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PUBLIC DISCLOSURE COPY

KINGDOM COME MINISTRIES, INC PO BOX 94555 LUBBOCK, TX 79493

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

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Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

File by Me data for Mumber, street, and room or suite no. If a P.O. box, see instructions. Image: See Method See Metho	identification number (TI		
File by the detate for the return see the truth of the second	61-1752969		
Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. LUBBOCK, TX 79493 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ 01 Form 4720 (individual) 03 Form 990-FF 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 990-T (corporation) 07 Form 990-T (corporation) 07 ESLIE ROACH/KRISTIN MONTGOMERY • The books are in the care of ▶ PO BOX 94555 - LUBBOCK, TX 79493 Telephone No. ▶ 806-544-9464 Form 990.T (corporation) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If the organization named above. The extension is for the organization's return for: X calendar year 2022 or > and attach a list with the names and TINs of all members 1 I request an automatic 6-month extension is for the organization's return for: X calendar year 2022 or > tax year beginning			
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	\$		
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and F instructions.	d Form 8879-TE for payn		
LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. MAIL TO: DEPARTMENT OF THE TREASURY	Form 8868 (Rev. 1-2		
INTERNAL REVENUE SERVICE CENTER			
OGDEN, UT 84201-0045			

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Form	330	

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2022 calendar year, or tax year beginning and	ending	_			
В	Check if applicat	C Name of organization D Employer identification number					
	Addr chan	KINGDOM COME MINISTRIES, INC					
	Nam			61-175290	59		
	Initia returi	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final	PO BOX 94555		806-544-9			
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	371,750.		
Ļ		LUBBOCK, TX 79493		H(a) Is this a group re			
	Appli tion pend			for subordinates			
		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (insert no.) 4947(a	or 527	• •	list. See instructions		
	Webs	forganization: X Corporation Trust Association Other	I Veen	H(c) Group exemption			
		Summary			State of legal domicile: TX		
	1	Briefly describe the organization's mission or most significant activities: KING	DOM CO	ME MINISTRI	S PRIMARY		
Activities & Governance	1	MISSION IS TO TRANSFORM FAMILIES AND RES	URRECT		S BY MAKING		
'naı	2	Check this box if the organization discontinued its operations or disposed					
Nel	3	5		3	8		
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6		
8 8 8	5	al number of individuals employed in calendar year 2022 (Part V, line 2a)			6		
vitie	6	Total number of volunteers (estimate if necessary)			0		
Cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		289,528.	333,088.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,848.	1,082.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,919.	14,669.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		346,295.	348,839.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 150,229.	0.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		150,229.	183,694. 0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Ă		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	136,420.	161,571.		
_	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		286,649.	345,265.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		59,646.	3,574.		
L S S S S S		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		242,113.	245,966.		
Ass	21	Total liabilities (Part X, line 26)		2,781.	3,060.		
Net.	22	Net assets or fund balances. Subtract line 21 from line 20		239,332.	242,906.		
P	art II	Signature Block			,		

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.

Sign	Signature of officer		Date				
	TIFFANY HICKS, SECRETARY						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	KEVIN M. DUNAGAN, CPA	KEVIN M. DUNAGAN,	CP11/15/23 if self-employed P00743				
Preparer		ASSOCIATES LLC	Firm's EIN 84-366675	52			
Use Only	Firm's address 11003 QUAKER AVEN	IUE					
	LUBBOCK, TX 79424		Phone no. 806 - 795 - 56	598			
May the II	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	13-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form	990 (2022)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) KINGDOM COME MINISTRIES, INC	61-1752969	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: KINGDOM COME MINISTRIES PRIMARY MISSION IS TO TRANSFORM	FAMILIES AN	D
	RESURRECT COMMUNITIES BY MAKING JESUS' NAME FAMOUS!		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Vec	XNo
	prior Form 990 or 990-E∠? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	ers, the total expenses,	and
4a		nue \$)
	WEEKLY BUS MINISTRIES - BUILD RELATIONSHIP WITH PEOPLE,		
	GOSPEL OF JESUS CHRIST, AND CONNECT PEOPLE TO LOCAL CHU	RCHES. WE S	ERVE
	APPROXIMATELY 200 PEOPLE WEEKLY WITH THIS SERVICE.		
4b	(Code:) (Expenses \$ 87,741. including grants of \$) (Rever)
	FOOD PROGRAM - PROVIDE FOOD TO THOSE IN NEED THROUGH SE THE BUS MINISTRY, PROVIDING SNACKS AT AN AFTER SCHOOL P		A'I'
	PROVIDING GROCERIES TO FAMILIES IN NEED. WE SERVE ON A		
	PEOPLE PER WEEK THROUGH EACH OF THESE DIFFERENT SERVICE		
4.	(Code:) (Expenses \$ 73,809. including grants of \$) (Rever		
4c	(Code:) (Expenses \$ 73,809. including grants of \$) (Rever BENEVOLENCE FUND - RESOURCE HUB FOR THE BASIC NEEDS OF		R.,
	SAFETY, AND LOVE. WE HAVE SERVED APPROXIMATELY 20 PEOP		
	WITH THIS SERVICE.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 33, 302 · including grants of \$) (Revenue \$)	
4e	Total program service expenses 286,338.		00
00000		Form 9	90 (2022)
23200	² 12-13-22 4		

