			EXT	ENDED T	O JULY 1	5,	2021		_	
	Ω	00	Return of Org	janizati	on Exem	pt F	From I	ncome Tax		OMB No. 1545-0047
For	-	Añ [®]	Under section 501(c), 527, or	4947(a)(1) of	the Internal Re	venue	e Code (ex	cept private foundati	ions)	2019
•		uary 2020) of the Treasury	Do not enter soc	ial security n	umbers on this	form	as it may	be made public.		Open to Public
Interi	nal Reve	enue Service	Go to www.irs							Inspection
AF	or th	e 2019 calend	lar year, or tax year beginning	SEP 1	, 2019	and	ending 2	AUG 31, 202	0	
	Check if opplicab		f organization					D Employer ident	ificatio	on number
	Addre chang Name	$C _ 24$	7 FATHER'S ARMS	MINISTR	RIES			++ +++ <i>C</i>	E 0 1	
	_ chanı Initial	ge Doing b	usiness as					**-**6		
	returr Final returr	Number	r and street (or P.O. box if mail is n WEST HOWARD ST	ot delivered to :	street address)		Room/suite 1	E Telephone numl 847-651		95
	termii ated	ⁿ⁻ City or t	own, state or province, country,	and ZIP or fo	reign postal cod	le		G Gross receipts \$		678,822.
	Amer		AGO, IL 60626					H(a) Is this a group	returr	ı
	Appli tion	F Name a	and address of principal officer: ${f E}$					for subordinat	es?	Yes X No
	pendi	1348	WEST HOWARD STRE	<u>ET, UNI</u>	<u>т 1, Сн</u>	CAG	50, IL	H(b) Are all subordinate	s include	ed? Yes No
		empt status:) 🗲 (inse	rt no.) 📃 4947	7(a)(1)	or 52	If "No," attach	ı a list.	(see instructions)
			S://WWW.C247FAM.	ORG				H(c) Group exemp	tion nu	imber 🕨
			X Corporation Trust	Association	Other 🕨		L Year	of formation: 2016	M Sta	ate of legal domicile: IL
Pa	art I	Summary								
-	1		be the organization's mission or r						A PA	АТН ТО
Governance		RESURRE	CTION TO THE CHI	LDREN A	ND OTHER	CI CI	TIZEN	S OF		
rna	2	Check this bo	ox 🕨 📃 if the organization o	liscontinued it	ts operations or	dispos	sed of more	e than 25% of its net a	assets.	
ove Sve	3	Number of vo	ting members of the governing b	ody (Part VI, I	line 1a)				3	12
	4	Number of inc	dependent voting members of the	e governing b	ody (Part VI, line	e 1b)			4	10
80	5	Total number	5	3						
/itie	6		of volunteers (estimate if necess						6	50
Activities &	7a		d business revenue from Part VI						'a	0.
A			business taxable income from F						'b	0.
								Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)					489,481	•	661,172.
Revenue	9				0	0.				
eve	10	•	come (Part VIII, column (A), lines			0	0.			
Å	11		e (Part VIII, column (A), lines 5, 60		-1,940	-1,311.				
	12		- add lines 8 through 11 (must e					487,541		659,861.
	13		milar amounts paid (Part IX, colu					0	_	0.
	14		to or for members (Part IX, colur	())	,			0		0.
	45	• • • •			· · · · · · · ·	F 4 O)		131,967		138,196.
sec	16a	Professional f	undraising fees (Part IX column	(A) line 11e)		,		0		0.
Expenses	b	Total fundrais	r compensation, employee bene undraising fees (Part IX, column ing expenses (Part IX, column (D) line 25)	▶ 2	9.1	18.			
Ă			es (Part IX, column (A), lines 11a					38,000		147,041.
	18	-	es. Add lines 13-17 (must equal F					169,967		285,237.
	19		expenses. Subtract line 18 from					317,574		374,624.
۲ä								eginning of Current Yea		End of Year
t Assets or d Balances	20	Total assets (Part X, line 16)					366,863		760,745.
Ass	21	-						547		19,805.
Net,	22		fund balances. Subtract line 21					366,316		740,940.
_	art II	Signature						,	- 1	
			I declare that I have examined this re	turn. includina	accompanying sc	hedule	s and statem	ents, and to the best of	my kno	wledge and belief. it is
	-		Declaration of preparer (other than						,	
	, _ 0.10						p. opui 0			
Sig	n	Signatur	e of officer					Date		
Her		, -	N CLUTTER, TREAS	URER						
ner	J		print name and title							

Paid	Print/Type preparer's name DENNIS P. O'BRIEN	Preparer's signature DENNIS P. O'BRIEN	Date Check PTIN 02/01/21 self-employed P00008832								
Preparer	parer Firm's name PASQUESI SHEPPARD LLC Firm's EIN **-***928										
Use Only	Firm's address 🖕 585 BANK LANE										
	LAKE FOREST, IL	60045	Phone no. 847 - 234 - 5000								
May the IF	lay the IRS discuss this return with the preparer shown above? (see instructions)										
			000								

