Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

epartment of the Treasury

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

		2017 calend	ar year, or tax year beginning 01/01 , 2017, and ending		12/31	, 20 17
_	,		C Name of organization			ntification number
_	Check of ap	-		1	•	
=	Address of Name cha	-	Broken But Beautiful Ministries, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telen	hone nu	-1568184 mber
	Initial retur	_				
=		n/terminated	13129 Sherman Dr. City or town, state or province, country, and ZIP or foreign postal code) E C-1		7-808-8313
=	Amended			H	ıp Exen iber ▶	•
-	Application		Hudson, FL. 34667			
		ting Method:				the organization is not
-	Website		esource.org & transformpasco.com	•		ch Schedule B -EZ, or 990-PF).
			sck only one) — 2 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 527	(FOITH 9	90, 990	-cz, G 990-FF).
K	Form of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other	4-1		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	Nai assets		
_			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	54300
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see t			
	 		the organization used Schedule O to respond to any question in this Par	tl		
	1		ons, gifts, grants, and similar amounts received		1	52,029
	2	-	ervice revenue including government fees and contracts		2	0
	3	Membersh	ip dues and assessments		3	0
	4	Investmen	• • • • • • • • • • • • • • • • • • • •		4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a	0		
	b		or other basis and sales expenses	0		
	C	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	0
	6	_	nd fundraising events	1		
·M _	а		ome from garning (attach Schedule G if greater than			
٤		\$15,00 0)	6a	0		
Revenue Revenue	Ь	Gross inco	me from fundraising events (not including \$ o of contribut	ions		
- 2			raising events reported on line 1) (attach Schedule G if the			
η		sum of su	ch gross income and contributions exceeds \$15,000) 6b	0]	
J	С	Less: direc	et expenses from garning and fundraising events 6c	0]]	
_	d	Net incom	e or (loss) from garning and fundraising events (add lines 6a and 6b and	subtract] [
$\tilde{\Xi}$		line 6c)			6d	0
-:*	7a	Gross sale	s of inventory, less returns and allowances	1,970		
>	ь	Less: cost	of goods sold	5,181] [
2 0€	c	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-3,211
<u> </u>	8		nue (describe in Schedule O)		8	301
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	, >	9	49,119
	10		d similar amounts paid (fist in Schedule O)		10	0
	11		aid to or for members		11	0
œ	12		ther compensation, and employee benefits $\frac{MAY}{2}$; • (• •	12	11,400
Expenses	13		nal fees and other payments to independent contractors		13	3,000
90	14		y, rent, utilities, and maintenance	٠. ا	14	20,999
Ä	15	•	ublications, postage, and shipping		15	599
	16		enses (describe in Schedule O)		16	9,599
	17	•	enses. Add lines 10 through 16	>	17	45,597
	10		(deficit) for the year (Subtract line 17 from line 9)		18	3,522
ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must ag			
Š			ar figure reported on prior year's return)		19	16,840
Net Assets	20	•	nges in net assets or fund balances (explain in Schedule O)		20	10,040
Ž	21		s or fund balances at end of year. Combine lines 18 through 20		21	20,362
			tion Act Notice see the senarate instructions. Cat No. 10642			Form 990-EZ (2017)



