2949375202810 OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

2018

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

Open to Public

	Inter	nal Revenu	je Service	► Go to	www.irs.go	v/Form990 for inst	ructions and t	he latest i	nformation.		Inspection
	A	For the	2018 cale	ndar year, or tax yea	r beginning	JANUARY 1	, 2018, a	and endin	9 DECE	MBER 31	, 20 18
	В	Check if a	applicable	C Name of organization	ITY INC.	D Employe	r identification number				
	П	Address		Doing business as Fa				_			58-2534900
	ī	Name ch	•	Number and street (or		I is not delivered to str	eet address)	Room/su	ite	E Telephon	e number
	$\overline{\Box}$	Initial retu		PO BOX 2972							770-784-1884
	\exists		n/terminated		province, count	rv. and ZIP or foreign o	ostal code	·			
	H	Amended return COVINGTON GA 30015-7972									ceipts \$ 89,942
				F Name and address of		DENNIS CHEEK	,		Way to thus a		ubordinates? Yes No
	ш	Application		i e			•				included? Yes No
				PO BOX 2972 COVIN		1	7				list (see instructions)
	느		npt status	✓ 501(c)(3)	501(c) () ◀ (insert no) l	4947(a)(1) or	527			
	<u>-</u>	Website:			. 🗆 🖍	🗆	Liva	ar of format		exemption i	of legal domicile GA
		art I			t Associat	on ☐ Other ► \	L Tea	ar or iormai	ion 2000	IN State (n legal dofflicile GA
			Summ		tion!o micor	n or most signific	ant activities:	TO DD	OVIDE NEW	TON COUR	ITV'S NEEDIEST
	a)	l .	-	escribe the organiza							
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	Š			is box ▶ ☐ if the or	-					1 - 1	
	Ğ			of voting members	_	-					8
	S S			of independent votir	-					·	8
	Activities & Governance	1		mber of individuals e		=	-			. 5	1
	ξį	1		mber of volunteers (* ·				6	22
	⋖	1		elated business reve						7a	
		b	ivet unrei	lated business taxat	ole income i	rom Form 990-1,	ine 38		Prior Y	. 7b	Current Year
1							050/55		FIIOI		
2019	e	1		tions and grants (Pa			CEIVE) ⊩		112,394	89,942
	Revenue			service revenue (Pa		(g) · [· · · · · ·		വ⊩			
0 1	Æ			ent income (Part VIII,				· SO		41	155
		1		venue (Part VIII, colu		1 ' 1		I (A II			
AUG				enue – add lines 8 th				ne za		112,435	90,097
		13	Grants a	nd similar amounts i	paid (Part IX	(, column (A), lines		T∵ ⊪		60,452	46,928
SCANNED				paid to or for memb							
Z	es			other compensation,		·				21,684	23,145
Z	Expenses	1		onal fundraising fees	•				1		
\circ	X	1		draising expenses (I				!			<u></u>
Ñ	_	1		penses (Part IX, colu				· · }		14,230	15,314
		1	-	penses. Add lines 13	-	•				96,366	85,387
			Revenue	less expenses. Sub	tract line 18	3 from line 12 .	<u></u>			16,069	4,710
	Net Assets or Fund Balances							-	Beginning of C		End of Year
	sset	20		sets (Part X, line 16)				· ·		67,173	72,332
	age A	21		pilities (Part X, line 26	•						
	_			ts or fund balances.	Subtract III	ne 21 from line 20	· · · ·	· · · · ·		67,173	72,332
	-	art II	<u>v</u>	ture Block					 		
	Un	der penal	ties of perju	ıry, I declare that I have e <u>l</u> ete Declaration of prepa	xamined this re	eturn, including accomp	panying schedule	s and state	ments, and to	the best of m	y knowledge and belief, it is
		e, conect	, and comp	Declaration of prepa	70 6			- Propare		- / \(\sqrt{\omega}	/
	e:.		<u> </u>	Termon	suck					3/V	11
	Sig		Sign	nature of officer	ek - 8	2 - Lin	Dissola	~	U	ate 7	
	He	re			<u> </u>	Executive	Drecto	<u>'(</u>			
		Type or print name and title									¬ . I PTIN
	Pa	id	Print/Ty	pe preparer's name		Preparer's signature		D:	ate	Check [ıf
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			Firm's a	address ▶		 			Ph	one no	
				s this return with the			e instructions)				Yes No
	For	Danone	rark Dadii	iction Act Notice see	the congrat	a instructions		Cat N	IA 11282V		Form 990 (2018)