932001 01-20-20	LHA For Pape	rwork Redu	uction Act Notice, see the	e separate instr	uctions.	
SEE	SCHEDULE	O FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

		HER'S ARMS MINISTRIE	s **-**6501	Page 2
Pa	rt III Statement of Program Service	e Accomplishments		
	Check if Schedule O contains a respon	se or note to any line in this Part III		
1	Briefly describe the organization's mission: TO PROVIDE HOPE AND A B	ATH TO RESURRECTION	TO THE CHILDREN AND OTHE	R
	CITIZENS OF IMPOVERISHE	D COMMUNITIES		
2	Did the organization undertake any significan prior Form 990 or 990-EZ?			es X No
	If "Yes," describe these new services on Sch	edule O.		
3	Did the organization cease conducting, or ma If "Yes," describe these changes on Schedule		cts, any program services? Ye	es 🛛 No
4			argest program services, as measured by expenses ants and allocations to others, the total expenses,	
	revenue, if any, for each program service repo			
4a	(Code:) (Expenses \$ 22.	3,904. including grants of \$) (Revenue \$	
	C24/7 IS A NON-PROFIT C	RGANIZATION DEDICAT	ED, THROUGH THE POWER OF	
			ILDREN AND YOUNG ADULTS II	N
			ING THEM WITH THE NECESSA	
	TOOLS, SECURITY AND ENV			
	SOCIALLY, AND SPIRITUAL		ED THIS THROUGH:	
	AN AFTER-SCHOOL PROGRAM	· · · · · ·		
	A JOB DEVELOPMENT PROGE	AM ENTITLED "DREAMS	, VISIONS, WORKS; AND	
	A CONSISTENT COMMITMENT	' TO COMMUNITY OUTRE	ACH IN THE NORTH OF HOWARD	D
	NEIGHBORHOOD.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c		including grants of \$		
40	(Code:) (Expenses \$	Including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedu	 le O.)		
	, , , , , , , , , , , , , , , , , , , ,) (Revenue \$	
10		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
4e	Total program service expenses	445,504.	_	000 /00 / 7
			Form	9 90 (2019
93200	2 01-20-20	2		
		2		

Form 990 (2					S	ARMS	MINISTRIES
Part IV	Checklist of F	lequire	d S	chedules			

			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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	milar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>			- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u>ل</u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	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	<u> </u>		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 23
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			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	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>			
u		28a		х
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 lines 28a or 28b? If	200		
U		28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
30		30		х
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N. Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	31		- 23
32		20		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.54		
00	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?			v
07	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in 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		37	
	(gambling) winnings to prize winners?	1c	X	
932004	01-20-20	Form	990	(2019)
	4			

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Form	990 (2019) C24 7 FATHER'S ARMS MINISTRIES **-**6 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	501	Р	age 5			
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103				
	filed for the calendar year ending with or within the year covered by this return 2a 3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g					
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	0					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:	0.0					
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b						
С	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.			v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.	-	000	(2010)			

Form **990** (2019)

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C24 7 FATHER'S ARMS MINISTRIES

Check if Schedule O contains a response or note to any line in this Part VI

-*6501 Page **6**

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. X

		1.1	10		Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	12							
	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.		10							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other								
	officer, director, trustee, or key employee?			2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X				
6	Did the organization have members or stockholders?		L	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?			7a		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockholders, or								
	persons other than the governing body?		L	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?	-	Г	8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		Γ							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		<u></u> .	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)								
					Yes	No				
l0a	Did the organization have local chapters, branches, or affiliates?		Г	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		I	11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-								
	Did the organization have a written conflict of interest policy? If "No," go to line 13		Γ	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> in Schedule O how this was done	/es," describe		12c	x					
13	Did the organization have a written whistleblower policy?			13		x				
	Did the organization have a written document retention and destruction policy?			13 14	Х	- 11				
14 15			······ -	14	23					
15	Did the process for determining compensation of the following persons include a review and approva	n py independent								
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			16-	х					
	The organization's CEO, Executive Director, or top management official		ŀ	15a 15h	X					
α	Other officers or key employees of the organization		····· -	15b	л					
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	nont with -								
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			16-		x				
L	taxable entity during the year?		····· -	16a						
α	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			10						
Sec	exempt status with respect to such arrangements?			16b		I				
17 10	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>IL</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ad 000 T (Castiers 5	01(0)(2)-	only	oveile	ble				
18		IN AAD-1 (ORCTION 2	01(0)(3)8	oniy)	avallä	ne				
	for public inspection. Indicate how you made these available. Check all that apply.									
10		n on Schedule O)	liou and	fina	Nici					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial									
	statements available to the public during the tax year.	alan nanal waari 👘 🎽								
.	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records	-							
20	BRIAN CLUTTER - 847-651-7195									
20	BRIAN CLUTTER - 847-651-7195 1348 WEST HOWARD ST, NO. 1, CHICAGO, IL 60626				990					

Т

(_)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

(D)

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

()

(D)

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(. .