Par	rt II Balance Sheets (see the instructions t	for Part II)	 			
	Check if the organization used Schedule	O to respond to ar	y question in this I	Partill		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[17,019	22	20,131
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			0	24	231
25	Total assets		[17,019	25	203,662
26	Total liabilities (describe in Schedule O)			179		0
27	Net assets or fund ballances (line 27 of column	(B) must agree with	ı (ine 21)	16,840		20,362
Pari						
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part III 🕢		Expenses
What	t is the organization's primary exempt purpose?		~			quired for section (c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplishes the organization's program service accomplishes the organization for each service and concise mons benefited, and other relevant information for each	anner, describe the			Org	anizations; optional for ers.)
28	ACTS Community Resource Center					1
						I
		· · · · · · · · · · · · · · · · · · ·				
		includes foreign gra	mts, check here .	▶ □	28	26,254
29	Transformational Learning Center					
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	<u> </u>	includes foreign gra	nts, check here .	▶ 🛛	29	8,602
30	Broken But Beautiful Home Repair	·				
		includes foreign gra	nts, check here .	▶ ⊔_	30	4,522
31	Other program services (describe in Schedule O)	· · · · · · · ·				
		includes foreign gra			31	<del></del>
**********	Total program service expenses (add lines 28a				32	
Par	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstri	ictions for Part IV)
	Check if the organization used Schedule	<u> </u>	(c) Reportable	(d) Health benefits.	•	· · · · · · · · · · · · · · · · · · ·
	(a) Name and trite	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ	- [	) Estimated amount of other compensation
Dan I	M. Kolb				$\top$	
Presi	ident	60	11,400		o	0
Julie	A. Kolb				Т	
Vice	President	50	0	<b>.</b>	0	0
Richa	ard Dean					
Volu	nteer	24	0	<u> </u>	o	0
		]		·		
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Part	· · · · · · · · · · · · · · · · · · ·			וכו				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	[	163	140				
	detailed description of each activity in Schedule O	33		1				
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)							
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		<b>✓</b>				
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		1				
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330						
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	4.	.					
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .			,				
_	tone no transport and the least	38a		<b>✓</b>				
39	Section 501(c)(7) organizations. Enter:	<b>i</b>		,				
ээ a	Initiation fees and capital contributions included on line 9							
b	Gross receipts, included on line 9, for public use of club facilities	<b>1</b>		,				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0							
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		<u> </u>					
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1				
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	``		, ;				
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		}					
d	0 11 F04/ VO) F04/ VA) - 4 F04/ VDA							
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1				
41	List the states with which a copy of this return is filed Florida			<u> </u>				
42a	The organization's books are in care of ▶ Julie A. Kolib Telephone no. ▶	727-80	8-831	3				
	Located at ► 13129 Sherman Dr. Hudson, FL ZIP + 4 ►	34667	/-6424	.—				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓				
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and		'	1				
_	Financial Accounts (FBAR).	40-						
	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country:	42c	<b></b>					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		, i	► <u> </u>				
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No				
444	completed instead of Form 990-EZ	<b>4</b> 4a		1				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1				
Ç	Did the organization receive any payments for indoor tanning services during the year?	44c	-	1				
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an							
	explanation in Schedule O	44d	+	<u> </u>				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	1				
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of							

Form 99	0-EZ (20	ทฦ							P	age 4
46		ne organization engage, directly or in adidates for public office? If "Yes," c						AP	Yes	No
				, Parti	• • • •	<u> </u>		46		
Part \		Section 501(c)(3) organizations All section 501(c)(3) organizations		etione 47, 40b and	d 50 and	complete t	he tah	dae f	or lin	<b></b>
		Air section 50 r(c)(3) organizations 50 and 51.	s must answer que	500115 47-490 am	u JZ, anu	complete t	ne lab	103 11	JI 11111	CS
		ou and 51. Check if the organization used Sch	odulo O to recoone	I to any avoction in	thic Dart	V/I				
	<del></del> '	Check if the organization used Sci	ledule O to respond	to any question in	I tillo I ait	<u> </u>	- <del></del>	<del></del>	Yes	No
47	רי אי	ne organization engage in lobbying	activities or have a	naction E01/h) elect	ion in offe	et during th	e tav [		163	110
47		If "Yes," complete Schedule C, Part				ct during th	5 lax	4-		1
	•	•		301694			•	47	<del> </del>	<del>                                     </del>
48		organization a school as described in					٠	48		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
49a		ie organization make any transfers to	•	_			,	49a	ļ	<b>↓ ✓</b>
b		s," was the related organization a se					- 1	49b	L	<u> </u>
50		plete this table for the organization's								
	emplo	oyees) who each received more than	\$100,000 of compe	nsation from the org			ne, ent	er 'N	one.	
			(b) Average	(c) Reportable		alth benefits, ons to employe	e (e) Es	stimate	d amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS)	benefit pla	ans, and deferre		er com		
			distoted to position	(1 01115 17-2) 1030 11101	con	npensation				
None							1			
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							1			
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					1					
f	Total	number of other employees paid over	er \$100.000	. >	<del></del>					
51		plete this table for the organization'			nt contract	- tors who ear	ch rece	aived	more	than
٥.		000 of compensation from the organ								
			<del></del>				(c) Comp			
	<del>(a)</del>	Name and business address of each independ	ERK CONTRICION	(b) Type of s	ervice		(c) Comp	Jer isau	Uri	
None										
			<del>, , , , ,</del>	1		ł				
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	T-4-1		atam and annuing	L		<del>-</del>	·			<del></del> -
		number of other independent contra	-		· •					
52		the organization complete Schedu	ile A? <b>Note:</b> All se	ection 501(c)(3) or	ganizations	s must atta	cn a ►	7 V	П	M.
	·	oleted Schedule A	<del></del>		<u> </u>	<del></del>		Yes		
Under p	enalties	of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than	eturn, including accompar	lying schedules and state	ements, and to	o the best of my	knowled	ige and	belief.	, ıt is
	TOUL AT		Olitical) is based on an illi	ormation or writer prepare	or nas any ran	Janougo.	<del></del>			
	1	Queil Kolh								
Sign	ľ	Signature of officer				Date 5	4.2	) ^	(C)	
Here	1	Mile A. Kolb - Vice President					7.2	<u>, 0                                   </u>	0	
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date	Check [	_ _H [ '	PTIN		
_	arer					self-emp				
Prep		Firm's name ▶	***************************************	······································		Firm's EIN ▶				
Use	Unity	Firm's address ▶	·	<del></del>		Phone no.				
May th	ne IRS	discuss this return with the prepared	shown above? See	instructions			▶ □	Yes		No

# SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(0) organization or a section 4947(a)(1) nonexempt charitable trust.

• Attach to Form 990 or Form 990-EZ.

20**17** 

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Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization Broken But Beautiful Ministries, Inc. 61-1568184 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 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)(b) 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 normally receives: (1) more than 331/3% 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 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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) d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . g Provide the following information about the supported organization(s). (w) is the organization listed in your governing (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (vi) Amount of scribed on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No **(A)** (B) (C) (D) Œ)

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

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

Section	on A. Public Support								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40138	42379	37138	61468	52029	233152		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	60	Ð	0	0	0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	<b>.</b>	60	0	0	0	0		
4	Total. Add lines 1 through 3	40138	42379	37138	61468	52029	233152		
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)						5013		
6 Sooti	Public support. Subtract line 5 from line 4 on B. Total Support		L				228139		
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	40138	42379	37138	61468	52029	233152		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6	9	0	0	0	0		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	6	0	0	0	0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	5034	7471	2999	1970	17474		
11	Total support. Add lines 7 through 10						250626		
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	0		
13	First five years. If the Form 990 is for the	ne organization	i's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)		
	organization, check this box and stop he	re	<u></u> .			· · · · ·	▶ 🗆		
Secti	on C. Computation of Public Suppor	t Percentag	e				· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2017 (line (	•	•	1, column (f))		14	91 %		
15	Public support percentage from 2016 Sch					15	0 %		
16a	33'a% support test—2017. If the organi			•	nd line 14 is 33	3'/3% or more,			
_	box and stop here. The organization qual	-		_			▶ Ø		
D	331/x% support test—2016. If the organization								
17a	this box and stop here. The organization qualifies as a publicly supported organization								
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 neets the "fact	e "facts-and-o ts-and-circum:	circumstances' stances" test.	'test, check The organizati	this box and	stop here.		
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec		see		
			· · · · · · ·		_· . <u>· .</u> · .		ું 🕟 🏲 📋		

	Support Schedule for Organiza (Complete only if you checked th				nization failec	to qualify u	nder Part II.
	If the organization fails to qualify						
Secti	on A. Public Support	4		ow, process co	mpioto ( a.i.		,4
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Giffs, grants, contributions, and membership fees		1			/	
	received. (Do not include any "unusual grants.")		l			<i></i>	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					/	ļ
	organization's tax-exempt purpose		ļ <u>.</u>			/	
3	Gross receipts from activities that are not an		]	1			
	unrelated trade or business under section 513				,		
4	Tax revenues levied for the				,		
	organization's benefit and either paid to or expended on its behalf				, , , , , , , , , , , , , , , , , , ,		
_	The value of services or facilities		···		<del></del>		<del>                                     </del>
5	furnished by a governmental unit to the		1	1			
	organization without charge		•		,		1
6	Total. Add lines 1 through 5	·····	<del>                                     </del>		<del></del>		<del> </del>
-	Amounts included on lines 1, 2, and 3						<del> </del>
	received from disqualified persons .			1	ļ		
b	Amounts included on lines 2 and 3	····	<u> </u>	/	···	· · · · · · · · · · · · · · · · · · ·	†
_	received from other than disqualified			,			
	persons that exceed the greater of \$5,000			ji Ji	ĺ		
	or 1% of the amount on line 13 for the year		}	1/			
C	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from		, ,				
	line 6.)		<i>'</i>		<u> </u>		L
Secti	on B. Total Support	· · · · · · · · · · · · · · · · · · ·	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u>			
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						<del> </del>
10a	Gross income from interest, dividends,		/				
	payments received on securities loans, rents,		, '				
_	royalties, and income from similar sources.		ľ				
b	Unrelated business taxable income (less	,	İ	Į			-
	section 511 taxes) from businesses acquired after June 30, 1975	/		1			
_	· · · · · · · · · · · · · · · · · · ·		<del> </del>		<del> </del>		<del> </del>
	Add lines 10a and 10b			<del>                                     </del>		<u> </u>	
11	activities not included in line 10b, whether	,	Ì	Ì			
	or not the business is regularly carried on	,	1		1		
12	Other income. Do not include gain or	· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del>                                     </del>		
	loss from the sale of capital assets	1	I	1	İ		
	(Explain in Part VI.)		l	1			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organizatio	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop her	re	<u> </u>				🕨 🗀
Secti	ion C. Computati <mark>on of Public Suppor</mark>	t Percentaç	je				
15	Public support percentage for 2017 (line 8	3, column (f) d	ivided by line 1	13, column (f))		15	%
16	Public support percentage from 2016 Sch			<del></del>	<u> </u>	16	96
	on D. Computation of Investment In		<del></del>			<del></del>	
17	Investment income percentage for 2017 (		• •	-			%
18	Investment income percentage from 2016						% and the
19a	33'a% support tests—2017. If the organi						
	17 is not more than 331/s%, check this box:	_	_	-		_	-
Ь	331a% support tests—2016. If the organize line 18 is not more than 331a%, check this I						
20	Private foundation. If the organization di	-	_	•		-	