10501115 798081 3467-01 2022.05000 KINGDOM COME MINISTRIES, IN 3467-011

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⊢orm	990	(2022)

Part IV Checklist of Required Schedules

KINGDOM COME MINISTRIES, INC

			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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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 16? 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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
-	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III	19 202		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u> </u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
				_

232003 12-13-22

10501115 798081 3467-01 2022.05000 KINGDOM COME MINISTRIES, IN 3467-011

5 00 KINCDO Form **990** (2022)

Form	990	(2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		<u>л</u>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	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	05-		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		- 22
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
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	26		Х
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule H, Part I	33		
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	X	(a c
232004	· 12-13-22 6	Form	990	(2022)

10501115 798081 3467-01 2022.05000 KINGDOM COME MINISTRIES, IN 3467-011

Form 990	(2022)
Part V	Sta

b If 'Yes,'' has it filed a Form 980.T for this year? If 'Wo'' to line 3b, provide an explanation on Schedule 0 3b 4 At any time during the calendar year, ald the organization have an interest II, or a signature or other authority over, a timanedia accountly a control year to a bank account, sourchise accounts or to ther financial accountly? 4a b I' Yes,'' enter the name of the foreign countly source as bank account, source as a bank account, or other financial accountly? 5a b Did any taxable party notify the organization that was not a party to a prohibited tax shelter transaction? 5a c If 'Yes,'' to line 5a or 5b, did the organization file Form 8886 17? 5c 6a Did any taxable party notify the organization that the was not a party to a prohibited tax shelter transaction? 5a 7 Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X 7 Organization receive agamization notify the donor of the value of the goods or services provided? 7a X 7 Tyes,'' did the organization notify the donor of the value of the goods or services provided? 7a X 7 Vesn' did the organization notify the donor of the value of the goods or services provided? 7a X 7 Vesn' did the organization notify the d				Yes	No
b If at least one is reported on line 2a, did the organization lead engined federal employment tax returns? 2b X 3a Did the organization have unabled business gross income of \$1,000 or none during the year? 3b 1 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts or tother authority over, a third for a gross the calendar year. did the organization have an interest in, or a signature or other authority over, a third for any country (such as a bank account; excures a accurd, or other financial accounts? 4a 4a 2 5c How the organization is party to a prohibited tax shelter transaction? 5c 5c 5c 5d Dod any taxable party notify the organization that two sor is a party to a prohibited tax shelter transaction? 5c 5c 5c 6d Dod sent yaccines that are normally greater than \$100,000, and did the organization have are not ax deductible as charitable contributions or gifts were not tax deductible? 5c 5c 5c 7 Organization have are notify the donor of the value of the pools of or worke provided? 7c 7z X 8 If Yes, ' tild the organization number of the mass of the value of the pool of or severe porvided? 7c 7z X 9 If Yes, ' indicate the number of Forms 82822 field during the year?	2a				
ga Det the organization have unrelated business gross income of \$1,000 or more during the year? ga ga <td< th=""><th></th><th>filed for the calendar year ending with or within the year covered by this return 2a 6</th><th></th><th></th><th></th></td<>		filed for the calendar year ending with or within the year covered by this return 2a 6			
b If Yes, 'hat it field a form 980-T for this year? I' No' to line 3b, provide an explanation on Schedule 0 3b 4 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 bark account, securities account, or other financial accounts) 4a 2 b I' Yes, 'enter the name of the foreign country (such as a bark account, securities account, or other financial accounts) 5a 3a See instructions for fling requencies to fin-CEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR), Sa 5a 3a 5a Did any taxeb pary notify the organization that was or is a pary to a prohibited tax shelter transaction? 5a 5c 6 Does the organization have mould gross neceptises that are normally greater than \$100,000, and did the organization shet may receive deductible contributions under section 170(c). 6b X 7 Organization shet may receive deductible contributions under section 170(c). 7a X 7a X 10 I' Yes, 'i did the organization neive as of \$51 made parity as a contribution on a parity for paod and services provided to the payo?? 7b X 7a X 7 Toganizations enter as approxement in access of \$51 made parity as a contribution on a parity for paod and services provided to the payo?? 7b X 7d </th <th>b</th> <th>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</th> <th>2b</th> <th>Х</th> <th></th>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
4a At any time during the calendary year, dot the organization have an interest in or a signature or other authordy over, a 4a 2 b If "Yes," enter the name of the foreign country 5a 5a 2 5a Instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial accounts (FBAR), 5a 5a 2 5a Was the organization have annual gross necepts that are normally greater than \$100,000, and tick the organization solid any contribution thave annual gross necepts that are normally greater than \$100,000, and tick the organization solid any contribution shave annual gross necepts that are normally greater than \$100,000, and tick the organization necked with every solicitation an express statement that such contributions or gifts were not tax douctibles and shade contributions? 6a X 7 Organization receive agenetic incess of \$37, tot may contribute a sparse provided? 7a X 7 Organization receive agenetic incess of \$37, tot may contribution and gross or services provided? 7a X 9 If Yes," did the organization necke agenetic indexes of the yable personal property for which it was required? 7a X 7 Yes, "indicate the number of Forms 2822 filed during the year? 7a Y 7a X 9 ID did the organization necked agenetic indices (t) to pay premiums on a personal benefit contract? 7a<					Х
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So 2 c If "Yes" to line 5a or 5b, did the organization file Form 8886°T? So So So D Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization slide Ga X b If "Yes," of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible Ga X 7 Organization slide a pagnization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). Ga X D Dt the organization notify the donor of the value of the goods or services provided 10 the pagnization file change, or otherwise dispose of tangible personal property for which it was required to line Form 8282? To To D Dt the organization neceive a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file Form 8289 To To T If the organization neceive a contribution of qualified intellectual property, did the organization file Form 8289 To To T If the organization neceive a contribution of qualified intellectual property, did the organization file Form 8289 To To T If the organization neceive a contribution of acars, basta, aliplanes, or other violices, din t	F -		F -		х
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Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? Ga X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Ga X c Organizations that may receive deductible contributions under section 170(c). Bo X D If "Yes," did the organization notify the doors of the goods or services provided? 7a X c Did the organization notify the doors of the goods or services provided? 7a X c Did the organization notify the doors of the vake or the goods or services provided? 7a X c Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e X d Did the organization received a contribution of qualified intellectual property, did the organization files Form 8898 or required? 7a X f H the organization make any taxable distributions under section 4966? 9a Vee Vee go proprinticitions maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a Vee Vee go					
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 66 X C Organizations that may receive deductible contributions under section 170(c). 76 X D dthe organization netwike a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 76 X D dthe organization receive a payment in excess of \$75 made partly as a contribution and partly for younds and services provided? 76 X D dthe organization netwike a payment in excess of \$75 made partly as a contribution and partly for younds and services provided? 76 X D dthe organization netwike a payment in excess of \$75 made partly as a contribution and partly for younds and services provided? 76 X D dthe organization netwike a payment in excess of store with the goods or services provided? 76 X T if we and the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-02? 77 78 S ponsoring organization maintaining doora advised funds. 98 98 98 D dt the sponsoring organization make and pathed bittors under section 4966? 9a 9a D dt the sponsoring organization make and pathed extributions under sources against anothed for the sources against anothed for the sources against anothed for the sources against anothed and pathese tree even or activated funds. 9a D dt the sponsori	Ua		62	x	
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7 Organizations that may receive deductible contributions under section 170(c). a) lid the organization neceive a payment in excess of \$75 made parthy as a contribution and party for gods and services provided to the payor? 7a X b) If "Yes," idicate the number of Forms 8282? field during the year Td Td Zd c) Did the organization oneity the door of the value of the gods or services provided? 7c X c) Did the organization oneity the door of the value of the gods or services provided? 7d X d) Did the organization oneity the year, pay permiums, on a personal benefit contract? 7d X f) Did the organization oreceived a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7n X f) If the organization oreceived a contribution of cars, boats, aiplanes, or other vehicles, did the organization of mole after payor and the during the year? 8a 9a g) Sponsoring organization maintaining door advised fund maintained by the sponsoring organization make a distribution to a door, doror advisor, or related person? 9a 9a g) Section 501(c)(17) organizations. Enter: 10a 10a 10a 10a g) Gross income from members or shareholders 11a 10a 10a 10a 10a 10a 10a 10a 10a 10a 10a </th <th>~</th> <th></th> <th>6b</th> <th>x</th> <th></th>	~		6b	x	
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Form **990** (2022)

