Form 990 (Rev January 2020) Department of the Treasury Internal Revenue Service

SCANNED MAY 0 9 2022

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

▶ Do not enter social security numbers on this form as it may be made public d ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

AF	or tne	2019 calendar year, or tax year beginning and	enuing	_			
Вс	heck if الروcable	C Name of organization		D Employer identific	cation number		
	_Address						
`	Name change	Doing business as		61-13850	84		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite				
	Final return/	4185 LEXINGTON ROAD		859-873-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	868851.		
	Amendi return	VEKBAIDDED, KI 40000		H(a) Is this a group re			
	Applica	IF Name and address of principal officer Click TCTC WITTIAMS		for subordinates	?		
	pending		383	H(b) Are all subordinates in	cluded? Yes No		
ΙT	ax-exe	mpt status X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1) (€	or 5 / 2	If "No," attach a	list (see instructions)		
		e:▶ www.nilebabies.org	1	H(c) Group exemption			
K F	orm of	organization: X Corporation Trust Association Other	│ L Year	of formation: 2004 N	State of legal domicile: KY		
Pa		Summary	ľ				
e	1 E	Briefly describe the organization's mission or most significant activities Serve	e as a	a physical a	nd		
Activities & Governance	3	spiritual lifeline for expectant mothers	in cı	risis and the	eir unborn		
ruŝ	2 (Check this box if the organization discontinued its operations or disposit	sed of mor	e than 25% of its net as	sets		
OVE	3 1	Number of voting members of the governing body (Part 🗱 line 1a)		3	0		
8. G	4 1	lumber of independent voting members of the governing body (Part VI, line 15)	シに	$\partial U \propto \Phi $	0		
es	5 1	otal number of individuals employed in calendar year 2019 (Part V, line 2a))) -	リ 💙	0		
viti	6 7	otal number of volunteers (estimate if necessary)	シロ	6	0		
Acti	7a 1	otal unrelated business revenue from Part VIII, column (C), line 12 CO	RES	U 7a	0.		
_	1 d	let unrelated business taxable income from Form 990-T, line 39		7b	0.		
		1110 00.	. L	Prior Year	Current Year		
ō	8 (Contributions and grants (Part VIII, line 1h) MAY 20 20	21 📙	0.	0.		
enr	9 F	Program service revenue (Part VIII, line 2g)	.	902571.	868817.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	∟ ن	75.	34.		
ш.	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and ARDEN, UTA	" ⊢	0.	0.		
	12]	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		902646.	868851.		
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	0.	0.		
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.		
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		682997.	745183.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	. L	0.	0.		
ž	b1	otal fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	106300	151564		
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	186380.	151564.		
	18 7	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	⊢	869377.	896747.		
		Revenue less expenses Subtract line 18 from line 12		33269.	-27896.		
ets or		•	B	eginning of Current Year	End of Year		
set	20 1	otal assets (Part X, line 16)		120577.	86446.		
Net Asse Fund Bala	21 7	otal liabilities (Part X, line 26)	<u> </u>	12346.	6111.		
	22 1	Net assets or fund balances Subtract line 21 from line 20		108231.	80335.		
		Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is		
true,	correct	, and complete. Declaration of preparer (principles an officery is based on all information of wh	nich prepare	r has any knowledge.			
		Sentural Mary		Date			
Sig							
Her	Here Charlene Williams, President Type or print name and title						
			-	Date Check	TI PTIN		
		Print/Type preparer's name Preparer's signature		Date Check L	- -'		
Paid		Kim M Crabb		self-employe	P01225083		
	parer	Firm's name kim m crabb & associates, psc		Firm's EIN	61-1248442		
Use Only Firm's address 2265 Harrodsburg Road Ste 101							
		Lexington, KY 40504		Phone no. (8	59)296-6349		
May	the IR	S discuss this return with the preparer shown above? (see instructions)		-	X Yes No		
9320	01 01-20		ons.		Form 990 (2019)		
	C.	se Schedule O for Organization Mission S	tatome	ant Continua	tion / / Y 7 -		