## 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.)

CCU	on A. An outporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
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.	3 <b>c</b>		
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.	4a		-
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.	4b		
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.	4 <b>c</b>		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
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.	9a		
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.	9b		
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.	9c		
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.	10a		
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.)	10b		

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Donor	

that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

**3**a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru	st on Nov. 20, 1970 (expla	ons Athrough E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		<u> </u>
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		<u> </u>
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	†b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	10		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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	Γ		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	y in	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally integrated 509(a)(	<ol> <li>Supporting Organi</li> </ol>	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets	<del></del>		
5	Qualified set-aside amounts (prior IRS approval required)	<del> </del>		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	<u> </u>	····	
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
•	(provide details in Part VI). See instructions.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	Distributable amount for 2017 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		<del></del>
10	Line 8 amount divided by line 9 amount			
	LING WHOCH GIVEN BY LING WHOLEK	I	(ii)	(ii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
8				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·	
a	Applied to underdistributions of prior years			<u></u>
	Applied to 2017 distributable amount			
ì	Carryover from 2012 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
•	any. Subtract lines 3g and 4a from line 2. For result	<b>j</b>		
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а		1		
b			· · · · · · · · · · · · · · · · · · ·	
C		1	<del></del>	
d	Excess from 2016	1	· · · · · · · · · · · · · · · · · · ·	
	Excess from 2017		·	
<u>.</u>				<del> </del>

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III, lin B, lin 3a, a	ie 12; Part IV, S es 1 and 2; Pai nd 3b; Part V, I	Section A, lines rt IV, Section ( line 1; Part V, t	s 1, 2, 3b, 3c, 4b C, line 1; Part IV,	o, 4c, 5a, 6, 9a, Section D, line e, Part V, Secti	9b, 9c, 11a, 1 is 2 and 3; Par on D, lines 5, 6	1b, and 11c; I t IV, Section I 5, and 8; and	17a or 17b; Part Part IV, Section E, lines 1c, 2a, 2b, Part V, Section E,
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#### SCHEDULE O (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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Broken But Beautiful Ministries, Inc.	61-1568184
990EZ Part I line 8 - Other Revenue	
\$301.00 is the amount of revenue collected from recycling materials	
990 EZ Part I line 16 - Other Expenses	
\$9599.00 this amount represents.	
\$4157.00 - Program (BBB Home Repair) Supplies - not cost of groods solid because there is no value place	d on work completed.
\$1673.00- Charity- this amount is portions of tithe to other organizations	
\$597.00 - Employee Tax Match	
\$1054.00 - Food Service Supplies for program (ACTS Community Resource Center) - no value is placed o	n the meals that are handed out daily.
\$2108.00- Outreach, expenses incurred by helping various people through program ACTS Community Re-	source Center
990EZ Part II - Balance Sheet	
Line 24 - (end of year) \$231 00 amount of on hand inventory	
Line 26 - (beginning of year) carryover amount of \$179.00 from prior redum	
Part III - Statement of Program Service Accomplishments	
Line 28 ACTS Community Resource Center: We provide daily essentials items suich as food, clothing and hi	ousehold items to "at risk" people.
We provided services to approximately 25,400 people annually	
Line 29 Transformational Learning Center: This program we were able to provide approximately 10 different	people an opportunity learn
self-sustainable gardening skills along with giving an everyday purpose to their lives. We also were able to te	ach about edible nutrition al plants
and provide an outlet to purchase these plants.	
Line 30 - BBB Home Repair: With this program we were able to assist 9 families who are eliderly with minor	home repairs thus
allowing them to stay in their homes.	
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