Form 990 (2022)	Form	990	(2022)
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Check if Schedule O contains a response or note to any line in this Part VI

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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.

		1 1	~		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	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.		-			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		2
3	Did the organization delegate control over management duties customarily performed by or under the					Ι.
	of officers, directors, trustees, or key employees to a management company or other person? \dots			3		2
	Did the organization make any significant changes to its governing documents since the prior Form			4		2
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		2
6	Did the organization have members or stockholders?			6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		Σ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the fol	lowing:			
а	The governing body?			8a	Х	
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 re	eached at th	ne			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Σ
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Co	ode.)			
					Yes	Ν
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before fi	ling the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ' on Schedule O how this was done			12c		2
3	Did the organization have a written whistleblower policy?			13		2
	Did the organization have a written document retention and destruction policy?			14		2
	Did the process for determining compensation of the following persons include a review and appro					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b		2
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with	а			
	taxable entity during the year?			16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	iate its parti	cipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's				
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
ec						
	List the states with which a copy of this Form 990 is required to be filed NONE					ah
7		and 990-T (section 501(c)(3))s only) avail	aD
7 8	List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply)s only) avail	aD
7 8	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>expla</i>)	in on Sched	lule O)	-	-	aDI
7 8	List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website <u>X</u> Upon request Other (<i>expla</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents,	in on Sched	lule O)	-	-	aD
7 8 9	List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>expla</i>). Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year.	in on Schea conflict of ir	<i>lule O)</i> hterest policy, an	-	-	aD
7 8 9	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (<i>expla</i> . Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's to LESLIE ROACH/KRISTIN MONTGOMERY - 806-544-9464	in on Schea conflict of ir	<i>lule O)</i> hterest policy, an	-	-	
7 8 9 0	List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>expla</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	in on Schea conflict of ir	<i>lule O)</i> hterest policy, an	d fina	-	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key I	Employees,	Highest	Compensated	ł
	Employees, and Independe	ent Contra	ctors					