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 Position (do not check more than one						ane	Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	rson i	is botł	n an	compensation	compensation	amount of				
	week		cer an	aad	Irecto	or/trus	tee)	from	from related	other				
	(list any	recto						the	organizations	compensation				
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the				
	related	ustee	trust		9	bens		(W-2/1099-MISC)		organization				
	organizations below	ual tr	ional		ploye	t com				and related organizations				
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations				
(1) TIMOTHY NEALT	10.00	-	<u> </u>	0	\leq	<u>= =</u>	Ē							
CHAIRMAN OF THE BOARD		х		х				0.	0.	0.				
(2) ADAM PENNINGTON	10.00													
VICE CHAIRMAN OF THE BOARD		х		х				0.	0.	0.				
(3) JAMES CROCKETT	50.00													
EXECUTIVE DIRECTOR		Х		Х				57,008.	0.	0.				
(4) NATALIE CROCKETT	50.00													
DIRECTOR PROGRAM AND ADMIN		Х		Х				22,383.	0.	0.				
(5) BRIAN CLUTTER	10.00													
TREASURER		Х		Х				0.	0.	0.				
(6) REBEKAH WHITFIELD	10.00													
SECRETARY		Х		Х				0.	0.	0.				
(7) KIM NEALT	10.00									-				
DIRECTOR		х						0.	0.	0.				
(8) BRETT GARDINER	10.00									-				
DIRECTOR	10.00	Х						0.	0.	0.				
(9) MIKE WILLIAMS	10.00								0	0				
DIRECTOR	10.00	X				<u> </u>		0.	0.	0.				
(10) BEN MATUSKA	10.00	v						0.	0	0				
DIRECTOR	10.00	Х						0.	0.	0.				
(11) CAROLYN NYREN DIRECTOR	10.00	x						0.	0.	0.				
(12) DAVID NYREN	10.00	^				-		0.	0.	0.				
DIRECTOR	10.00	х						0.	0.	0.				
DIRECTOR		Λ							0.	<u>0.</u>				
						-								
		1												
932007 01-20-20										Form 990 (2019)				

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Form 990 (2019)

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Form	990 (2019) C24 7 FAS	THER'S A	RM	IS	ΜI	NI	ST	RI	ES	**_**	*65	01	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) (B) Name and title Average hours per week			nours per box, unless person is both an compensation						(E) Reportable compensation		(F) Estimated amount of		
	w (list hou rel organ be li		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		compe froi orgar	m the nizatio relate	e on ed
											-+			
			-											
1b	Subtotal	1		·					79,391.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 79,391.		0.			0.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
	compensation from the organization												/es	0 No
3	Did the organization list any former officer,												es	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3		X X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										⊢	4		21
	rendered to the organization? If "Yes," con											5		Х
	tion B. Independent Contractors									100.000 - (
1	Complete this table for your five highest co the organization. Report compensation for										ensatio		1	
	(A)				_				(B)			(C)		
	Name and business	address	N	ONE	<u>s</u>				Description of s	ervices		mpens	sation	1
2	Total number of independent contractors (i	•	ot lir	nited	d to	thos C		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 🗩				U.	,				F	orm 9 9	90 (2	2019)

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Form	1 990	C24 7 FATHER'S	ARMS MI	NISTRIES		**-***6	501 Page 9
	rt V						
		Check if Schedule O contains a response or n	note to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
Š, G			36,649.				
3ifts ar ∕		d Related organizations 1d					
is, C		e Government grants (contributions) 1e	4,000.				
tion sr S	1	f All other contributions, gifts, grants, and					
ibu			70,523.				
onti od C	9	g Noncash contributions included in lines 1a-1f	3,054.	CC1 170			
<u>a Č</u>		h Total. Add lines 1a-1f		661,172.			
			usiness Code				
Program Service Revenue	2 8						
Serv		b					
s m		c					
gra Re		e					
Pro	1	f All other program service revenue					
		g Total. Add lines 2a-2f	►				
	3	Investment income (including dividends, interest, a					
		other similar amounts)					
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
		(i) Real (i	ii) Personal				
	6 :						
	l	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	(ii) Other				
	1	a Gross amount from sales of assets other than inventory 7a					
		b Less: cost or other basis					
e		and sales expenses 7b					
venue		c Gain or (loss)					
		d Net gain or (loss)	►				
Other Re		a Gross income from fundraising events (not					
Oth		including \$ 86,649. of					
		contributions reported on line 1c). See					
			L7,650.				
	I	b Less: direct expenses 8b 1	L8,961.	1 1 1 1			1 1 1
			····· •	-1,311.			-1,311.
	9 :	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
	10		····· P				
	10 8	a Gross sales of inventory, less returns and allowances 10a					
		and allowances 10a b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			usiness Code				
sno	11 :	a					
ane		b					
Sells		c					
Miscellaneous Revenue		d All other revenue					
~		e Total. Add lines 11a-11d	►			-	
	12	Total revenue. See instructions	►	659,861.	0.	0.	-1,311.
93200	9 01-2	20-20					Form 990 (2019)