See Schedule O for Organization Mission Statement Continuation

Forn	m 990 (2019) THE NILE MINISTRIES	61-1385084	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission None		
2	Did the organization undertake any significant program services during the year which were not listed on	the .	
2	prior Form 990 or 990-EZ?	□ v ₌	s X No
		re:	S LAE INU
_	If "Yes," describe these new services on Schedule O		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	vices? LYes	s 🕰 No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses	, and
	revenue, if any, for each program service reported		
4a			8851. ₎
	Serve as a physical and spiritual lifeline for expect		n
	crisis and their unborn children, and for individuals		
	substance abuse disorders. Provide treatment for sul	ostance abuse	
	disorders.		
			 .
		<u> </u>	2
46	(Code) (Expenses \$)	(Revenue \$)
		<u> </u>	
		·	
			
		-	
		_ 	
		 	
4¢	(Code) (Expenses \$)	(Revenue \$)
		<u> </u>	
	<u></u>		
			
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ Including grants of \$) (Revenue \$		
4e	Total program service expenses ► 896747.		
		Form 9	990 (2019)

Form 990 (2019) THE NILE MIN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
2	If "Yes," complete Schedule A 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			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	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,	7		х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 22
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	ı ıa		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		- 21
120	Schedule D, Parts XI and XII	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	ا		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		А
13	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		l	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19	 }	X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Λ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	l	X
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(PartilVil	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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		 	 ^
0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			_
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit]		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person man 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			37
	Schedule L, Part I	25b		<u>X</u> _
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%			х
^7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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			
~0	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			w
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
25-	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 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?	000		
V 0	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	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		X
38	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	Х	
[<u>P</u> ai				
_	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
02200	0.1.20.20	Form	aan /	20101

_	990 (2019) THE NILE MINISTRIES 61-1385	084	P	age 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			,
	1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ĺ		
	The drift the calcifold year circuity with the year covered by this retent			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>		
-	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			٠,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country			Ì
_	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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		7.7
	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).			<u>x</u>
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_ !		v
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		·
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	
11	Section 501(c)(12) organizations. Enter		J	
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
Ь	amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		1Za		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O			
D	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 Enter the amount of reserves on hand 13b			
		140		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 730 to report those payments? If "No " provide an explanation on Schedule O	14a	-	
	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			

Form **990** (2019)

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O

If "Yes," see instructions and file Form 4720, Schedule N

Form 990 (2019) THE NILE MINISTRIES 61-1385084 Page
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