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)				(D)	(E)	(F)				
Name and title	Average	(do	not c	Pos heck) than	one	Reportable	Reportable	Estimated		
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of					
	week		<u> </u>		tee)	from	from related	other				
	(list any	irecto	recto					the	organizations	compensation		
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization		
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1000 NEO	and related		
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co o yee	er	,		organizations		
	line)	Indivi	Instit	Officer	Keye	Highest compensated employee	Former					
(1) LESLIE ROACH	40.00											
CO-EXECUTIVE DIRECTOR		X						53,360.	0.	0.		
(2) KRISTIN MONTGOMERY	40.00											
CO-EXECUTIVE DIRECTOR		X						50,000.	0.	0.		
(3) GEANNA TUBBS	1.00											
CHAIRMAN		1		X				0.	0.	0.		
(4) TIFFANY HICKS	1.00											
SECRETARY		1		X				0.	0.	0.		
(5) DAVID RHODES	1.00											
TREASURER		1		X				0.	0.	0.		
(6) AMY HYATT	1.00											
OFFICER		1		X				0.	Ο.	0.		
(7) MICHAEL MOSS	1.00											
OFFICER		1		X				0.	0.	0.		
(8) SAVANNAH ROSS	1.00											
OFFICER		1		X				0.	0.	0.		
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Form **990** (2022)

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	990 (2022) KINGDOM (COME MIN	NIS	STR	IF	IS,	, 1	INC		61-17	<u>/52</u>	<u>969</u>	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anc	d Hig	ghes	st Co	ompensated Employe	es (continued)				
	(A)								(D)	(E)	(F)			
	Name and title	Average			Posi	tion			Reportable	Reportable		Fs	stimate	h
		hours per		not ch unles					compensation	compensation	n		nount	
		week		cer and					from	from related			other	01
		(list any	tor						the	organizations			ipensa	tion
		hours for	Individual trustee or director				Ð		organization	(W-2/1099-MIS			om th	
		related	e or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	<u>,</u>		anizat	
		organizations	truste	Institutional trustee		/ee	mper		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,		•	d relat	
		below	dualt	ution	_	yoldn	st co yee	5	,				anizati	
		line)	ndivi	n stitu	Officer	Key employee	Highe	Former				0		
			=	-	-	×	10							
				\vdash										
									103,360.		0.			0.
1b	Subtotal						• • • • • • •							
с	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								103,360.		0.			0.
2	Total number of individuals (including but n	ot limited to th	iose	liste	d ab	oove	e) wh	no re	eceived more than \$100	,000 of reportable	е			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee. k	ev e	mpl	ove	e. or	[,] hiał	hest compensated emr	olovee on				
-	line 1a? If "Yes," complete Schedule J for s							•				3		Х
4	For any individual listed on line 1a, is the su	m of roportab	 Io. or			tion		 1 oth	or componention from	the organization				
4										the organization				х
_	and related organizations greater than \$150			•								4		<u>л</u>
5	Did any person listed on line 1a receive or a	-				-			-					37
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ch p	oers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	depe	ender	nt co	ontr	acto	ors th	hat received more than	\$100,000 of com	pens	ation 1	from	
	the organization. Report compensation for t	the calendar y	ear e	endir	ng w	/ith d	or w	ithin	the organization's tax	year.				
	(A)	-			-				(B)			(0))	
	Name and business	address	NC	ONE					Description of s	ervices	С		nsatio	n
								+						
	Total number of independent contractions P		ot l'		4 +	th -			abovo) whe meaning the	are then				
2	Total number of independent contractors (in	-	IUT III	nitec	1 (0)	-		stea	above) who received h	iore man				
	\$100,000 of compensation from the organiz	zation				0	, 					_	000 //	2000

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Form **990** (2022)

Pa	rt \	/111							·
			Check if Schedule O	contains a response	e or note to any lin	e in this Part VIII	(D)		
						(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	1	b	Federated campaigns	1b					
fts,			Fundraising events						
jar Jian			Related organizations						
ons			Government grants (contr All other contributions, gifts,						
buti		'	similar amounts not included		333,088.				
d df		g	Noncash contributions included in		6,086.				
ano		-	Total. Add lines 1a-1f			333,088.			
					Business Code				
ice	2	а							
ue ue		b							
ven S		C							
Program Service Revenue		d e							
Pro			All other program service	revenue					
			Total. Add lines 2a-2f						
	3		Investment income (inclue	ding dividends, inte	rest, and				
						1,316.			1,316.
	4		Income from investment o		•				
	5		Royalties	(i) Real	(ii) Personal				
	6	а	Gross rents	6a	(ii) Foreeriar				
	-		Less: rental expenses	6b					
		с	Rental income or (loss)	6c					
			Net rental income or (loss						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	7a 3,883	•				
e			Less: cost or other basis and sales expenses	7b 4,117					
Revenue			Gain or (loss)		•				
Rev			Net gain or (loss)			-234.	-234.		
her	8		Gross income from fundraisi						
Oth				of					
			contributions reported on	· · ·	22 452				
			Part IV, line 18						
			Less: direct expenses	·····		14,658.			14,658.
	9		Gross income from gamin						
			Part IV, line 19		a				
			Less: direct expenses		b				
			Net income or (loss) from						
	10	а	Gross sales of inventory,						
		b	and allowances						
			Less: cost of goods sold Net income or (loss) from	·····					
<i>(</i> ^		<u> </u>		Sales of inventory .	Business Code				
e	11	а	NON-DIVIDEND	DISTRIBUT	523000	11.			11.
lane		b							
Miscellaneous Revenue		с							
Nis			All other revenue			11			
	10		Total. Add lines 11a-11d			11. 348,839.	-234.	0.	15,985.
23200	12		Total revenue. See instructio	אווט		540,057.			Form 990 (2022

