 | 1a) | | | | | \$ 44658 |
| (a) Name and title per week devoted to position per week devoted to per week devoted to per week devoted to position per week devoted to per week d | Part I | V List of Officers, Directors, Trus | stees, and Key Emp | loyees (list each one | even if not | compensated—see the instr | uctions | for Pa | rt IV) |
| (a) Name and title per week devoted to position per week devoted to per week devoted to per week devoted to position per week devoted to per week d | Check i | f the organization used Schedule O t | o respond to any gues | stion in this Part IV. | | | | | |
| (a) Name and title per week devoted to position will compensation per week devoted to position will compensation to employee benefit plans, and mount of other compensation will be added to the per week devoted to per week devoted to per week devoted to per week devoted to the per week devoted to per week devoted to the | | | | | | | | | |
| Leslie Roach, Co-Executive Director 40 \$ 36404 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 | | (a) Name and title | _ | compensation | | • | - | - | |
| Leslie Roach, Co-Executive Director 40 \$ 36404 \$ 0 \$ \$ 0 \$ 0 \$ 0 \$ SUzanne Biase, Officer 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 | | (a) Name and title | | (Forms W-2/1099- | | | | | |
| Kristin Montgomery, Co-Executive Director 40 \$ 39394 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ | Loclio B | Poach Co Evocutive Director | 40 | | | Λ | ď | | |
| Suzanne Biase, Officer 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 | | | | | | | | |)) |
| Melisa Dudley, Chairman 0 \$ 0 \$ 0 \$ 0 \$ 0 Nancy Foster, Secretary 0 \$ 0 \$ 0 \$ 0 \$ 0 Amy Hyatt, Officer 0 \$ 0 \$ 0 \$ 0 \$ 0 Amy Hyatt, Officer 0 \$ 0 \$ 0 \$ 0 \$ 0 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. Check if 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. 34 Were any significant changes made to the organization pare to the organization name. Otherwise, explain the change below. 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below. 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 5 0 37b Did the organization borrow from, or make any loans to any officer, director, trustee, or key employee or were any proper or were a | | | | · · | | •••••• | | | |
| Nancy Foster, Secretary 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 | | | | | | | | | |
| Amy Hyatt, Officer 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 | | | 0 | | | 0 | | (|) |
| Check if the organization used Schedule O to respond to any question in this Part V. 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. Were any significant changes made to the organization name. Otherwise, explain the change below. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? Did the organization have unrelated business gross income of \$1,000 or more during the year from business of the organization filed a Form 990-T for the year? If "No," provide an explanation below. The provide an explanation below. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. The provide an explanation of net assets during the year? If "Yes," complete Schedule C, Part III. 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. The provide an explanation of net assets during the year? If "Yes," complete applicable parts of Schedule N. Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any provide any provide and proved or were any provide any explanation in the instructions. | | • | 0 | \$ 0 | \$ | 0 | \$ | (|) |
| Check if the organization used Schedule O to respond to any question in this Part V. Yes No 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. 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 name. Otherwise, explain the change below. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. The Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | Amy Hy | yatt, Officer | 0 | \$ 0 | \$ | 0 | \$ | (|) |
| Check if the organization used Schedule O to respond to any question in this Part V. Yes No 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. 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 name. Otherwise, explain the change below. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. The Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | Part V | Other Information (Note the Sch | edule A and personal | benefit contract state | ment requi | rements in the instructions for | or Part | V.) | |
| 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. 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 name. Otherwise, explain the change below. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. The property of the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any and the second of the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any and the second of the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any and the second of the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any and the second or the second or the organization of the second or the second or the organization or make any loans to, any officer, director, trustee, or key employee or were any and the second or the second or the organization or the second or the second or the second or the second or the organization or the second or the second or the organization or the second or | Check i | if the organization used Schedule O t | o respond to any gues | stion in this Part V. | | | | | |
| 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. 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 name. Otherwise, explain the change below. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. The provide an explanation of net assets during the year? If "Yes," complete Schedule C, Part III. 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. The provide an explanation of net assets during the provide any logical expenditures, direct or indirect, as described in the instructions. Did the organization borrow from or make any logic for director, trustee, or key employee or were any logic forms. | | · · · · · · · · · · · · · · · · · · · | - · · · · · · · · · · · · · · · · · · · | | | | | V | • |
| description of each activity in Schedule O. 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 name. Otherwise, explain the change below. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. The provided an explanation of net assets during the year? If "Yes," complete Schedule C, Part III. 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. The provided in the instructions. Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any provided in the instruction. | | Did the organization engage | in any significant activ | vity not previously rep | orted to th | e IRS? If "Yes " provide a det | ailed | res | NO : |
