# 990-E**7**

### Short Form **Return of Organization Exempt From Income Tax**

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2019 calendar year, or tax year beginning , and ending **B** Check if applicable: C Name of organization D Employer identification number Address change 83-0595768 **431 MINISTRIES** Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return PO BOX 752 (607)221-0583Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Number > Amended return Application pending SPRING HILL, TN 37174 **G** Accounting Method: X Cash ☐ Accrual Other (specify) ▶ H Check ► X if the organization is **not** I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) 501(c) ( (Form 990, 990-EZ, or 990-PF). Other **K** Form of organization: **X** Corporation Trust Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 2,270. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 2 3 3 4 4 Investment income. Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than Revenue of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)..... c Less: direct expenses from gaming and fundraising events . . . . . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7c 8 8 2,270 9 9 10 10 11 11 12 12 13 13 14 14 Printing, publications, postage, and shipping. 35. 15 15 16 1,541. 16 17 17 1,576. 18 694. **Net Assets** 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 23,872. 19 20 Other changes in net assets or fund balances (explain in Schedule O). 20 24,566.

83-0595768 Page 2

Pa	Check if the organization used Schedu	,	any guestion in t	his Part II		
		2 22 . 22 / 20 / 10 / 10	1.5 422223011111	(A) Beginning of year		B) End of year
22	Cash, savings, and investments			23,872.		24,510.
23	Land and buildings		H-		23	0.
24	Other assets (describe in Schedule O)				24	0.
25	Total assets		H	23,872.	25	24,510.
26	Total liabilities (describe in Schedule O)				26	0.
27	Net assets or fund balances (line 27 of column (B) m	ust agree with line 21)		23,872.	27	24,510.
Pa	rt III Statement of Program Service Acco	mplishments (see	the instructions	for Part III)		
	Check if the organization used Schedu				] ,_	Expenses
Deso as m	is the organization's primary exempt purpose? SUPPORTING IT IT IS TO SUPPORTING IT IS TO SUPPORT IT IS TO SUP	shments for each of iner, describe the ser	ts three largest pro	gram services,	501(	uired for section c)(3) and 501(c)(4) nizations; optional for s.)
	Tax Prep	. 0				
	(Grants \$ ) If this amount in	cludes foreign grants, ch	neck here		28a	950.
29						
	(Grants \$ ) If this amount in	cludes foreign grants, ch	neck here	<u> ▶                     </u>	29a	
30						
	(0)				20-	
		cludes foreign grants, ch	neck here		30a	
31	Other program services (describe in Schedule O)				24-	
22		cludes foreign grants, ch			31a 32	050
	Total program service expenses (add lines 28a throug					950.
ra	List of Officers, Directors, Trustees, and Check if the organization used Schedu					
	Check if the organization used Schedu		(c) Reportable	(d) Health benefits,	<del></del>	
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ	ee (e) E	Estimated amount of
	(a) Hamo and did	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and deferred compensation	on ot	her compensation
RAC	CHEL PECK		,			
	ESIDENT	40.00				
	STIN PECK	10.00				
	RECTOR OF OPERATIONS	30.00				
	RA CLAYTON	30.00				
	CRETARY	05.00				
			I	1		

Form **990-EZ** (2019)

UYA

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	V		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			l
• •	detailed description of each activity in Schedule O	33		X
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			
250	change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		.,
h	,	35b	<b>_</b>	X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	350		<u> </u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c		v
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	330		X
30	during the year? If "Yes," complete applicable parts of Schedule N	36		v
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	30		X
b	Did the organization file Form 1120-POL for this year?	37b		v
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were	376		X
Jua	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	300		lacksquare
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	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		x
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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	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		х
41	List the states with which a copy of this return is filed <b>TN</b>			
42a	The organization's books are in care of ▶RACHEL PECK Telephone no. ▶ (607)	) 22	1-0	583
	Located at ▶ 3556 HWY 431, COLUMBIA, TN ZIP+4 ▶ 3840	1		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here			<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
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	<b> </b>	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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	45h		
	FORD MARKET APPROXIMENOUS	42717		4

									Yes	No
		e organization engage, directly or indirectly	, ,		•					
		didates for public office? If "Yes," complete						46		X
Part \		Section 501(c)(3) Organization All section 501(c)(3) organizations r		c 17 10h and 52 and	l complete t	ho tablac f	or lin	00		
		50 and 51.	ilust aliswei question	5 47-490 and 52, and	i complete t	ile tables i	01 1111	59		
		Check if the organization used Sche	edule O to respond to	any guestion in this F	Part VI					
				,					Yes	No
47	Did th	e organization engage in lobbying activities	or have a section 501(h)	election in effect during t	he tax					
	year?	If "Yes," complete Schedule C, Part II						47		Х
48	Is the	organization a school as described in secti	ion 170(b)(1)(A)(ii)? If "Ye	es," complete Schedule E				48		X
49a	Did th	e organization make any transfers to an ex	empt non-charitable relate	ed organization?				49a		X
		s," was the related organization a section 5	•					49b		
50		lete this table for the organization's five hig					ey			
	empio	yees) who each received more than \$100,0	Too or compensation from	i the organization. II there	ı					
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, comper	to employee and deferred		stimated ner com		
f	Totalı	number of other employees paid over \$100	000	▶ 0	1					
51		lete this table for the organization's five hig			ach received r	nore than				
	\$100,0	000 of compensation from the organization	n. If there is none, enter "N	None."						
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	ice	(c)	Comp	ensatio	n	
	()			(2) : )			, 00p			
	Tatal :	a complete of a the continual and a continual to a	hi i \$100.0	000	<b>→</b> 0					
		number of other independent contractors e e organization complete Schedule A? <b>No</b>	•							
52 		eted Schedule A	( // /	O .			<u>×</u>	Yes	<u></u>	No
		of perjury, I declare that I have examined this rud complete. Declaration of preparer (other than					vledge	and be	lief, it i	s
Sign		Signature of officer			Date	e				
Here		JUSTIN PECK, DIR O	F OPS							
		Type or print name and title	Preparer's signature	Da	to.	T	1	PTIN		
Paid		Print/Type preparer's name	Preparer's signature	Da	ıc	Check self-emplo	11	⊏ I IIN		
Prepa		Firm's name ▶			Firn	ı's EIN ▶	yeu			
Use O	nly	Firm's address >				ne no.				
					110					
May the	IRS di	iscuss this return with the preparer shown	above? See instructions				▶□	Yes	П	No