Form 990 (2022)

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Part IX Statement of Functional Expenses

KINGDOM COME MINISTRIES, INC

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

8b, 9b, and 10b of Part VIII.	Total expenses	Program convico	Management and	Fundraicing
		Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,	100.000	05 05 6	1	
	103,360.	87,856.	15,504.	
	F0 0F0	FO 041		
-	58,872.	50,041.	8,831.	
Pension plan accruals and contributions (include				
			1 250	
Other employee benefits			=	
	12,411.	10,549.	1,862.	
Legal	6 600		<u> </u>	
Accounting	6,600.		6,600.	
-				
	20 605	20 E1E	0 0 0 0	
	0,011.	0,090.	1,915.	
	7 202		7 202	
		0.01	1,203.	
	021.	021.		
-				
	684		681	
· · · · ·	004.		004.	
——————————————————————————————————————				
	10 820	10 820		
1	8 063		2 /10	
——————————————————————————————————————	0,003.	5,044.	4,419.	
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	33.347.	33.347.		
	32,142			
			3,243,	
		1,355.	461.	
· · · · · · · · · · · · · · · · · · ·	345,265.			C
	,	,		
. , .				
Check here if following SOP 98-2 (ASC 958-720)				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments of affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses on Schedule 0.) PANTRY / FEEDING MINIST BENEVOLENCE BUS EXPENSE BANK FEES All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and for any for any former described in 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 30, 605. Office expenses 4, 1133. Order expenses 4, 1133. Cocupancy 7, 283. Travel 8211. Payments of travel or entertainment expenses for any federal, state, or local public officials. 10, 829. Conferences, conventions, and meetings <td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation on tincluded above to disqualified persons (as defined under section 4958(p)(11) and persons described in section 4958(p)(11) and persons described in section 4958(p)(3)(B) Other salaries and wages 103,360.87,856. Ordensation on tincluded above to disqualified persons (as defined under section 4958(p)(3)(B) Other salaries and wages 58,872.50,041. Other salaries and wages 9,051.7,693. Payroll taxes 12,411.10,549. Person plan accruals and contributions) Other employee benefits 9,051.7,693. Payroll taxes 12,411. Could taxes 12,411. Legal </td> <td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees 103,360.87,856.15,504. Compensation of current officers, trustees, and key employees 58,872.50,041.8,831. Person gia definition 4958(Cl3)(8) 58,872.50,041.8,831. Other anglytes benefits 9,051.7,693.1,358. Payrolitaxes 12,411.10,549.1,862. Fees for services (nonemployees): Management 6,600. Legal 6,600. Accounting 6,600. Lobbying 9 Professional fundraising services. See Part IV, line 17 Investment management tees 9 Lobbying 7,283. Other, (I line 11g amount exceeds 10% of line 25, column (A), amount, list Ine 11g expenses on Sch OJ Advertising and promotion 7,283. Other expenses 7,283. Forayaltes 9 Payments of travel or entertainment expenses for any f</td>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation on tincluded above to disqualified persons (as defined under section 4958(p)(11) and persons described in section 4958(p)(11) and persons described in section 4958(p)(3)(B) Other salaries and wages 103,360.87,856. Ordensation on tincluded above to disqualified persons (as defined under section 4958(p)(3)(B) Other salaries and wages 58,872.50,041. Other salaries and wages 9,051.7,693. Payroll taxes 12,411.10,549. Person plan accruals and contributions) Other employee benefits 9,051.7,693. Payroll taxes 12,411. Could taxes 12,411. Legal	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees 103,360.87,856.15,504. Compensation of current officers, trustees, and key employees 58,872.50,041.8,831. Person gia definition 4958(Cl3)(8) 58,872.50,041.8,831. Other anglytes benefits 9,051.7,693.1,358. Payrolitaxes 12,411.10,549.1,862. Fees for services (nonemployees): Management 6,600. Legal 6,600. Accounting 6,600. Lobbying 9 Professional fundraising services. See Part IV, line 17 Investment management tees 9 Lobbying 7,283. Other, (I line 11g amount exceeds 10% of line 25, column (A), amount, list Ine 11g expenses on Sch OJ Advertising and promotion 7,283. Other expenses 7,283. Forayaltes 9 Payments of travel or entertainment expenses for any f

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Form **990** (2022)