Form	990	(201	8)	,
D.	4 41	A		7

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE NEWTON COUNTY'S NEEDIEST RESIDENTS WITH EMERGENCY FINANCIAL AID THROUGH THE COMBINED
	RESOURCES OF LOCAL MEMBER CHURCHES THAT HAVE COMMITTED TO MODEL JESUS CHRIST IN HIS MINISTRY TO THE
	POOR. SUCH AID IN NOT ONLY FINANCIAL BUT ALSO TRAINING AND SERVICES THAT HELP INDIVIDUALS TO BECOME SELF SUSTAINING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$35,077) (Revenue \$)
	FAITHWORKS PROVIDED UTILITY ASSISTANCE TO 230 HOUSEHOLDS BY PAYMENT DIRECTLY TO THE CLIENTS SERVICE
	PROVIDER.
4b	(Code:) (Expenses \$including grants of \$)
	FAITHWORKS PROVIDED HOUSING ASSISTANCE FOR RENT/MORTGAGES TO 67 HOUSEHOLDS BY PAYMENT DIRECTLY TO
	THE LANDLORD OR MORTGAGE HOLDER.
4c	(Code:) (Expenses \$including grants of \$)
	FAITHWORKS PURCHASED BIBLES (AND ACCEPTED DONATED BIBLES) FOR DISTRIBUTION TO OUR VISITORS WHO DESIRED A
	BIBLE FOR THEMSELVES, FAMILY OR FRIENDS.
	DIDEL I OK THEMOLEVED, I AMILE OK I KILIDO.

	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 46,928



Part IV Checklist of Required Schedules

			res	140
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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v ✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Ť
J	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
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		1
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		✓
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
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		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
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		✓
			000	

Part	Checklist of Required Schedules (continued)			
22	Did the aggregation report many than 65 000 of greats as other assistance to as fault aggregation in the district		Yes	No
	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	1	
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		· · · · · · · · · · · · · · · · · · ·
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		✓
Part \				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Va. I	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable) <u> </u>		
	reportable gaming (gambling) winnings to prize winners?	1c		
		Form	990	(2018)

Form **990** (2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_	- tuto in the state of the stat		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	-		
→ a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country:	- 70		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		<u> </u>
b	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	UD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		/
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			•
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		•
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			I
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12		ļ	- 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	i	i
11	Section 501(c)(12) organizations. Enter:		-	
а	Gross income from members or shareholders			
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.		į	· 1
	Enter the amount of reserves the organization is required to maintain by the states in which	ĺ	Ī	J
	the organization is licensed to issue qualified health plans		- 1	ļ
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		✓_
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O.	- 1	_	Ī

Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S								
0	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. V					
Sect	ion A. Governing Body and Management								
4	Established to the second of t		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4							
	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 in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent . 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1]]					
	any other officer, director, trustee, or key employee?	2		1					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
_	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓					
	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		√					
6	Did the organization have members or stockholders?	6		✓					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		<u> </u>	 					
_	stockholders, or persons other than the governing body?	7b		1					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:								
a	The governing body?	8a	✓						
b	Each committee with authority to act on behalf of the governing body?	8b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde)						
	the state of the s	1000	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓						
13	Did the organization have a written whistleblower policy?	13	✓						
14	Did the organization have a written document retention and destruction policy?	14	✓						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a	The organization's CEO, Executive Director, or top management official	15a		√					
b	Other officers or key employees of the organization	15b		√					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement.								
	with a taxable entity during the year?	16a		<u> </u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	•							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year.	erest p	oolicy	, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and recommendation of the person who possesses the organization of the person of the	cords	>						
	DENNIS CHEEK - PO BOX 2972 COVINGTON GA 30015 PHONE 770-784-1884								