Inter the number of votage members of the governing body at the end of the tax year If there are makeral differences winding rights among members of the governing body, or if the governing body delegated brand authority to an executive committee or similar committee, epiplan on Schedule 0. In Enter the number of votage members and laded on the 1st, above, who may en dependent De Fitter the number of votage members and laded on the 1st, above, who may en dependent De Fitter the number of votage members and laded on the 1st, above, who may en dependent De Fitter the number of votage members and laded on the 1st, above, who may endedge on the confidence, director, function, to yet employees to an amangement company or other person? De the enganization delegate control over management delegate control over the delegate control over the delegate control over the delegate control over the process of the organization over the process of the organization over the process of the organization over the process of the process of the organization on the delegate provided a complete copy of the Form 900 to all m		Check if Schedule O contains a response or note to any line in this Part VI					<u>X</u>
to the transmit differences in voting members of the governing body at the end of the tax year if there are muterial differences in voting rights among members of the governing body, of the governing body and the governing body deligible tradial differences in voting rights among members of the governing body, of the governing body and the governing body deligible through the properties of the control over management duties customarities, explain on Schedule 0. b Enter the number of voting members included on line 1s, above, who are independent in the control over management duties customarity performed by or under the direct supervision of officers, directors, rustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, rustees, or key employees to a management company or other person? 2	<u>Sec</u>	tion A. Governing Body and Management					
the there are material differences in volting injits among members of the governing body, or if the poverning body delegated broad alturnity to an exclusive committee, explain on Schedule 0. b. Eiter the number of volting members included on line 1a, above, who are independent Did any officer, derector, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees to a management company or other person? Did the organization of legistic control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization have members or stockholders? Did the organization have members of the organization reserved to (er subject to approval by) members, stockholders, or persons who had the power to elect or appoint one of members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? Did the organization thave the authority to act on behalf of the governing body? Section B. Pofficer, director, trustee, or key employee isted in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have a written organization the organization have a written policies and procedure organi		•	1	1		Yes	No
body delegated brada authority to an executive committee or smins committee, explain on Schedule 0. De Effect the number or whoring members included on ine 1a, above, who are independent	1a		1a		4		1
b Enter the number of voting members included on line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing					
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization become aware during the year of a segnificant diversion of the organization's assertion of the organization have members or stockholders, or other persons who had the power to elect or appoint one or members of the governing body? To but the organization native members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body? To be a committee with authority to act on behalf of the governing body? In the governing		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
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If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a 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 X 16b X 16a X							Х
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statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records SAM WILLIAMS - (859) 232-6909	19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict	of interest policy, a	nd finai	ncial	
SAM WILLIAMS - (859) 232-6909							
SAM WILLIAMS - (859) 232-6909	20	State the name, address, and telephone number of the person who possesses the organization's b	ooks ar	nd records 🕨			
3360 FORDS MILL RD., VERSAILLES, KY 40383		SAM WILLIAMS - (859) 232-6909					
		3360 FORDS MILL RD., VERSAILLES, KY 40383		-			

932006 01-20-20

Part VIII 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

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 trustees 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	orga	anıza	ation	o co	mpe	nsat	ted any current officer, of	director, or trustee	<u> </u>
(A)	(B)				C)			(D)	(E)	(C)(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable 🗸	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any		T	Ī	1	T	, 	from the	from related organizations	other
	hours for	direct				Į,		organization	(W-2/1099-MISC)	compensation from the
	related	.e o.	stee		1	Safe	ł	(W-2/1099-MISC)	(** 2, 1000 1100)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		`		and related
	below	vidua	toto	į.	Кеу етрюуее	loyee	Former			organizations
	line)	ğ	重	Officer	<u>ş</u>	흎	Ē			
(1) CHARLENE WILLIAMS	40.00	1						01100	•	
PRESIDENT		_		_	<u> </u>		<u> </u>	81120.	0.	0.
(2) Lawrence S. Williams	0.00	l							•	
SECRETARY	0.00	_	_	_	<u> </u>	L	_	0.	0.	0.
(3) JEFF JOHNSON	0.00						ŀ		_	
BOARD OF DIRECTORS	1 0 00	_			_	_		0.	0.	0.
(4) E.J. HORN	0.00	ļ							^	l ,
BOARD OF DIRECTORS/VP	1 0 00	_	\vdash	_	┝			0.	0.	0.
(5) DAVID MEYERS	0.00	ļ						0.	0.	_
BOARD OF DIRECTORS	 -	<u> </u>	 —	-	⊢	\vdash			0.	0.
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932007 01-20-20