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KINGDOM COME MINISTRIES, INC Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			126,535.	1	150,055.
	2	Savings and temporary cash investments		30,950.	2	21,282.	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			1,409.	9	1,876.
	10a	Land, buildings, and equipment: cost or other					
			10a	54,147. 28,801.			
	b	Less: accumulated depreciation	36,175.		25,346.		
	11	Investments - publicly traded securities			47,044.	11	47,407.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			242 112	15	
	16	Total assets. Add lines 1 through 15 (must equa			242,113.	16	245,966.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19				19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I		21			
Liabilities	22	Loans and other payables to any current or form					
ilidi		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes		22			
Lia	23	Secured mortgages and notes payable to unrela		F		22	
	23 24	Unsecured notes and loans payable to unrelated				23	
	24 25	Other liabilities (including federal income tax, pa				24	
	20	parties, and other liabilities not included on lines	•				
		of Schedule D			2,781.	25	3,060.
	26	Total liabilities. Add lines 17 through 25			2,781.		3,060.
		Organizations that follow FASB ASC 958, che		77	•		
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			189,657.	27	199,885.
Ba	28	Net assets with donor restrictions			49,675.	28	43,021.
pur		Organizations that do not follow FASB ASC 9					
ŗ		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sset	30	Paid-in or capital surplus, or land, building, or ec	luipmer	it fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			239,332.	32	242,906.
	33	Total liabilities and net assets/fund balances			242,113.	33	245,966.
							Form 990 (2022)

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Part XI Reconciliation of Net Assets

	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			8,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			3,5	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		23	9,3	32.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		24	2,9	06.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	э О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	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 Sch	nedule	О.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

KINGDOM COME MINISTRIES, INC

Form **990** (2022)

61-1752969 Page 12

Department of the Treasury

Internal Revenue Service

(Form 990)

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	
2022	

Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of	the organization							identification number
_				INISTRIES, I					1-1752969
Pa		Reason for Public	-		-		ee instructior	IS.	
The	orgar	nization is not a private found							
1		A church, convention of ch	urches, or associatio	n of churches described	d in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 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 owned	d or operat	ted by a go	overnmental u	unit describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in s	section 17	'0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Parl	: 11.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	oort from a	contributio	ns, members	hip fees, ar	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See s	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	section s	509(a)(2). S	See section (5 09(a)(3). C	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dired	ctors or truste	es of the s	supporting
		organization. You must o	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	on(s), by ha	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connec [.]	tion with, a	and functiona	Ily integrate	ed with,
		its supported organizatio	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must con	plete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	. Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	zation.			
f	Ente	er the number of supported o	organizations						
g	Pro	vide the following informatior		d organization(s).					
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota									

Schedule A (Form 990) 2022

KINGDOM COME MINISTRIES, INC

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	142,843.	240,258.	292,680.	227,511.	333,088.	1236380.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	140.042	040 050	000 000		222 000	1026200		
	Total. Add lines 1 through 3	142,843.	240,258.	292,680.	227,511.	333,088.	1236380.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,						101 260		
_	column (f)						401,368. 835,012.		
	Public support. Subtract line 5 from line 4.						035,012.		
	ction B. Total Support	(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(-) 0000	(f) T-+-1		
	ndar year (or fiscal year beginning in)	(a) 2018 142,843.	(b) 2019 240,258.	(c) 2020 292,680.	(d) 2021 227,511.	(e) 2022 333,088.	(f) Total 1236380 •		
	Amounts from line 4	142,043.	240,230.	252,000.	227,311.	555,000.	1230300.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources	267.	359.	1,026.	914.	1,290.	3,856.		
9	Net income from unrelated business	2071	555.	1,020.	J11.	1,250.	3,030.		
9	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						1240236.		
	Gross receipts from related activities,	etc. (see instruction	ons)			12	199,395.		
	First 5 years. If the Form 990 is for th								
	organization, check this box and stor	-			-				
Sec	ction C. Computation of Publ								
-	Public support percentage for 2022 (column (f))		14	67.33 %		
	Public support percentage from 2021					15	66.09 %		
						nore, check this bo	ox and		
	I6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <u>X</u>								
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pi	ublicly supported of	organization	-			
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or [.]	17a, and line 15 is	10% or		
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and st	t op here. Explain ir	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	ind see instruction	s		
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	1	1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
_	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 202	· · · · ·				16	%
	tion D. Computation of Inve					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	33 1/3% support tests - 2022. If the more than 33 1/3% check this box a						
Ь	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the						
U U	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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_2202				17			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I. complete Sections A and C. If you checked box 12c. Part I. complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

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10b Schedule A (Form 990) 2022

KINGDOM COME MINISTRIES, INC Schedule A (Form 990) 2022

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	a	
b	A family member of a person described on line 11a above?	2	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	5	
Sec	ction B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	ction C. Type II Supporting Organizations		·
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sec	ction D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

	1	Check the box next to the method that the	organization used to satisfy	the Integral Part Test du	ring the yea (see instructions) .
--	---	---	------------------------------	---------------------------	--

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c 🗌	The organization s	supported a governm	ental entity. Describe	in Part VI how you supp	oorted a governmental er	ntity (see instructions).
-----	--------------------	---------------------	------------------------	--------------------------------	--------------------------	---------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

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3b Schedule A (Form 990) 2022

2a

2b

За

No

Yes

19

Schedule A	(Form 990) 2022 (KINGDOM	COME	MINISTRIES,	INC	
Part V	Type III	Non-	Functionally Integra	ated 50	9(a)(3) Supporting	Organizati	ons

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum 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		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe	1					
2	Amounts paid to perform activity that directly furthers exempt						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е				
	(provide details in Part VI). See instructions.	•		8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
с	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
-	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						