C24 7 FATHER'S ARMS MINISTRIES Part IX Statement of Functional Expenses

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

Check if Schedule O contains a res	(A)	(B) Program service	(C)	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
 Grants and other assistance to domestic organizati and domestic governments. See Part IV, line 21 	ons			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22 3 Grants and other assistance to foreign				
organizations, foreign governments, and fore	ian			
individuals. See Part IV, lines 15 and 16	-			
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	86,250.	75,006.	5,622.	5,622.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	42,719.	26,038.		16,681.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits		0 000		<u> </u>
10 Payroll taxes		8,023.	602.	602.
11 Fees for services (nonemployees):				
a Management				
b Legal	10 050		19,259.	
c Accounting			19,239.	
d Lobbyinge Professional fundraising services. See Part IV, line				
 Professional fundraising services. See Part IV, line f Investment management fees 				
g Other. (If line 11g amount exceeds 10% of line 25				
column (A) amount, list line 11g expenses on Sch				
12 Advertising and promotion	,			
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	2,700.	2,700.		
17 Travel	582.	582.		
18 Payments of travel or entertainment expense	s			
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	0.5.6			
22 Depreciation, depletion, and amortization			276.	400
23 Insurance	9,877.	6,737.	2,708.	432.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (<i>i</i> amount, list line 24e expenses on Schedule 0.)	A)			
a COVID ASSISTANCE	83,943.	83,943.		
b SUPPLIES	8,807.	6,493.	248.	2,066.
c MISCELLANEOUS	8,322.	4,735.	2,073.	1,514.
d MEAL ASSISTANCE	6,100.	6,100.		
e All other expenses	7,175.	3,547.	1,427.	2,201.
25 Total functional expenses. Add lines 1 through 24	4e 285,237.	223,904.	32,215.	29,118.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combine	d			
educational campaign and fundraising solicitation.				
Check here Figure if following SOP 98-2 (ASC 958-720)			Earm 990 (2010

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Form 990 (2019)

Form 990 (
Part X	Balance	Sheet

		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			308,706.	1	701,267.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			50,000.	3	
	4	Accounts receivable, net			8,157.	4	2,223.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
×	9					9	2,197.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		4,334. 276.			
	b	Less: accumulated depreciation	10b	276.	0.	10c	4,058.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	51,000
	16	Total assets. Add lines 1 through 15 (must equ			366,863.	16	760,745
	17	Accounts payable and accrued expenses		······	547.	17	2,665.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	mer offic	er, director,			
i Éi		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ins		22	1 - 1 1 0
-	23	Secured mortgages and notes payable to unrel				23	17,140.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 17-24)	Complete Part X			
		of Schedule D		····· -	E 4 B	25	10.005
	26	Total liabilities. Add lines 17 through 25			547.	26	19,805.
ø		Organizations that follow FASB ASC 958, ch	eck here				
Ö		and complete lines 27, 28, 32, and 33.					100 000
alar	27			····· -	57,216.	27	128,963.
ğ	28	Net assets with donor restrictions			309,100.	28	611,977.
ğ		Organizations that do not follow FASB ASC	958, che	ckhere 🕨 🛄			
느	•	and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		·····	266 216	31	740 040
ž	32	Total net assets or fund balances			366,316.	32	740,940.
	33	Total liabilities and net assets/fund balances			366,863.	33	760,745.

Form 990 (2019)

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Pa	rt 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		9,80	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,23	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,62	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	366	5 , 31	16.
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	74(),94	<u>40.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separate	e basis,			
	consolidated basis, or both:				
	X 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				1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2019)

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SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