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization **Employer identification number** 83-0595768 431 MINISTRIES 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.) 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). 4 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). 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.) 8 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 university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 🗆 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.) 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. a 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. **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. 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. d 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 other support (see support (see listed in your governing above (see instructions)) document? instructions) instructions) Yes No (A)

(B)

(C)

(D)

(E)

Total

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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support			·	1		
	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
_	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
4.4	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10	/aca instructi	iono)			40	
12	Gross receipts from related activities, etc.	•	•			12	F04(a)(2)
13	First five years. If the Form 990 is for the	•			•		` ' ' '
Socti	organization, check this box and stop her on C. Computation of Public Support						<u> </u>
14	Public support percentage for 2019 (line 6			11 column (f)	1	14	%
15	Public support percentage from 2018 Sch	. ,	-				<del></del>
16a	33 1/3 % support test-2019. If the organi						
104	box and <b>stop here</b> . The organization qua						
b	33 1/3 % support test-2018. If the organi	•		-			
~	• • • • • • • • • • • • • • • • • • • •						
17a	<u> </u>						
	10% or more, and if the organization me	•					
	Part VI how the organization meets the "fa						
	organization			•	•		··
b	10%-facts-and-circumstances test–201						
~	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization m					•	
	supported organization				-	-	•
18	<b>Private foundation.</b> If the organization di						
	instructions						

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			,,		,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1					
2	Gross receipts from admissions, merchandise	1					
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sooti	line 6.)						
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	(a) 2013	(6) 2010	(6) 2017	(u) 2010	(6) 2019	(I) Total
10a	Gross income from interest, dividends,						_
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	1					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	•			•		` ' ` '
<u> </u>	organization, check this box and stop her						<b>P</b> [_
	on C. Computation of Public Suppo			av lina 12 aa	lunan (f))	45	0/
15 16	Public support percentage for 2019 (li	•	· /·	•	` ' / '		<u>%</u>
16 Socti	Public support percentage from 2018 on D. Computation of Investment In			15		.   10	70
17	Investment income percentage for 2019			by line 13 co	olumn (f))	. 17	%
18	Investment income percentage from 201	•	٠,,	•			<del></del>
19a	33 1/3 % support tests–2019. If the orga						
	line 17 is not more than 331/3%, check this						
b	33 1/3 % support tests–2018. If the organ	-	-	•			
~	line 18 is not more than 331/3%, check this						
20	<b>Private foundation.</b> 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	·.)	
Secti	on A. All Supporting 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 <b>Part VI</b> 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 <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
4-	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
la.	"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 <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
Ju	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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			
	(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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0-	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 <b>Part VI</b> .	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja		
b	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
·Ju	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			

10b

determine whether the organization had excess business holdings.)

		<u>, , , , , , , , , , , , , , , , , , , </u>	<del>50</del>	~g~ •
Part	V 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) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
3 11	supervised, or controlled the supporting organization.	2	Ш	
secti	on C. Type II Supporting Organizations			
4	Were a majority of the organization's directors or trustees during the tay year also a majority of the directors		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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
24!	77	3		
	on E. Type III Functionally Integrated Supporting Organizations		<u></u>	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ii)  The organization satisfied the Activities Test. Complete line 2 below.	istruc	tions	).
a b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity.	(see i	instru	ction
-		,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_u		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2019 431 MINISTRIES		83	-0595768 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (expla	in in Part VI).
See instructions. All other Type III non-functionally integrated supporting of	rgar	nizations must complete S	Sections A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or management 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		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part	Type III Non-Functionally integrated 509(a)(	3) Supporting Organ	nzations (continued)	)
Secti	ion 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	rted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required			
6	Other distributions (describe in Part VI). See instructions			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instr.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
_	Evenes from 2010			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 and 2; Part IV, Section C, 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 B, line 1e; 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 additional information. (See instructions.)

#### 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.

2019
Open to Public Inspection

Name of the organization	Employer identification number					
431 MINISTRIES	83-0595768					
	<u> </u>					

Name of the organization	Employer identification number
431 MINISTRIES	83-0595768
Part I Line 16	
Other office expenses \$317.00	
Part I Line 16	
EDUCATIONAL MATERIALS \$200.00 Part I Line 16	
Accounting \$950.00	
Part I Line 16	
Bank Fees \$70.00	
Part I Line 16	
Credit Card Proc \$4.00	

#### Comments for Form 990, Part I, Line 1

WOMEN'S CHARITY-To tend to the needs of the overlooked and under-served women of Middle Tennessee by providing stability and work, giving them hope and a plan for an independent future.