Schedule A (Form 990) 2022

232027 12-09-22

	(Form 990) 2022	KINGDOM COME			61-1752969 _{Page} 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a,	9b, 9c, 11a, 11b, and on E, lines 1c, 2a, 2b, 3	11c; Part IV, Section E a, and 3b; Part V, line	e 17a or 17b; Part III, line 12; 8, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	o, and Fart V, Section L, in	25 2, 5, and 6. Also col		
232028 12-09-	22				Schedule A (Form 990) 202
01115	798081 3467-0)1 2022.(22 2000 KINGDO	M COME MINI	STRIES, IN 3467-011

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

INC

Employer identification number

61-1752969

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	

KINGDOM COME MINISTRIES,

L For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)



Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

OMB No. 1545-0047

2022

Name of organization

Employer identification number

61-1752969

KINGDOM COME MINISTRIES, INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 31,746. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 X Person Payroll 8,696. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 128,140. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 7,221. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 15,563. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

24 2022.05000 KINGDOM COME MINISTRIES, IN 3467-011

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Schedule	B (Form	990)	(2022)
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Name of organization

Page 3

Employer identification number

61-1752969

KINGDOM COME MINISTRIES, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

10501115 798081 3467-01

Schedule	B (Form 990) (2022)			Page 4
Name of o	organization			Employer identification number
	OM COME MINISTRIES, INC			61-1752969
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gi	 ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		e) Transfer of gi	ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		e) Transfer of gi	ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
223454 11-1	5-22	26		Schedule B (Form 990) (2022)

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 KINGDOM
 COME
 MINISTRIES
 IN
 3467-011

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Employer identification number

61-1752969

Name of the organization

KINGDOM COME MINISTRIES, INC

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		er Similar Fund	s or Accol	Ints.Complete if the
		(a) Donor ad	vised funds	(b) Fun	ds 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 v	writing that the asset	s held in donor advi	sed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o				
	impermissible private benefit?				
Par					
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	oly).		
	Preservation of land for public use (for example, recreation	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat		Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cor	ntribution in the form	of a conservation	
	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				
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				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished	, or terminated by th	e organizatior	n during the tax
	year				
4	Number of states where property subject to conservation eas	-			
5	Does the organization have a written policy regarding the per				
~	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violation	s, and emorcing cor	iservation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcina conserv	ation easemer	nts during the year
		5 ,	5		5 ,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the require	ments of section 17	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				nd
	balance sheet, and include, if applicable, the text of the footn	note to the organizat	on's financial stater	nents that des	cribes the
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	•	Treasures, or C	Other Simil	ar Assets.
	Complete if the organization answered "Yes" on Form				
1 a	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for pub				public
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or research in fur	therance of pu	iblic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
_					\$
2	If the organization received or held works of art, historical trea			al gain, provid	e
	the following amounts required to be reported under FASB A	-			•
	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				5
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 990) 2022
232051	09-01-22	27			

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	dule D (Form 990) 2022 KINGDOM	COME MINI		-	es, or Oth				9 Page 2
3	Using the organization's acquisition, accessi								,
	collection items (check all that apply):				•	U U			
а	Public exhibition	c	l 🗌 Loa	in or exchange p	orogram				
b	Scholarly research	e	e 🗌 Oth	er					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	in how they	further the orga	nization's ex	empt purpose	e in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, histo	rical treasures, c	or other simila	ar assets			
	to be sold to raise funds rather than to be m	aintained as part of	the organiza	ation's collection	ı?		L	Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the org	ganization answ	ered "Yes" o	n Form 990, F	Part IV, li	ine 9, or	
4.	reported an amount on Form 990, Pa		diam (fau a au			t in al val a d			
Ia	Is the organization an agent, trustee, custod							Yes	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						L	Tes	
D		and complete the id	nowing tabi	e.				Amount	ŀ
~	Reginning balance					1c		/ uno uno	-
	Beginning balance Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F							Yes	No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •			
Par									
	· · · · · ·	(a) Current year	(b) Prior	year (c) Tw	vo years back	(d) Three year	rs back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, c	olumn (a)) held	as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held and adm	ninistered for	the		-	
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		owment fun	ds.					
Par	t VI Land, Buildings, and Equipm				~ 000 Dart V	line 10			
	Complete if the organization answere		· · ·					()	
	Description of property	(a) Cost or o basis (investr		(b) Cost or othe basis (other)		Accumulated epreciation		(d) Bool	k value
1a	Land								
	Buildings								
	Leasehold improvements					00 004		~	
	Equipment			54,14	±/•	28,801	L •	2	5,346.
	Other								- 246
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 10c.)				2	5,346.

Schedule D (Form 990) 2022

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	Schedule D (Form 990) 2022	KINGDOM	COME	MINISTRIES,	INC
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Part VII Investments - Other Securities.	n Form 000, Port IV, lin	a 11b See Form 000 Part V line 12	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) BOOK Value	(c) Method of Valdation. Cost of end	Poryear market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
			for your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11d Soo Form 000 Part X lina 15	
-	escription		(b) Book value
	comption		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Calumn (b) must a must fame 200, Dart V, and (D) line	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Part X Other Liabilities. Complete if the organization answered "Yes" o		a 11a ar 11f Roo Form OOO Dout V live - OF	
(a) Descriptions of Role When	n Form 990, Part IV, im	e The of Thi. See Form 990, Part A, inte 25	(b) Book value
			(b) DOOK value
(1) Federal income taxes (2) PAYROLL LIABILITIES			3,060.
			5,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			
	0 = 1		3,060.