Part VII Section A. Officers, Directors, Tru		ploy	ees/			ighe	st (
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable		1	timate	
	hours per week					is bot or/trus		· •	compensation			nount	
•	(list any	۱ <u>-</u>			Ι	1	Γ	from the	from related organization			other pensa	
	hours for	direct				l.		organization	(W-2/1099-MI			om th	
	related	ie o	ste			nsate		(W·2/1099-MISC)	(** =: *********************************	/		anızat	-
	organizations	trust	al tru		a se	omp					an	d relat	:ed
	below	Individual trustee or director	Institutional trustee	賣	Key emptoyee	Highest compensated employee	Р огтег]			orga	anızatı	ons
	line)	亨	Inst	Officer	<u>Ř</u>	풀룹	ফ্র				<u> </u>	<u> </u>	
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		ł											
1b Subtotal	<u> </u>	<u></u>	L	<u> </u>	<u> </u>		<u> </u>	81120.		0.			0.
c Total from continuation sheets to Part V	II Section A							0.		0.			0.
d Total (add lines 1b and 1c)	ii, occioii A							81120.		0.			0.
Total number of individuals (including but including	not limited to th	ose	liste	ed al	bove	e) wh	no re	·	.000 of reportab	le			
compensation from the organization						-,			,				0
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, l	кеу е	emp	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s	um of reportab	le co	ompe	ensa	ation	n and	d otl	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual		l	4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indivi	dual for services	;			
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch	pers	son					5		X
Section B. Independent Contractors									.				_
1 Complete this table for your five highest co	•									npens	ation f	rom	
the organization Report compensation for	the calendar y	ear (endı	ng v	vith	or w	ıthır T		/ear				
(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices	C	(C omper		n
			7212	-			┪						
							\Box						_
							4						
							1		ł				
							\dashv						
2 Total number of independent contractors	including but n	ot lii	nite	d to	tho	se lis	sted	above) who received m	ore than				
\$100,000 of compensation from the organ	zation 🕨				(<u> </u>							
											Form 9	990 (2	2019)

Pa	rt VI	Statement of Revenue			· -		
		Check if Schedule O contains a respon	ise or note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b d e	All other contributions, gifts, grants, and similar amounts not included above					
<u>ರಿ ೯</u>	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a b		Business Code 624100	868817.	868817.		\(\bar{\Delta}\)
ran ?eve	d					4	
rog	е						
ш.	f			868817.	<u>.</u>		
	3 4	Total. Add lines 2a-2f Investment income (including dividends, income similar amounts) Income from investment of tax-exempt bon	▶	34.	34.		
	5	Royalties	<u> </u>				
	6 a b c		(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Least contact of other hours	es (II) Other	***	23333		
Other Revenue	C	Less cost or other basis and sales expenses Gain or (loss) 7b 7c					
Other F		Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c) See					
	С	· · · · · · · · · · · · · · · · · · ·	8a 8b s ►				
	b	Part IV, line 19	9a 9b				
	10 a b	Gross sales of inventory, less returns and allowances Less cost of goods sold	10a 10b				
	<u> </u>	Net income or (loss) from sales of inventory	Business Code				
Sno .	11 a		Business Code		· -		
Miscellaneous Revenue	ıı a b		-				
	c		-				
iš (All other revenue					
	е	Total. Add lines 11a-11d					1
	12	Total revenue. See instructions	•	868851.	868851.	0.	0.
93200	9 01-20	0-20					Form 990 (2019)

Forn	rt IX Statement of Functional Expense			91-1	385084 Page 10
	tion 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon			, ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		31,000		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		ľ		
	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			-	
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	682022.	682022.))
8	Pension plan accruals and contributions (include			-	\wedge
	section 401(k) and 403(b) employer contributions)			d	\sim
9	Other employee benefits				
10	Payroll taxes	63161.	63161.		
11	Fees for services (nonemployees)		-		
а	Management	29110.	29110.		
b	Legal	1960.	1960.		<u></u>
С	Accounting	8144.	8144.		
d	, , ,				
e	Professional fundraising services. See Part IV, line 17			,	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	440.	440.		
13	Office expenses			-	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	4232.	4232.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			<u> </u>	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2330.	2330.		<u> </u>
22	Depreciation, depletion, and amortization	26967.	26967.		
23	Insurance Other expenses, Itemize expenses not covered	20307.	20307.		
24	above (List miscellaneous expenses on line 24e. If	ļ			
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				I
а	FACILITIES EXPENSE	50725.	50725.		
b	RESIDENT OPERATIONS	26635.	26635.		·
c	MISC	1021.	1021.		
d			· · · · · · · · · · · · · · · · · · ·		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	896747.	896747.	0.	0.
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)				