| amended documents if they reflect a change to the organization name. Otherwise, explain the change below. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. The provided an explanation of net assets during the part? If "Yes," complete applicable parts of Schedule N. The provided an explanation of net assets during the part? If "Yes," complete applicable parts of Schedule N. Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | 33 | 5 5 5 | | vity flot previously rep | orted to th | e mar ii lea, provide d'dec | uncu | | P |
| amended documents if they reflect a change to the organization name. Otherwise, explain the change below. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. The provided an explanation of net assets during the year? If "Yes," complete applicable parts of Schedule N. The provided an explanation of net assets during the year? If "Yes," complete applicable parts of Schedule N. The provided an explanation of net assets during the year? If "Yes," complete applicable parts of Schedule N. Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | 34 | , , | _ | | | • | of the | Г | |
| activities? 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below. 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. \$ 0 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | | ········· | | · · · · · · · · · · · · · · · · · · · | | | | | |
| If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. The provide an explanation below. 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. The provide an explanation below. Did the organization political expenditures, direct or indirect, as described in the instructions. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | 35a | 3 | related business gros | s income of \$1,000 or | more durin | ig the year from business | | | |
| Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. \$ 0 37b Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | | | | | | | | | |
| and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 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. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. \$ 0 37b Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | | | | | | | . Lw | | |
| 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. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. \$ 0 37b Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | 4) [| | | ng, | | | | | |
| year? If "Yes," complete applicable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. \$ 0 37b Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | | | | | | isposition of net assets durin | a the | | |
| 37b Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | 36 | | • | | JCaric u | | c | | |
| Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. | | | ctions. | | \$ | 0 | | |
| Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any | 37b Did the organization file Form 1120-POL for this year? | | | | | Г | | | |
| | | | | | | | | | |

such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved. | \$ | | | | |
|-------------|--|---------------------------------------|----------|--|--|--|
| 39 | Section 501(c)(7) organizations. Enter: | ction 501(c)(7) organizations. Enter: | | | | |
| 39a | Initiation fees and capital contributions included on line 9 | \$ | | | | |
| 39b | Gross receipts, included on line 9, for public use of club facilities | \$ | | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4911: Section 4912: 0 section 4955: 0 | | | | | |
| 40b | 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 1. | П | Ç | | | |
| 40с | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4192, 4955, and 4958. | | | | | |
| 40d | Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line $40c$ reimbursed by the organization. | | | | | |
| 40e | 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. | Г | Г | | | |
| 41 | List the states with which a copy of this return is filed: TX | | | | | |
| 42a | The organization books are in care of Leslie Roach/Kristin Montgomery, Telephone no. 806-544-9464 Located at PO Box 94555, Lubbock , TX, 79493 | | | | | |
| 42b | 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)? | | Ç | | | |
| | If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 42c | At any time during the calendar year, did the organization maintain an office outside the United States? | П | ₽ | | | |
| | If "Yes," enter the name of the foreign country: | | | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here: | | Г | | | |
| | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041: Enter the amount of tax- exempt interest received or accrued during the tax year. | \$ | 0 | | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | П | Ç | | | |
| 44b | 44b. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | | ₽ | | | |
| 44c | Did the organization receive any payments for indoor tanning services during the year? | | Г | | | |
| 44d | 44d. If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | П | Ç | | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | П | Г | | | |
| 45b | 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) | | Г | | | |
| 46 | At any time during the calendar year, did the organization maintain an office outside the United States? | П | Г | | | |
| All section | Section 501(c)(3) organizations only n 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. | : | <u> </u> | | | |
| CHECK II L | he organization used Schedule O to respond to any question in this Part V. | | | | | |
| 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 1 | Yes | No | | | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | Г | Г | | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | П | | | | |
| 49b | If "Yes" to 49a, was the related organization a section 527 organization? | Г | Г | | | |
| 50 | Complete this table for the organizations 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 are none, omit filling out this part and we will send "None". | | | | | |
| | none | | | | | |
| 50f | Total number of other employees paid over \$100,000 | | 0 | | | |
| 51 | Complete this table for the organizations five highest compensated independent contractors who received more than compensation from the organization. If there are none, omit filling out this part and we will send "None". | \$100,00 |)0 of | | | |
| | none | | | | | |

| 51b | Total number of other independent contractors each receiving over \$100,000 | | 0 |
|-----|---|-----|---|
| | Did the organization complete Schedule A? | F. | |
| 52 | Note: All section 501(c)(3) organizations must attach a completed Schedule A. | l.v | |