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...

Schedule D (Form 990) 2022

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chedule D (Form 990) 2022 KINGDOM COME MINIS	STRIES, INC	61-1752969	Page 4
Part XI Reconciliation of Revenue per Audited Fina		ue per Return.	
Complete if the organization answered "Yes" on Form 990	, ,	· · ·	
1 Total revenue, gains, and other support per audited financial stat			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
Amounts included on Form 990, Part VIII, line 12, but not on line	1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Pa	rt I, line 12.)		
Part XII Reconciliation of Expenses per Audited Fina			
Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	1 1		
b Other (Describe in Part XIII.)	46		

5 Total expenses. Add lines 3 and 4c. (*This must equal Form 990, Part I, line 18.*) Part XIII Supplemental Information.

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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4c 5

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
Department of the Treasury	U	Attach to Form 990 of						Open to Public
Internal Revenue Service	Go te	o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n.		Inspection
Name of the organization		CONE NINI CEDIEC	TNO					entification number
Part I Fundrais		COME MINISTRIES,			Earm 000 Dart IV	lino 1	61-175	
	complete this par		ieu i	65 01	11 0111 990, Fait IV, I		7.10111990-1	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p Viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Ye	
(i) Name and addres or entity (fund		(ii) Activity	or cor	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from	registration

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

Schedule G (Form 990) 2022

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61-1752969 Page 2

Part II	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000									
of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.										
		(a) Event #1	(b) Event #2	(c) Other events	(n =					

	_	or fundraising event contributions and gr			<u> </u>	515 greater than \$0,000.			
e			(a) Event #1 BENEFIT EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts	33,452.			33,452.			
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	33,452.			33,452.			
	4	Cash prizes							
s	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
irect E	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses				18,794.			
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			18,794.			
	11	14,658.							
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add			
anr			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue									
å	1	Gross revenue							
	_								
Se	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No	No No	No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
		ter the state(s) in which the organization condu							
a Is the organization licensed to conduct gaming activities in each of these states?									
b	IT "	No," explain:							
10a	We	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
b	lf "`	Yes," explain:							
	_								
232082 10-27-22 Schedule G (Form 990) 2022									

32 2022.05000 KINGDOM COME MINISTRIES, IN 3467-011

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Schedule G (Form 990) 2022	KINGDOM	COME	MINISTRIES,	INC	61-17	52969	Page 3
11 Does the organization conduct	gaming activities wi	th nonme	embers?		[Yes	No
12 Is the organization a grantor, b to administer charitable gaming	g?					Yes	🗌 No
13 Indicate the percentage of gan					1		
a The organization's facility						13a	%
b An outside facility14 Enter the name and address of						13b	%
	the person who pre	pares the	e organization's garning/s	special events books and re	20105.		
Name							
Address							
15a Does the organization have a c	ontract with a third p	party fron	n whom the organization	receives gaming revenue?	[Yes	No No
b If "Yes," enter the amount of g		ved by th	e organization \$	and the a	amount		
of gaming revenue retained by c If "Yes," enter name and addre							
Name							
Address							
16 Gaming manager information:							
Name							
Gaming manager compensatio	n \$						
Description of services provide	d						
Director/officer	Employee		Independent cor	itractor			
17 Mandatory distributions:							
a Is the organization required un	der state law to mak	e charital	ble distributions from the	e gaming proceeds to	_		
retain the state gaming license	0				[Yes	🗌 No
b Enter the amount of distribution	•			exempt organizations or spe	nt in the		
organization's own exempt act Part IV Supplemental Inf			\$ lanations required by Pa	rt I, line 2b, columns (iii) and	(v): and Part	III lines 9	9h 10h
			iny additional information		(v), and Fart	m, mes 9	30, 100,
232083 10-27-22			^		Schedule	e G (Form	990) 2022
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Schedule	G	(Form	990

Part IV Supplemental Information	(continued)	
		Schedule G (Form 990)
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 L Open to Public Inspection Employer identification number

61-1752969

KINGDOM COME MINISTRIES, INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JESUS' NAME FAMOUS!

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ELEMENTARY SCHOOL PROGRAMS - WEEKLY AFTER SCHOOL PROGRAMS, SPECIAL

EVENTS, AND HANDING OUT BIBLES TO CHILDREN

EXPENSES \$ 33,302. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 WILL BE EMAILED TO ALL BOARD MEMBERS AND OFFICERS AND

THEY WILL BE GIVEN 24 HOURS TO RESPOND IF CHANGES NEED TO BE MADE. IF NO

THE 990 IS FILED WITH THE IRS AS IS. CHANGES ARE REQUESTED,

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS DIRECTOR SALARIES AND COMPARES WITH OTHER DIRECTOR'S SALARIES FOR 990S OF THIS SIZE AND IN THIS AREA OF THE UNITED STATES.

FORM 990, PART VI, SECTION C, LINE 19:

THE BYLAWS, CONTAINING THE CONFLICT OF INTEREST POLICY, THE FINANCIALS, AND FORM 990S ARE ALL KEPT IN THE OFFICE OF THE ORGANIZATION AND ARE AVAILABLE FOR REVIEW OR COPYING WITHIN 48 HOURS OF REQUEST.

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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