932010 01-20-20

Form 990 Part X	2019) THE NILE MINISTRIES Balance Sheet	 		1385084 Page 11
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
†	Cash - non-interest-bearing	20668.	1	638
2	Savings and temporary cash investments	57377.	2	45606
Јз	Pledges and grants receivable, net		3	
] 4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		<u></u>	
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
တ္ 7	Notes and loans receivable, net		7	
Assets 8 8	Inventories for sale or use		8	
ž 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other		Ŋ	
	basis Complete Part VI of Schedule D 10a 46277.		//	/
b	Less accumulated depreciation 10b 6075.	42532.	10c	40202
11	Investments - publicly traded securities		(h1)	
12	Investments - other securities See Part IV, line 11	<u> </u>	12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	400555	15	06446
16	Total assets. Add lines 1 through 15 (must equal line 33)	120577.	16	86446
17	Accounts payable and accrued expenses	12346.	17	6111
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	
ဖ္မ 22	Loans and other payables to any current or former officer, director,			
┋	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities 8	controlled entity or family member of any of these persons		22	
_ 23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
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	12346.	25	6111
26	Total liabilities. Add lines 17 through 25	12340.	26	0111
ဖွ	Organizations that follow FASB ASC 958, check here			
27 28 28	and complete lines 27, 28, 32, and 33.			
<u>e</u> 27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here		28	-
ا ق	organization and the metallic state of the s			
۶ ۵	and complete lines 29 through 33.	<u> </u>		l

86446. Form **990** (2019)

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120577.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Employer identification number Name of the organization 61-1385084 THE NILE MINISTRIES Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (n) EIN ing document n your gove (described on lines 1-10) support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990 EZ) 2019 THE NILE 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 inlease complete Part II)

Sec	ction A. Public Support	now, picase com	piete i dit ii j	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")		23561.				23561.		
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		j j						
2	Gross receipts from activities that								
٠	are not an unrelated trade or bus-					W n _			
	iness under section 513								
4	Tax revenues levied for the organ-				- "	1 ())			
7	ization's benefit and either paid to						(\mathcal{K})		
	or expended on its behalf					4			
_	The value of services or facilities		 		† 	<u> </u>	1		
Э	furnished by a governmental unit to						4/		
	the organization without charge								
	ı ı		23561.	-	<u> </u>	1	23561.		
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and		233011						
7 8							0.		
	3 received from disqualified persons Amounts included on lines 2 and 3 received		 						
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the		1				0.		
	amount on line 13 for the year						, , , , , , , , , , , , , , , , , , , 		
	Add lines 7a and 7b		-				23561.		
	Public support. (Subtract line 7c from line 6) ction B. Total Support		1			<u> </u>	233011		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 6	(a) 2015	23561.	(0) 2017	(u) 2010	(6) 2015	(f) Total 23561.		
_	Gross income from interest,		233021		· · · · · · · · · · · · · · · · · · ·				
100	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources		 		 	1	 		
	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	' ' 				· · · · · · · · · · · · · · · · · · ·				
	Add lines 10a and 10b Net income from unrelated business				-				
• • •	activities not included in line 10b,								
	whether or not the business is								
40	regularly carried on					-	 		
12	Other income Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI)		23561.		 		23561.		
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		l	501/a\/0\			
14	First five years. If the Form 990 is for	the organization	s first, second, third	i, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,		
~	check this box and stop here	o Cunnort De	roontogo						
	ction C. Computation of Publi			-1 (0)	-	Tati	100.00 %		
	Public support percentage for 2019 (li			olumn (t))		15	100.00 %		
_	Public support percentage from 2018					16	100.00 %		
	ction D. Computation of Inves			- 10 1 (0)		Tasl	.00 %		
	Investment income percentage for 20			ie 13, column (t))		17			
	Investment income percentage from 2				- 45 46	18	47.5.55		
19	a 33 1/3% support tests - 2019. If the						17 is not ► X		
	more than 33 1/3%, check this box ar						•		
l	33 1/3% support tests - 2018. If the								
	line 18 is not more than 33 1/3%, che						* -		
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

932023 09-25-19

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. A	II Supporting	Organizations
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- 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?
- 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.)