Nan	ne of	the organization							identification number		
			C24 7 FATHE	R'S ARMS MIN	**-***6501						
Pa	art I	Reason for F	Public Charity Stat	t us (All organizations i	nust complete th	nis part.) Se	ee instructions.				
The	orgar	nization is not a priva	ate foundation because	it is: (For lines 1 throug	h 12, check only	one box.)					
1	Ň		ion of churches, or asso				1)(A)(i).				
2	\square						- / - //-/-				
3	\square	 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 									
4	\square		-	-			-	iii) Entor	the bosnital's name		
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital described in section 170(b)(1)(A)(iii).											
_		city, and state:		,							
5			perated for the benefit o		owned or operat	ted by a go	overnmental un	it describe	ed in		
		section 170(b)(1)	(A)(iv). (Complete Part	l.)							
6		A federal, state, or	local government or go	overnmental unit descril	bed in section 1	70(b)(1)(A)	(v).				
7	X	An organization th	at normally receives a s	ubstantial part of its su	pport from a gov	ernmental	unit or from the	e general p	oublic described in		
		section 170(b)(1)(A)(vi). (Complete Part I	.)							
8		A community trust	described in section 1	70(b)(1)(A)(vi). (Comple	ete Part II.)						
9		-	earch organization desc		-	ed in coniu	unction with a l	and-arant	colleae		
			on-land-grant college or								
		university:	en land grant conogo o				,				
10			at normally receives: (1)	more than 33 1/3% of	its support from	contributio	ne momborshi	n foos an	d groce receipte from		
10											
			its exempt functions -								
			ted business taxable in		tax) from busine	sses acqui	red by the orga	inization a	ifter June 30, 1975.		
		-)(2). (Complete Part III.								
11		An organization or	ganized and operated e	exclusively to test for pu	blic safety. See	section 50	09(a)(4).				
12		An organization or	ganized and operated e	exclusively for the benef	it of, to perform t	he functio	ns of, or to car	y out the	purposes of one or		
		more publicly supp	ported organizations de	scribed in section 509	(a)(1) or section	509(a)(2).	See section 5	09(a)(3). (Check the box in		
		lines 12a through	12d that describes the t	type of supporting orga	nization and com	plete lines	12e, 12f, and	12g.			
а		Type I. A suppo	rting organization opera	ted, supervised, or con	trolled by its sup	ported org	anization(s), typ	cically by	giving		
		the supported o	rganization(s) the power	r to regularly appoint or	elect a majority of	of the direc	ctors or trustee	s of the su	ipporting		
		organization. Yo	u must complete Part	IV, Sections A and B.							
b	, [orting organization supe		onnection with it	s supporte	ed organization	(s), by hav	vina		
			gement of the supportir				-		•		
			You must complete Pa		-		inter of manag				
		-				tion with		intograta	d with		
C	·		nally integrated. A sup				-	/ integrate	a with,		
		¬ ·· ·	ganization(s) (see instru		•		-				
C			ctionally integrated. A		-			-			
		that is not functi	onally integrated. The c	rganization generally m	ust satisfy a dist	ribution red	quirement and	an attentiv	/eness		
		requirement (see	e instructions). You mu	st complete Part IV, S	ections A and D	, and Part	V .				
е		Check this box i	f the organization receiv	ved a written determina	tion from the IRS	that it is a	Type I, Type II	, Type III			
		functionally integ	grated, or Type III non-fu	unctionally integrated su	upporting organiz	zation.					
f	Ent	er the number of su	oported organizations								
g) Pro	vide the following in	formation about the su	oported organization(s).							
		(i) Name of supported	(ii) EIN	(iii) Type of organi		anization listed ing document?	(v) Amount of	-	(vi) Amount of other		
		organization		(described on line above (see instruc		No	support (see ins	structions)	support (see instructions)		
Tota	al										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 C24 7 FATHER'S ARMS MINISTRIES Part II

-*6501 <u>Page 2</u>

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		11,934.	174,099.	489,481.	657,172.	1332686.
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						
4	Total. Add lines 1 through 3		11,934.	174,099.	489,481.	657,172.	1332686.
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,						
	column (f)						370,120.
6	Public support. Subtract line 5 from line 4.						370,120. 962,566.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		11,934.	174,099.	489,481.	657,172.	1332686.
8							
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			-			1332686.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	organization, check this box and stop						X
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			olumn (f))		14	%
	Public support percentage from 2018		-			15	%
	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies					, 	
b	33 1/3% support test - 2018. If the c		-				
	and stop here. The organization qual					, 	
17a	10% -facts-and-circumstances test						
_	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances test						
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•	-	• • • •		
				, , ,		edule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2019 C24 7 FATHER'S ARMS MINISTRIES 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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 I ax revenues levied for the organ- ization's benefit and either paid to						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			-		•	
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	L					
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						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orgar	ization,
check this box and stop here	<u></u>					
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the						17 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qua	lifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organizatio	n ▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
932023 09-25-19			_	Sch	edule A (Form §	990 or 990-EZ) 2019
		15	5			

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Schedule A (Form 990 or 990-EZ) 2019 C24 7 FATHER'S ARMS MINISTRIES

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2019

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

16

Schedule A (Form 990 or 990-EZ) 2019 C24 7 FATHER'S ARMS MINISTRIES Part IV Supporting Organizations (continued)

			Vee	NIa
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a	┝───┦	
	A family member of a person described in (a) above?	11b	┝───┦	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	┝──┤	
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.	2		
Sec	tion 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).	1		
Sec	tion 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			
	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 in (2), 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		
Sec	tion 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 during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b				
	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b				
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9		0-EZ)	2019
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Schedule A (Form 990 or 990 EZ) 2019 CZ4 / FAIRER S F	TUPS MINISIK	160	OJUL Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations	
1 Check here if the organization satisfied the Integral Part Tes	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al	
other Type III non-functionally integrated supporting organiz	ations must complete S	Sections A through E.	
Section 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		
	2		