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ated any currer	it officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Officer and a director traster				e than on the state of the stat	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Highest compensated employee Key employee Officer		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CAROL STANDARD	.50									
BOARD MEMBER		✓					L	-0-	-0-	-0-
(2) MURRAY GOOLSBY	.50					1	İ			
BOARD MEMBER	ļ	1		ļ		<u> </u>	_	-0-	-0-	-0-
(3) DAN KRATZ	.50	,							_	_
BOARD MEMBER	50	✓			-			-0-	-0-	-0-
(4) MARION BARNES BOARD MEMBER	.50	1						-0-	-0-	•
(5) MARIE DAVIS	4	<u> </u>	H			 	-	-0-	-0-	-0-
BOARD MEMBER	·····	1						-0-	-0-	-0-
(6) DAVID TAYLOR	2			-						-0-
BOARD CHAIR AND TREASURER	† -	1		1				-0-	-0-	-0-
(7) REV. WILLIAM B WADE	.50								-	
BOARD MEMBER, PASTOR REP. VICE PRES		✓		✓				-0-	-0-	-0-
(8) EULA HARDEMAN	4									
BOARD MEMBER AND SECRETARY		✓		✓				-0-	-0-	-0-
(9) DENNIS CHEEK - NON VOTING MEMBER	30						ļ			
BOARD MEMBER AND EXECUTIVE DIRECTOR		✓			✓			21,500	-0-	-0-
(10)										
					$oxed{oxed}$		<u> </u>			<u>.</u>
(11)		1								
(12)										· · ·
(13)					-					
(14)										
	l		ЩЫ	Li	Li					

rait	Section A. Officers, Directors, Trus	ees, Key E	mpio	yee:		·····	iigne	St C	ompensated E	mpioyees	contir	nuea)	
	(A) Name and title		box,	unles	Pos neck ss pe	(C) osition ck more than c person is both a director/trust			(D) Reportable compensation	(E) Reportable compensation from			
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-	ons	other compensation from the organization and related organizations	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)											-		
(22)													
(23)													
(24)													
(25)					_								
1b	Sub-total					<u> </u>	•	>	21,500		-0-		-0-
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•			▶	-0- 21,500		-0- -0-		-0- -0-
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m			0 of	
							-		-0-				No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s								loyee, or high		nsate	1 1 1	√
4	For any individual listed on line 1a, is the organization and related organizations	greater that	an \$1	50,	000	? #	"Yes	s, "	complete Sch	edule J fo	om th	h La	
5	individual	r accrue co	mper	nsat	ion	fror	n any	uni	related organiz	ation or inc		al al la la	√ √
Section	n B. Independent Contractors												<u></u>
1	Complete this table for your five highest of compensation from the organization. Replyear.												•
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation	
													
													_
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who			

Form **990** (2018)