		Yes	No
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932024 09-25-19

Sche	dule A (Form 990 or 990 EZ) 2019 THE NILE MINISTRIES	61-13	8508	4 Pa	age 5
	t IV Supporting Organizations (continued)				
				Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		<u> </u>		
	below, the governing body of a supported organization?		11a		
b	A family member of a person described in (a) above?		11b		
С	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		
	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	6			
	controlled the organization's activities. If the organization had more than one supported organization,		$\boldsymbol{\rho}$		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	6			,]
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		(7)		
2	Did the organization operate for the benefit of any supported organization other than the supported	,		<i>7</i> ?	7
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			\sim	711
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1			114
	supervised, or controlled the supporting organization		2	—	//
Sec	tion C. Type II Supporting Organizations			<u>`</u>	
				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			. '	l.]
	the supported organization(s)		1		
Sec	tion D. All Type III Supporting Organizations		<u>. </u>		
	non-over the composition of the	-		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				<u> </u>
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				ľ l
	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		· ·		ī
_	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		_=		-
J	significant voice in the organization's investment policies and in directing the use of the organization's				F
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			.	
			3	—	
Sec	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations		<u>.</u>		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins	tructional			
	The organization satisfied the Activities Test Complete line 2 below	u ucuons)	•		
a b	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below				
	The organization is the parent of each of its supported organizations complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	tu (coo inc	tructions	.1	
c		y (See IIIS)	10010118	Yes	No
2	Activities Test Answer (a) and (b) below.	,		res	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		'		1
	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		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more				, I
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	'	1
	reasons for the organization's position that its supported organization(s) would have engaged in these				لـــــا
	activities but for the organization's involvement	ı	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.				i I
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			[الــــــــــا
	trustees of each of the supported organizations? Provide details in Part VI.		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				لـــــا
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		3b		
932025	09-25-19 Schedule	A (Form 9	90 or 99	0-EZ)	2019

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3 `	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		<u> </u>
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		ר ט
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Ourrent Year leptrorial
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a _		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d_		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		3	
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		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	anızatıon (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990-EZ) 2019

B Breakdown of line 7
a Excess from 2015
b Excess from 2016
c Excess from 2017
d Excess from 2018
e Excess from 2019

Part VI	(Form 990 or 990-EZ) 2019 THE NILE MINISTRIES	17b Port III Imp 10
rart VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition	and 2, Part IV, Section C, '. Section B. line 1e. Part V.
	(See instructions)	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

Name of the organization

Employer identification number

liD-	THE NILE MINISTRI		01-1365064
<u>P</u> a			Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, I	ne 6 (a) Donor advised funds	(h) Funda and other assurate
		(a) Donor advised fullds	(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	-	
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	
IPai	impermissible private benefit? ttll Conservation Easements. Complete if the or	reanization answered "Ves" on Form 990 Par	
4			t IV, line 7
'	Purpose(s) of conservation easements held by the organiza Preservation of land for public use (for example, recre	· —	pictorically important land area
		· —	nistorically important land area certified historic structure
	Protection of natural habitat Preservation of open space	— Freservation of a C	certified historic structure
2	Complete lines 2a through 2d if the organization held a qual	lifted conceniation contribution in the form of	a conceniation carement on the last
2	day of the tax year	illied Conservation contribution in the form of	Held at the End of the Tax Year
•	Total number of conservation easements		2a
a	Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic st	tructure included in (a)	2c
	Number of conservation easements included in (c) acquired	* *	
u	listed in the National Register	raite. 7725/00, and not on a mistoric structure	2d
3	Number of conservation easements modified, transferred, re	eleased extinguished or terminated by the or	——————————————————————————————————————
•	year >	sisassa, skalingaishisa, ar tarrimitatsa sy are si	gamzanon danng trio tan
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting		
	>	,,	3 . ,
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	n easements during the year
	▶\$, , , , , , , , , , , , , , , , , , ,	5 ,
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)((4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot		
_	organization's accounting for conservation easements		
P ai	tilli Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Forr	m 990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	iblic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthera	ance of public service,
	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 tre	easures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under FASB		
а	Revenue included on Form 990, Part VIII, line 1	•	▶ \$
	Assets included in Form 990, Part X		▶ \$
	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2019