3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7				/

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 or 990-EZ) 2019

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Schedule & (Form 990 or 990 EZ) 2019 C24 7 FATHER'S ARMS MINISTRIES

Schedule A (Form 990 or 990 EZ) 2019 C24 7 FATHER'S ARMS MINISTRIES

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	J
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
				•

Schedule A (Form 990 or 990-EZ) 2019

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ection E, lines 1c, 2a,	2b, 3a, and 3b; Part V	t II, line 17a or 17b; Part ction B, lines 1 and 2; Par /, line 1; Part V, Section E for any additional informa	B, line 1e; Part V,
ection E, lines 1c, 2a,	2b, 3a, and 3b; Part V	/, line 1; Part V, Section E	3, line 1e; Part V,
-, intes 2, 5, and 6. As			
		Schedule A (Form	990 or 990-EZ) 201
20			,,,,,,,,
		20 20 20 20 20 20 20 20 20 20 20 20 20 2	Schedule A (Form 20 2019.05040 C24 7 FATHER'S ARMS

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

_	6501
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Internal Revenue Service				-
Name of the organization				
C24	7	FATHER'S	ARMS	MINISTRIES
Organization type (check one):			

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X 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

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 or 990-EZ), 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, 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 for an *exclusively* set is charitable, etc., burpose. 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 for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set 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 for an *exclusively* set 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 for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

9 0)

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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization C24 7 FATHER'S ARMS MINISTRIES	ĭ	Employer identification number **-**6501
Par			
Fai		Similar Funus of A	Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		(b) Funda and other appoints
	(a) Donor advis		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets h		
	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that g	grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for a		°
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the organization answered "Y	'es" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contri	ibution in the form of a co	nservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not c	on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or		ization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspe	ection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,		
		-	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and e	enforcing conservation ea	sements during the year
	► \$	C C	C
8	Does each conservation easement reported on line 2(d) above satisfy the requireme	nts of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its rev		
	balance sheet, and include, if applicable, the text of the footnote to the organization	-	
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical Tr	easures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its re	evenue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education		
	service, provide in Part XIII the text of the footnote to its financial statements that de		•
b			e sheet works of
-	art, historical treasures, or other similar assets held for public exhibition, education,		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar		
2	the following amounts required to be reported under FASB ASC 958 relating to thes		provide
~			▶ \$
a h	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	<u></u>	Schedule D (Form 990) 2019
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Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or O	Other S	Similar Ass	sets _{(continu}	ied)
3	Using the organization's acquisition, accessi						•	00)
	collection items (check all that apply):	, ,		0	0			
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е		5 1 5				
c	Preservation for future generations	-						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit o							
•	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa		o in the organizatio		0 0111	51111 000, 1 an		
19	Is the organization an agent, trustee, custodi		ny for contribution	s or other assets	s not inc	hinded		
Ia							Yes	No
h	on Form 990, Part X?							
D		and complete the long	wing table.				Amount	
-	Designing belongs					10	Amount	
C	Beginning balance							
	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance							<u> </u>
	Did the organization include an amount on F					?	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.							
Fai	t V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three years b	oack (e) Four y	ears back
1a	Beginning of year balance	329,100.	28,005.					
b	Contributions	303,327.	310,250.	28,0	05.			
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	450.	9,155.					
f	Administrative expenses							
g	End of year balance	631,977.	329,100.	28,0	05.			
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	3.16	_%					
b	Permanent endowment .00	%						
с	Term endowment ► 96.84	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered	for the	organization		
	by:						ا	res No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990.	Part IV. line 11a. S	ee Form 990. Pa	art X. lin	e 10.		
	Description of property	(a) Cost or oth				umulated	(d) Book	value
	Description of property	basis (investme		(other)	• •	eciation		Value
19	Land		,	· /	1.1			
b	LandBuildings							
	Leasehold improvements							
				4,334.		276.	Л	,058.
	Equipment			-,		270.		,000.
	Other						Л	,058.
Iota	I . Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>qual Form 990, Part X</u>	<u>, column (B), line 1</u>	UC.)		····· P		-
						Sche	dule D (Form	990) 2019

