• -				rended to No				<u>. 1</u>	OMB No 1545-004	17
,	Form 990-T	'		janization Bu (and proxy tax un			ax returi	1		
		For ca	alendar year 2019 or other ta	•		, and ending	1412		2019)
	Department of the Treasury		► Go to w	ww.irs.gov/Form990T for	rinstructions	and the latest inform	nation	_ [
	Internal Revenue Service		► Do not enter SSN num	nbers on this form as it m	ay be made (public if your organiz	ation is a 501(c)(3)		Open to Public Inspect 501(c)(3) Organizations	
	A Check box if address change	.	· · · · · · · · · · · · · · · · · · ·	(L Check box if name	•	,		(Emp	loyer identification numb bloyees' trust, see	ber
		-		EN'S CHRISTI	AN ASS	OCIATION			uctions) 19–0073534	4
_	B Exempt under section	Number, street, and room or suite no. If a P.O box, see instructions.								code
2021	408(e) 220(e)	Type		ARDS STREET	JOX, SEE IIISII I	ictions.		(See	instructions)	
₩		· 1		province, country, and ZIF	or foreian po	ostal code		1		
0		'	HONOLULU,		3					
>	C Book value of all assets at end of year			umber (See instructions.)		`				
MAY		0.		type ► X 501(c) c	orporation	501(c) trust) trust	Other tri	ust
CANNED	H Enter the number of th	•	ation's unrelated trades	or businesses.	1		the only (or first) ur			
¥	trade or business here		at the and of the are		Darda I and II		complete Parts I-V			
Z	business, then comple	•	•	evious sentence, complete	Parts I and II,	, complete a Schedule	e IVI for each addition	nai trad	e or	
3				an affiliated group or a pa	rent-subsidiai	ry controlled group?	•	Y	es X No	
Ò	• • •		ntifying number of the pa	•		, g				
	J The books are in care					Teleph	one number 🕨 (808)695-2616	6
	Part P Unrelat	ed Tra	de or Business	Income		(A) Income	(B) Expense	S	(C) Net	_/
	1a Gross receipts or s						-		- //	_
	b Less returns and al		-	c Balance	1c				· /	
	2 Cost of goods sold3 Gross profit, Subtra	•			3		_	_	 	
	4a Capital gain net inc				4a		/	/		
			Part II, line 17) (attach F	form 4797)	4b				1	
	c Capital loss deduct			·	4c			'		
	5 Income (loss) from	a partner	ship or an S corporation	n (attach statement)	5					
	6 Rent income (Sche				6				_	
	7 Unrelated debt-fina		,		7	_/			 	
		-		lled organization (Schedule 7) organization (Schedule		/			 	
	10 Exploited exempt a) organization (ochedule	") 30				 	
	11 Advertising income	-	, ,		11					
	12 Other income (See	instructio	ns; attach schedule)		12					
	13 Total Combine lin	es 3 throu	ugh 12		13	0.				
	Part II Deduct	ions N	ot Taken Elsewi	here (See instructions d with the unrelated bu	for limitatio	ns on deductions)				
	1_17		lirectors, and trustees (\$		Siriess iricui	ne j		14	T	
	14 Conspensation of15 Salaries and wage		irectors, and trustees (5	intornal Revenu	e Service	!		14	 	
	16 Repairs and main			Received US Ba		3		16		
	17 Bad debts			. 317	e sodie de			17		
	18 Interest (attach so	hedule) (s	see instructions)	NOV 16:	2020			18		
	19 Taxes and license	-		NUV IU	ZUZU			19		
	20 Depreciation (atta	ch Form 4	562)			20		↓		
	21 Less depreciation	claimed o	of Schedule A and elsew	vhere on return Ögden,	UT	21a		21b		
			ompensation plans					22	 	
	24 Employee benefit							24	 	
	25 Excess exempt ex	,						25		
	26 Excess readership	,	·					26	<u></u>	
	27 Other deductions		•					27		
	28 Total deductions		*					28	 	0.
			· · · · · · · · · · · · · · · · · · ·	ating loss deduction. Subt		om line 13		29	 	0.
		operating	ioss arising in tax years	s beginning on or after Jan	iuary 1, 2018			20		0.
	(see instructions)	s tavahla	income. Subtract line 30) from line 29				30	 	0.

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

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Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. St	ubtract lii	ne 6			
3 Cost of labor	3		from line 5 Enter here	and in P	art I,	İ	ļ	
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (w	oth respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	oper	ty)	
1. Description of property								
(1)	_						•	
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued			2(0)0-44			_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` 'of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a)Deductions directl columns 2(a) a		(attach schedule)	n
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)					
			2 Gross income from		 Deductions directly co to debt-finant 			
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)						+		
(2)				<u> </u>		+		
(3)						\top		
(4)					<u>. </u>	\top		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%	†		\top		
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			•		0	.		0.
Total dividends-received deductions in	ncluded in columi	n 8	•					0.

a	a	_ {	Λ	٥	7	2	5	3	1
7	7	_	u	v	•	_		_	4

_			
Р?	ลถ	e	-

- interest, 7		-, ,		Exempt C	Controlled O	rganizatio			J (366 1113		
1. Name of controlled organizat	ion	2. Emp Identific numb	ation	3 Net unre (loss) (see	elated income instructions)	4. Tota payn	4. Total of specified payments made S Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5		
(1)							· 				
(2)							•		_		
(3)											-
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		nrelated incom ee instructions		9. Total o	of specified pay made	ments	10 Part of colu in the controll gross				uctions directly connected income in column 10
(1)			-		·						
(2)											
(3)											
(4)											
							Enter here and	mns 5 and d on page 1 column (A)	, Part I,	Enter he	I columns 6 and 11 re and on page 1, Part I, rne 8, column (B)
Totals						>			0.		0.
Schedule G - Investme (see insti		me of a S	Section	501(c)(7), (9), or	(17) Or					
1. Desc	ription of inco	me			2. Amount of	income	3 Deduction directly connected (attach scheduler)	ected	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)									<u> </u>		
(3)				.							
(4)					C-1 b	1					Enter here and on page 1
					Enter here and Part I, line 9, co	olumn (A)					Part I, line 9, column (B)
Totals Schedule I - Exploited	Evame	A adireits	lassas	<u> </u>	Thom A	0.0	l		-		0.
(see instru	-	Activity	incom	e, Other	r man Ad	ivertisi	ng income	e 			
1. Description of exploited activity	unrelated incom	iross business e from business	directly o with pro of unr	penses connected oduction related s income	4. Net incor from unrelated business (comminus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								i i			
(2)											
(3)											
(4)											
		e and on , Part I, col (A)		re and on , Part I, col (B)							Enter here and on page 1, Part II, line 25
Totals >		0.		0.							0.
Schedule J - Advertisi Part I Income From					solidated	l Basis	.				
	1		1		1 4		Τ	Т		ı	7.5
1. Name of periodical		2 Gross advertising income		3. Direct ertising costs	or (loss) (c cot 3) If a g	tising gain of 2 minus ain, comput hrough 7	5 Circula income		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	•	().	0	•						0
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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.	, , , , , , ,		•	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			4	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.	5 mes 2 2	<u> </u>		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	<u>.</u>
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

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