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

932051 10-02-19

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		E MINISTRI	ES	_				<u> 51-13</u>	85084	Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Simila	ar Asse	t s (continue	<u>d)</u>
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following th	at make	significant	use of its		
	collection items (check all that apply)									
а	Public exhibition	d	· 🖳	Loan or exc	hange progr	am				
b	Scholarly research	e	. \square	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizat	ion's exe	empt purpo	se in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, h	storical trea	isures, or oth	ner sımıla	ar assets			_
	to be sold to raise funds rather than to be ma								Yes	No_
Pa	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" or	n Form 990	Part IV,	line 9, or	
	reported an amount on Form 990, Par						{	<u>u</u>		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets no	t include	<i>≒ [[</i>	つ)) - r	
	on Form 990, Part X?							_ (F		U No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						41
							 		Amount	112
C	Beginning balance						1c			<i>!</i>
đ	Additions during the year						1d			<u> </u>
e	Distributions during the year						1e			
7-	Ending balance	000 Dad V las	01 6				1f		Yes	No
	Did the organization include an amount on Fo						-		יי tes ב	
Pai	If "Yes," explain the arrangement in Part XIII T V Endowment Funds. Complete if									
<u> </u>	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	(a) Current year		rior year	(c) Two yea		(d) Three ye	ears back	(e) Four yea	irs back
1a	Beginning of year balance	(a) Content year	(0)	nor year	(0) 1110 700	- Duon	(4) 00)	Jaio Baon	(6) 1 001 300	o buok
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	_								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as					· · · ·
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	<u></u> %								
С	Term endowment ▶9	6								
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	nd administe	ered for t	the organiza	ation		
	by								Ye	s No
	(i) Unrelated organizations								3a(ı)	
	(ii) Related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment	funds						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Book va	lue
		basis (investr	nent)	Dasis	(other)	ae	preciation	-		
	Land									
	Buildings	13	350.				139	, -	11	956.
	Leasehold improvements		287.				281			$\frac{956.}{475.}$
	Equipment		$\frac{267.}{640.}$				186			$\frac{473.}{771.}$
_	Other Add lines 1a through 1e (Column (d) must ed			on (R) Inc. 1	(Oc.)		100			$\frac{771.}{202.}$
· vidi	. Add mies la tillough le (Coldinii (a) Mast et	fuuri onn 330, i all	,, , , , , , , , , , , , , , , , , , ,	(D), III C 1	· · ·					_

Schedule D (Form 990) 2019

(2) Closely held equity interests	Part VII Investments - Other Securities.			
(1) Francial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(3) Other (A) (B) (B) (C)	(1) Financial derivatives			
A	(2) Closely held equity interests			
G G G G G G G G	(3) Other			
C C C C C C C C	(A)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 13 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 13 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 13 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15	`(B)			
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 61-1385084

THE NILE MINISTRIES	61-1385084
Form 990, Part I, Line 1, Description of Organization Mis	sion:
children, and for individuals affected by substance abuse	disorders.
Provide treatment for substance abuse disorders.	
Form 990, Part VI, Section B, line 11b:	
DIRECTORS MEETING REVIEW.	
Form 990, Part VI, Section C, Line 19:	
OPEN RECORDS AVAILABLE UPON REQUEST.	
	

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

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