Schedule D (Form 990) 2019 C24 7 FATHER'S ARMS MINISTRIE	ΞS
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year 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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	51,000.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	▶ 51,000.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form	990, Part X, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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

n provided in Part XIII ... X Schedule D (Form 990) 2019

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	edule D (Form 990) 2019 C24 7 FATHER'S ARMS MINIST				**6501 Page	e 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Rei	turn.		
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	678,822	<u></u>
1				1	070,022	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	····· ································					
b						
С	Recoveries of prior year grants		10 001			
d		2d	18,961.		10 001	1
е	······································			2e	18,961	
3	Subtract line 2e from line 1			3	659,861	<u>L •</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
С				4c		Ο.
C	Add lines 4a and 4b	• • • • • • • • • • • • • • • • • • • •				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990 Part 1 line 12)			5	659,861	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With			<u>659,861</u>	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R		l.	1.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per R		659,861 a. 304,198	1.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	eturn	l.	1.
5 Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per R	eturn		1.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per R	eturn		1.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Output	ents With	Expenses per R	eturn		1.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per R	eturn		1.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	eturn		<u>3.</u>
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per R	1	304,198	<u>1.</u> 3.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	1 2e	<u>304,198</u> 18,961	<u>1.</u> 3.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Bubtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per R	1 2e	<u>304,198</u> 18,961	<u>1.</u> 3.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per R	1 2e	<u>304,198</u> 18,961	<u>1.</u> 3.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per R	1 2e	<u>304,198</u> <u>18,961</u> 285,237	<u>1.</u> <u>7.</u>
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	2e 3	<u>304,198</u> <u>18,961</u> 285,237	<u>1.</u> <u>7.</u>

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.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ENTITY AS DESCRIBED IN SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME
TAXES ON RELATED INCOME. IT IS ALSO EXEMPT FROM STATE INCOME TAXES FOR
RELATED INCOME AND QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS IN
REGARD TO ITS DONORS. THE ORGANIZATION WOULD BE SUBJECT TO BOTH FEDERAL
AND STATE TAXES ON UNRELATED BUSINESS INCOME, THOUGH IT DID NOT HAVE ANY
FOR THE YEARS ENDING AUGUST 31, 2020 AND 2019.

AS OF AUGUST 31, 2020 AND 2019, THE ORGANIZATION DID NOT HAVE ANY

UNCERTAIN TAX POSITIONS THAT IT IS OBLIGATED TO DISCLOSE. ADDITIONALLY,

 THERE WERE NO RETURNS UNDER REVIEW OR OPEN TO REVIEW BY TAXING AUTHORITIES

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 Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019 C24 7 FATHER'S ARMS MINISTRIES Part XIII Supplemental Information (continued)	**-***6501 Page 5
IN EXCESS OF STATUTORY PERIODS. THE ORGANIZATION FOLLOWS A CON	
APPROACH OF RESEARCH AND OPEN DISCLOSURE IN REGARD TO ITS TAX-	-EXEMPT
STATUS AND POSITIONS HELD.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING INCOME SHOWN GROSS ON AUDITED F/S, SHOWN NET ON	
FORM 990	18,961.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING INCOME SHOWN GROSS ON AUDITED F/S, SHOWN NET ON	
FORM 990	18,961.
	Schedule D (Form 990) 2019

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047	
(Form 990 or 990-EZ)	C) 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.						or if the	2019
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.						E	Inspection
Name of the organization							**-***6	entification number
Part I Fundrais		Complete if the organization answe			Form 990 Part IV I	ine 1	-	
	complete this part			00 01	rr onn 000, r arr w, r			
1 Indicate whether the	e organization rais	ed funds through any of the followin	g activ	ities.	Check all that apply.			
a 🔄 Mail solicitat					overnment grants			
	email solicitations				nment grants			
c Phone solici d In-person so		g Special	lunura	lising	events			
•		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
key employees list	ed in Form 990, Pa	art VII) or entity in connection with p	ofessi	onal fi	undraising services?		Ye	s 🗌 No
,	0	viduals or entities (fundraisers) pursua	ant to a	agreei	ments under which th	he fur	ndraiser is to b	e
compensated at le	ast \$5,000 by the	organization.			-			
(i) Name and addres	s of individual		(iii) fundr	Did	(iv) Gross receipts	(v)	Amount paid or retained by)	(vi) Amount paid
or entity (func		(ii) Activity	have con	ustody trol of	from activity		fundraiser	to (or retained by) organization
			contribu			lis	ted in col. (i)	
			Yes	No				
				•		<u> </u>		<u> </u>
 List all states in white or licensing. 	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is (exempt from re	egistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or 9	990-E	Z	Sche	dule G (Form 9	990 or 990-EZ) 2019
		· · · · · · · · · · · · · · · · · · ·		· -				,

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Schedule G (Form 990 or 990 EZ) 2019 C24 7 FATHER'S ARMS MINISTRIES