	990 (201				·			Page
Par	t VIII	Statement of Revenue			amerika in Abia	D-4 \ (III		-
		Check if Schedule O contain	is a res	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	1a	Federated campaigns	1a	23,100				
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues	_]	
S, A	C	Fundraising events						
ia Gi	d	Related organizations		55,260	1		}	
ns,	е	Government grants (contributions		2,177	i			
er S	f	All other contributions, gifts, grants						
혈꽃	1	and similar amounts not included abov		9,405				
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions included in lines						
	h	Total. Add lines 1a-1f		,	89,942	- 		<u> </u>
ũ				Business Code				
ě	2a							
9	b							
Ž	d							
Š	e						<u> </u>	
Згаг	f	All other program service reve						
Program Service Revenue	g	Total. Add lines 2a-2f		•			· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including	dıvid	lends, interest.				
		and other similar amounts) .			155			
	4	Income from investment of tax-ex	cempt b	ond proceeds ▶				
	5	Royalties		·			· · · · · · · · · · · · · · · · · · ·	
		(i) R	eal	(ii) Personal			-	
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)	,					
	d	Net rental income or (loss) .		▶				·
	7a	Gross amount from sales of (i) Secu	inties	(ii) Other				
	1	assets other than inventory		1				
	b	Less: cost or other basis						
		and sales expenses .						
	C	Gain or (loss)						
	d	Net gain or (loss)	• •	· · · · •				<u> </u>
e	8a	Gross income from fundraising	,					
ē	"	events (not including \$,					
چ		of contributions reported on line	1c)					ĺ
<u>~</u>		See Part IV, line 18						
Other Revenue	ь	Less: direct expenses						
O		Net income or (loss) from fund					<u> </u>	
	9a	Gross income from gaming act	ıvıtıes.					
		See Part IV, line 19	· a					
	b	Less: direct expenses	. b					
		Net income or (loss) from gam		ıvitıes ▶				
	10a	Gross sales of inventory,						
		returns and allowances			i			
1		Less: cost of goods sold						
	С	Net income or (loss) from sales	of inv	T				
		Miscellaneous Revenue		Business Code				
	11a				-			
	b							
	C	All other revenue						
	d	All other revenue		<u> </u>				
	е 12	Total. Add lines 11a-11d Total revenue. See instruction		<u></u>			<u> </u>	<u> </u>
	14	i otal levellue. See IfiStruction	ıo .	🚩 📗	90.097			Ī

Part IX	Statement of Functiona	I Expenses	

36011	Oh ook if Schodule O contains a research				
Do n	Check if Schedule O contains a responsor include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	46,928			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	19,855	13,899	5,956	
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 8	Other salaries and wages				
9	Other employee benefits [
10	Payroll taxes [3,290	2,303	987	
11 a	Fees for services (non-employees): Management				
b	Legal				
C	Accounting				1.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	999			
14	Information technology	333			
15	Royalties				
16	Occupancy	4,200			
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,317			
24	Other expenses. Itemize expenses not covered	i	l		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	1			
_	BUILDING AND GROUNDS MAINT.	4.00=			
a b	POSTAGE	1,207			
C	TELEPHONE \$4,847 AND UTILITIES \$2,232	7,079			
d	TAX PREP	350		-	
e	All other expenses CORPORATE REGISTRAT	30			
25	Total functional expenses. Add lines 1 through 24e	85,387	16,202	6,943	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	33,337	.07.02	3,343	

Form **990** (2018)

F	art X	Balance Sheet	 		
		Check if Schedule O contains a response or note to any line in this Pa	rt X		[
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	41,387	1	46,39
	2	Savings and temporary cash investments	25,211	2	25,36
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	. -
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	575	10c	57:
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	67,173	16	72,332
	17	Accounts payable and accrued expenses		17	
	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	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		05	
	26	_		25 26	11-179
	20	Total liabilities. Add lines 17 through 25		20	9,101
es		complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets		27	
32	28	Temporarily restricted net assets		28	······································
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		_ 	
ţ	30	Capital stock or trust principal, or current funds	28,575	30	28,575
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	,	31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds	38,598	32	39,048
Ne	33	Total net assets or fund balances	67,173		67,623
1	34	Total liabilities and net assets/fund balances	67.173		67.623

Page 12	Page	12
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Check if Schedule O contains a response or note to any line in this Part XI	• •	90,097
1 Total revenue (must equal Part VIII, column (A), line 12)		90,097
2 Total expenses (must equal Part IX, column (A), line 25)		<u>85,387</u>
3 Revenue less expenses. Subtract line 2 from line 1		4,710
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		67,173
5 Net unrealized gains (losses) on investments		
6 Donated services and use of facilities		
7 Investment expenses		
8 Prior period adjustments		
9 Other changes in net assets or fund balances (explain in Schedule O)		450
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
33, column (B))		72,333
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
		Yes No
1 Accounting method used to prepare the Form 990: Cash Cash Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in		
Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓ ,
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	✓
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
separate basis, consolidated basis, or both:		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	_	
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
		— —
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	1
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Sa	- •
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	зь	ŀ
. Oquilos addit of addito, explain why in contodule o and describe any steps taken to undergo such addits.		n 990 (2018)

SCHEDULE A (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

2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	MUNITY RESOURCE CENT							34900
Par				organizations must				ns. 🔨
	organization is not a privat					•	•	$//$ \times $/$ Λ
1	A church, convention							// }~/
2	A school described in							
3	A hospital or a coope							
4	A medical research or	•	•	onjunction with a nost	oitai desc	ribed in s	section 1/U(D)(1)(A)((III). Enter the
_	hospital's name, city,			adlaga ay wawanib				al weit desembed in
5	An organization opera			college or university	owned o	r operate	ed by a government	ai unit described ir
•			•	mantal unit dans ih sa		470/h	\/4\/A\/ ₆ \	
6 7	☐ A federal, state, or loc☐ An organization that i							the general public
•	described in section				port iron	a gover	milentar unit or iron	i the general public
8	☐ A community trust de			•	Dart II \			
9						orated in	conjugation with a l	and-grant collogs
J	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
10	An organization that r	normally re	ceives: (1) mor	e than 331/3% of its si	ipport fro	om contri	butions, membershi	o fees, and gross
	receipts from activities	s related to	o its exempt fu	nctions—subject to c	ertain exc	ceptions,	and (2) no more tha	n 331/3% of its
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11								
12	12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes							
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).							
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g							
а								
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the							
	_ ::		-	ete Part IV, Sections				
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having							
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
	*		-					-11
С		-		ting organization opei ins). You must comp l				ally integrated with,
_		• • •	•	•		•		uted armonization(a)
d				pporting organization nization generally mu:				
				omplete Part IV, Sec				d an attentiveness
е	_ ` `		•	a written determination		-		s II. Typo III
Ŭ				tionally integrated sur				s II, Type III
f	Enter the number of sur		-					
g	Provide the following in							`
	(i) Name of supported organizat		(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10		ir governing ment?		other support (see
				above (see instructions))	0000	···O····	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)						_		
(D)		-						
(E)								
Total	l	1	•	I	١ ،	I	1	

_	2
Pane	~

Par							
	(Complete only if you checked the						alify under
Sect	Part III. If the organization fails to ion A. Public Support	quality unde	er the tests iis	stea below, p	lease comple	ete Part III.)/	
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(4) 2014	(6) 2010	(0) 2010	(4) 2017	(6),2010	(i) Total
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
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)		,				
6	Public support. Subtract line 5 from line 4		/				
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, 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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	= F01(o\/0)
13	First five years. If the Form 990 is for the organization, check this box and stop he						. —
Secti	on C. Computation of Public Suppor		<u></u>	· · · · ·	· · · · ·		· · · · <u> </u>
14	Public support percentage for 2018 (line 6			1. column (fl)		14	%
15	Public support percentage from 2017 Sch					15	%
16a	331/3% support test—2018. If the organi box and stop here. The organization qua	zation did not	check the box	•	nd line 14 ıs 3:	3 ¹ / ₃ % or more,	check this
b	331/3% support test 2017. If the organithis box and stop here. The organization					is 33 ¹ / ₃ % or m	nore, check ► 🏻
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization".	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	 , 16a, 16b, 17a 	a, or 17b, chec	k this box and	► □ see ► □

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.)

Secti	on A. Public Support			, p		· ·	
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees		}				
	received. (Do not include any "unusual grants.")	114,490	125,466	113,325	112,394	89,942	555,617
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			İ			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				- ' ' ' '		
	unrelated trade or business under section 513						
4	Tax revenues levied for the			1			
	organization's benefit and either paid to		i		l	ł	
	or expended on its behalf						
5	The value of services or facilities			ļ			
	furnished by a governmental unit to the						
_	organization without charge	<u> </u>					
6	Total. Add lines 1 through 5	114,490	125,466	113,325	112,394	89,942	555,617
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		1	-			
_	· · · ·						
b	Amounts included on lines 2 and 3				i		
	received from other than disqualified persons that exceed the greater of \$5,000				ĺ		
	or 1% of the amount on line 13 for the year		ľ				
•	·		+				
С 8	Add lines 7a and 7b						
•	line 6.)			1			555,617
Secti	on B. Total Support	<u></u>		 			333,017
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	114,490	125,466	113,325	112,394	89,942	555,617
10a	Gross income from interest, dividends,				}		_
	payments received on securities loans, rents,	:	ł				
	royalties, and income from similar sources.	41	44	39	41	155	320
b	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses		i			1	
	acquired after June 30, 1975						
C	Add lines 10a and 10b	41	44	39	41	155	320
11	Net income from unrelated business			l	ļ		
	activities not included in line 10b, whether or not the business is regularly carried on						
10	, i				•		
12	Other income. Do not include gain or loss from the sale of capital assets	ļ		ļ			
	(Explain in Part VI.)			Ì			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	114,531	125,510	113,364	112,435	90.097	555,937
14	First five years. If the Form 990 is for th						
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2018 (line 8		•			15	99.94 %
16	Public support percentage from 2017 Sch			· · · · ·	<u></u>	16	99.95 %
	on D. Computation of Investment In				· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 2018 (•		17	.0006 %
18	Investment income percentage from 2017					18	.0004 %
19a	331/3% support tests—2018. If the organi						_
	17 is not more than 33½%, check this box	-	_	•			
b	331/3% support tests—2017. If the organiz						
00	line 18 is not more than 331/3%, check this t		=				
20	Private foundation. If the organization die	u not check a b	ox on line 14,	19a, or 19b, cl	neck this box a	ına see instruc	tions ▶ 🗌

SCHEDULE ! (Form 990)

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

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

2018	Open to Publi

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **%**□ (h) Purpose of grant or assistance **Employer identification number** ✓ Yes 58-2534900 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant COMMUNITY RESOURCE CENTER OF NEWTON COUNTY INC. AKA FaithWorks Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part II Parti , რ 8 Ξ 12 ල € <u>O</u> 9 E <u>®</u> <u></u> 5

Schedule I (Form 990) (2018)

No 50055P

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Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" Part III can be duplicated if additional space is needed.	omestic Individual si space is needed	als. Complete if the d.	organization answ	ered "Yes" on Form 990,	on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 UTILITY ASSISTANCE	230 HOUSEHOLD	35,077			
2 HOUSING ASSISTANCE	67 HOUSEHOLDS	11,671			
3 OTHER-COST OF BIBLES FOR	VARIOUS	180			
4				,	
5					
9	,				
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, columr	(b); and any other additi	onal information.
NO PAYMENTS ARE MADE DIRECTLY TO INDIVIDUALS APPROVED	APPROVED FOR AS	SSISTANCE. PAYMENT	S ARE MADE WITH O	JR BUSINESS CHECKS TO U	FOR ASSISTANCE. PAYMENTS ARE MADE WITH OUR BUSINESS CHECKS TO UTILITY SERVICE PROVIDERS OR
TO LANDLORDS OR MORTGAGE HOLDERS ONLY AFTER TAX ROLL		FIRM THE OWNERSHIP	OF THE PROPERTY.	THE EXECUTIVE DIRECTOR	S CONFIRM THE OWNERSHIP OF THE PROPERTY. THE EXECUTIVE DIRECTOR HAS SIGNATURE AUTHORITY AND
WRITES MOST OF THE CHECKS BASED ON RECOMMENDATIONS O	NDATIONS OF INTA	KE AND INVESTIGATIV	E VOLUNTEERS FOLI	OWING GUIDELINES ESTAB	F INTAKE AND INVESTIGATIVE VOLUNTEERS FOLLOWING GUIDELINES ESTABILISHED BY THE BOARD OF
DIRECTORS. THE CHAIRMAN/TREASURER AND SECRETARY CAN ALSO WRITE CHECKS AND OBTAIN BANKING INFORMATION. THE TREASURER AUDITS ACCOUNTS ON A MONTHLY	ETARY CAN ALSO V	VRITE CHECKS AND OF	STAIN BANKING INFO	RMATION. THE TREASURER	AUDITS ACCOUNTS ON A MONTHLY
BASIS AND FINANCIAL REPORTS ARE MADE MONTHLY TO THE BO	Y TO THE BOARD A	ND IN JANUARY, MAY	AND SEPTEMBER TO	OUR ADVISORY BOARD COI	ARD AND IN JANUARY, MAY AND SEPTEMBER TO OUR ADVISORY BOARD COMPRISED OF INDIVIDUALS FROM OUR
SUPPORTING CHURCHES.					
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			

Schedule I (Form 990) (2018)

SCHEDULE 0 (Form 990 or 990-EZ)

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.

2018
Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

COMMUNITY RESOURCE CENTER OF NEWTON COUNTY INC AKA FaithWorks	58-2534900
PAGE 6 - PART VI LINE 7A - PASTORS OF SUPPORTING CHURCHES ARE A PART OF OUR ADVISORY	/ BOARD AND MAY ALSO APPOINT
A LAY REPRESENTATIVE TO THE BOARD. THIS BOARD APPOINTS INDIVIDUALS WHO MAKE UP OL	IR BOARD OF DIRECTORS
	,
PAGE 6 PART VI LINE 11A - THIS 990 FORM WAS MADE AVAILABLE TO ALL BOARD MEMBERS IN AF	PRIL BY EMAIL. PRINTED COPIES
WERE MADE AVAILABLE TO BOARD AND ADVISORY BOARD MEMBERS AT A JOINT MEETING ON M	AY 10, 2019. MOTION WAS MADE TO
APPROVE THE FILING OF OUR 990 AT THIS MEETING.	
PAGE 6 PART VI LINE 12C - OUR BOARD OF DIRECTORS REVIEW AND SIGN A CONFLICT OF INTERE	ST STATEMENT IN JANUARY OF
EACH YEAR. COMPLIANCE IS MONITORED THROUGHOUT THE YEAR BY THE OFFICERS OF THE CO	DRPORATION.
·	
PAGE 6 PART VI LINE 19 - THE DOCUMENTS LISTED ARE MADE AVAILABLE TO THE PUBLIC AT OUR	R MINISTRY OFFICE UPON REQUEST.
PAGE 8 PART VII LINE 1d - THE EXECUTIVE DIRECTOR IS THE ONLY PAID EMPLOYEE AND IS A NON	-VOTING MEMBER OF THE BOARD.
PAGE 9 PART VIII LINE 1d,- THE RELATED ORGANIZATIONS ARE OUR MEMBER CHURCHES.	
PAGE 12 PART XI LINE 9 - THREE (3) CHECKS FOR ASSISTANCE WERE NEVER CASHED AFTER 6 MC	
VOIDED AND THE BALANCE OF \$450 WAS RETAINED IN OUR ACCOUNT.	
······	