-*6501 Page 2

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 FUNDRAISING EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	– col. (c))
Hevenue	1	Gross receipts	104,299.			104,299
	2	Less: Contributions	86,649.			86,649
	3	Gross income (line 1 minus line 2)	17,650.			17,650
	4	Cash prizes				
s	5	Noncash prizes				
kpense	6	Rent/facility costs	0.			
Direct Expenses	7	Food and beverages	7,444.			7,444
	8	Entertainment	800.			800
	9	Other direct expenses	4.4 4 -			10,717
	10	Direct expense summary. Add lines 4 through	A I I I I		►	18,961
		Net income summary. Subtract line 10 from I				-1,311
	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Hevenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
ř	1	Gross revenue				
es	2	Cash prizes				
Uirect Expenses	3	Noncash prizes				
LILECT	4	Rent/facility costs				
	5	Other direct expenses				
-	5	· · · · · · · · · · · · · · · · · · ·	Yes%	Yes %	Yes %	
	5 6	Other direct expenses Volunteer labor	Yes%	└── Yes % └── No	Yes %	
	6	Malanta a laban	No		No	
	6	Volunteer labor	No h 5 in column (d)	No No	No►	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No No S in column (d) Grom line 1, column (d)	No No	No►	
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization condu	No S in column (d) from line 1, column (d)	No	No ►	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No	No ►	
a b	6 7 8 Is t	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No	Yes N
a b	6 7 8 Is t Is t We	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No	Yes N

Sch	edule G (Form 990 or 990 EZ) 2019 C24 7 FATHER'S ARMS MINISTRIES **	-***6	501	Page 3
-	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	. —		
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			//0
	Name			
	Address			
15-	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
158	Tobes the organization have a contract with a time party non-whom the organization receives gaming revenue?		103	
h	If "Yes," enter the amount of gaming revenue received by the organization \$			
	of gaming revenue retained by the third party ▶\$			
	s If "Yes," enter name and address of the third party:			
Ľ	, in res, entername and address of the time party.			
	Nama			
	Address			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions:			
a	I is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	🗌 No
	retain the state gaming license?	📖	162	
C	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Dort III lin		0h 10h
14		art III, III	165 9, 3	<i>3</i> D, 10D,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
9320	83 09-11-19 Schedule G (Fo	orm 990 o	or 990	-EZ) 2019
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					ARMS	MINISTRIES
Part IV	Supplemental Inform	mation	(co	ontinued)		

Schedule G (Form 990 or 990-EZ)

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SCHEDULE O

(Form 990 or 990-EZ)

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



-*6501

C24 7 FATHER'S ARMS MINISTRIES

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

IMPOVERISHED COMMUNITIES

FORM 990, PART VI, SECTION A, LINE 2:

JAMES CROCKETT IS MARRIED TO NATALIE CROCKETT.

TIMOTHY NEALT IS MARRIED TO KIM NEALT.

DAVID NYREN IS MARRIED TO CAROLYN NYREN.

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

FORM 990 IS REVIEWED FOR ACCURACY BY THE BOARD OF DIRECTORS AND MANAGEMENT

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICTS OF INTEREST ARE ANALYZED ON AN ANNUAL BASIS

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

COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS SET WHEN THE ORGANIZATION IS

CREATING THE ANNUAL BUDGET. ANNUAL INCREASES, IF APPLICABLE, OF 1 - 5% ARE

BASED ON ANTICIPATED CONTRIBUTIONS AND OTHER EXPENDITURES. AS PART OF THE

THE BUDGET APPROVAL PROCESS, THE BOARD OF DIRECTORS APPROVES ANY INCREASES

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TO THE EXECUTIVE DIRECTOR OR DIRECTOR OF PROGRAM & ADMINISTRATION'S

COMPENSATION.

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

AVAILABLE UPON REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization C24 7 FATHER'S ARMS MINISTRIES	Employer identification number **-**6501
990, PART XII, 2C	
THE ORGANIZATION HAS AN AUDIT COMMITTEE WITH RESPONSIBILIT	TY FOR
OVERSIGHT OF THE AUDIT.	
	dulo 0 (Earm 000 at 000 EZ) (0040)
932212 09-06-19 Sche 39	dule O (Form 990 or 990-EZ) (2019)

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2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	90 PAGE 10		-	-			-	990		-					FORM 990 PAGE 10 990											
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation											
	MACHINERY & EQUIPMENT																									
1	EXECUTIVE DIRECTOR COMPUTER	04/13/20	SL	5.00		16	1,787.				1,787.			149.	149.											
2	STORE FREEZER	06/03/20	SL	5.00		16	1,788.				1,788.			89.	89.											
3	STORE FRIDGE	06/04/20	SL	5.00		16	759.				759.			38.	38.											
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						4,334.				4,334.	0.		276.	276.											
	* GRAND TOTAL 990 PAGE 10 DEPR						4,334.				4,334.	0.		276.	276.											
	CURRENT YEAR ACTIVITY																									
	BEGINNING BALANCE						0.			0.	0.	0.			0.											
	ACQUISITIONS						4,334.			0.	4,334.	0.			276.											
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.											
	ENDING BALANCE						4,334.			0.	4,334.	0.			276.											
	ENDING ACCUM DEPR											276.														
	ENDING BOOK VALUE											4,058.														

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone