Short Form

Short Form

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)

Department of the Treasury

Department of the Treasury

Treasury

**DLN: 93492067001110**OMB No. 1545-1150

2019

Open to Public Inspection

nte	rnal Rev	venue Service Go to <u>www.irs.gov/Form990EZ</u> for instructions and the latest information.			
		e 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 applicable: C Name of organization	Fl		
	Address	Design COE in Ministria	D Employer identification number		
0	Name ch	nange Number and street (or P. O. box, if mail is not delivered to street address) Room/suite	47-3375486 E Telephone number		
0	Initial ret			(713) 202-3012	
		n/terminated McKinney, TX 75069 City or town, state or province, country, and ZIP or foreign postal code			
	Amende	•	Group E Number	Exemption	
	тррпсан	on perioning			
		ing Method: © Cash	tach So		
		pt status (check only one) -   501(c)(3) □ 501(c)( )   (insert no.) □ 4947(a)(1) or □ 527			
F	orm of c	organization:   Corporation Trust Association Other			
		s 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, colum	n (B) b	 pelow) are \$500,000 or more,	
le	Form 99	90 instead of Form 990-EZ			
_	Part	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	Contributions, gifts, grants, and similar amounts received	1	190,375	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4		
	5a	Gross amount from sale of assets other than inventory			
	b	Less: cost or other basis and sales expenses			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5с		
	6	Gaming and fundraising events			
de	а	Gross income from gaming (attach Schedule G if greater than \$15,000)			
Kevenue	b	Gross income from fundraising events (not including \$ of contributions from fundraising events			
ž		reported on line 1) (attach Schedule G if the			
		sum of such gross income and contributions exceeds \$15,000) 6b 0			
	С	Less: direct expenses from gaming and fundraising events 6c 0			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
	7a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule O)	8		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	190,375	
	10	Grants and similar amounts paid (list in Schedule O)	10	138,570	
	11	Benefits paid to or for members	11		
S	12	Salaries, other compensation, and employee benefits	12		
156	13	Professional fees and other payments to independent contractors	13	16,930	
per	14	Occupancy, rent, utilities, and maintenance	14		
ũ	15	Printing, publications, postage, and shipping	15		
	16	Other expenses (describe in Schedule O)	16	3,330	
	17	Total expenses. Add lines 10 through 16	17	158,830	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	31,545	
900	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
HSS		end-of-year figure reported on prior year's return)	19	74,598	
10	20	Other changes in net assets or fund balances (explain in Schedule O)	20	· · ·	
2	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	106,143	
٥r		work Reduction Act Notice, see the separate instructions.		Form <b>990-F7</b> (2010	

Part II	<b>Balance Sheets</b> (see the instructions for P. Check if the organization used Schedule O to		in this Part II			•
			(A)	Beginning of year		(B) End of year
22 Cash, sav	rings, and investments			74,598	22	105,943
23 Land and	· ·				23	
	ets (describe in Schedule O)				24	200
25 Total ass				74,598	25	106,143
	ilities (describe in Schedule O)			74 500	26	100 140
	s or fund balances (line 27 of column (B) mu			74,598	27	106,143
Part III	Statement of Program Service Accor Check if the organization used Schedule O to	•	•			Expenses Required for section 501(c)(3)
In partnership and volunteer materials for f raising its owr sponsoring of program reson	ganization's primary exempt purpose? with selected best-practice, faith-based camps s, develops and provides exemplary, trauma-in atherless children. Partner camps truly join Psa scholarship funding for fatherless children in a fatherless camps - until it is fully funding its ow urces, volunteers, training, and materials. organization's program service accomplishmen	formed resources, and co alm68five in its mission to an increasing amount eac rn significant camp ministi	overs the cost of attendanc serve fatherless children. h year - annually diminishi ry to the fatherless and utili	e and program Each one commits to ng Psalm68five's izing Psalm68five		nd 501(c)(4) organizations; otional for others.)
expenses. In a information fo	a clear and concise manner, describe the servi r each program title.	ces provided, the number	of persons benefited, and	other relevant		T
Lake Louise: I	year 2019, Psalm68five collaborated with the Boyn Falls, MI Frontier Camp: Grapeland, TX V	Vilderness Ridge Camp: I	Rosebud, TX	ess campers: Camp	28a	
(Grants \$ )	If this amount in the	includes foreign grants, cl		mn cottings	20-	
Psalm68five u Purvis at Texa materials for o	tilizes Trust Based Relational Intervention (TBIs S Christian University. Working with a TBRI Ceamps to utilize in fatherless camp ministry whi	RI), and innovative, traum ertified Educator, has deve ch began being utilized in	a-informed modality create eloped both a training prog Summer 2019 camps.	ed by the late Dr. Karyn	29a	
(Grants \$ )		includes foreign grants, cl		is to surround source		
ministry into n	e serves as a national voice and advocate with larginalized populations, to share God's beauti venture of summer camp, and to specifically e	ful creation with fatherles ncourage the promise and	s children who may never of the contract of th	experience nature or	30a	
(Grants \$ )		includes foreign grants, cl		• U		
	ram services (describe in Schedule O)					
(Grants \$ )	ram service expenses (add lines 28a through	includes foreign grants, cl	neck here		31a	l .
Part IV	List of Officers, Directors, Trustees, and K		ne even if not compensated $\Box$	see the instructions for Part	_	
Part IV	Check if the organization used Schedule O to					0
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benef contributions to emp benefit plans, a deferred compens	oloye nd	(e) Estimated amount of other compensation
Bryan C John	son	20.00	0			
President						
Rebecca E Jo	hnson	8.00	0			
Secretary						
Steve Foster		10.00	0			
		20.00				
Director		5.00				
Bill Hopkins		5.00	0			
Director						
Janet Hopkins		5.00	0			
Director						
Bruce Johnso	n	5.00	0			
Director						
Colleen Nunn		8.00	0			
Director						
Kent Nunn		5.00	0			
		5.00				
Director		<u> </u>				Form <b>990-F7</b> (2019

Form !	990-EZ (2019)								Page
								Yes	No
46	Did the organiza	tion engage, directly or indirectly, in p	olitical campaign activitie	s on behalf of or in oppos	tion to				
		ublic office? If "Yes," complete Sched				ı	46		No
Par	t VI Section	501(c)(3) Organizations Only						1	
	All secti	on 501(c)(3) organizations must	answer questions 47-	49b and 52, and comp	lete the tables for line	s 50 and	d 51.		
	Check if	the organization used Schedule O to	respond to any question	in this Part VI	<u> </u>	(		V	L
						_		Yes	No
47	Did the organiza	tion engage in lobbying activities or h	ave a section 501(h) elec	ction in effect during the ta	x year?				
	If "Yes," complet	e Schedule C, Part II				[	47		No
48	Is the organization	on a school as described in section 1	70(b)(1)(A)(ii)? If "Yes," c	omplete Schedule E		[	48		No
49a	Did the organiza	tion make any transfers to an exemp	t non charitable related o	ranization?		ŀ	49a		No
43a	Did the organiza	tion make any transfers to an exemp	Thorr-chamable related of	gariization:		· · · •	49b		-
b	If "Yes," was the	related organization a section 527 or	ganization?			· · [	490		
50		ble for the organization's five highest			tors, trustees and key er	nployees)	who e	ach rece	ived
		000 of compensation from the organi and title of each employee	(b) Average	(c) Reportable	(d) Health bene	fits	(e) Es	timated a	amount of
	(4) . (4	and this or odon omproyee	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to em	ployee		er compe	
			devoted to position	(FOITIS W-2/1099-WISC	compensation				
NONE	-								
NOINE	_								
f	Total number of	of other employees paid over \$100,00	0 .			<u> </u>			
51	Complete this ta	ble for the organization's five highest	compensated independe	nt contractors who each re	eceived more than \$100,	000 of co	mpens;	ation fror	n the
	organization. If the	here is none, enter "None."							
		(a) Name and business address of e	ach independent contract	or	(b) Type of service	(c)	Compe	ensation	<u> </u>
NONE									
									—
d	Total number o	of other independent contractors each	receiving over \$100,000		· · ·			-	
52	Did the organ	ization complete Schedule A? <b>NOTE</b>	. All section 501(c)(3) org	anizations must attach a					
		hedule A				Yes	No	,	
Indor	nonaltine of poriu	ıry, I declare that I have examined this	roturn including accom	nanving schodulos and st	atomonts, and to the hos	t of my kn	owlode	no and	
		and complete. Declaration of prepare						je anu	
					2020-03-07				
Sian	Here Signatu	re of officer			Date				
Jigii	Bryan C	C Johnson President							
	<i>f</i> "	print name and title							
	M	rint/Type preparer's name ichael Ladwig	Preparer's signature	Date	Check if	PTIN P014424	17		
Paid					self-employed				
	parci	rm's name Ladwig Accounting Service	es LLC		Firm's EIN 🕨 46	-4516697			
use	Only	rm's address ▶ 1007 W Hunt St			Phone no. (469)	261-4346			
		McKinney, TX 75069							
						_			
Иay th	ne IRS discuss thi	s return with the preparer shown abo	ve? See instructions .	<u></u>	🕨 🛚 Yes	5 O N	0		
							- 1	Torm 000	F7 (201

efile	GRA	PHIC print	Submiss	ion Date - 2020	-03-07			DL	N: 93492067001110
SCHEDULE A (Form 990 or 990EZ)				Complete if the	Charity Statu ne organization is a sec 4947(a)(1) nonexer Attach to Form w.irs.gov/Form990 for ir	tion 501(c)(3) org npt charitable tru 990 or Form 990-	janization or a sec ust. -EZ.	etion	OMB No. 1545-0047  2019  Open to Public
		f the Treasury nue Service		= G0 t0 <u>ww</u>	<u>w.n.s.gov/r-orms50</u> 101 ii	istructions and t	ne latest illioillati		Inspection
	of the of Five Mi	organization inistries						Employer identification	number
								47-3375486	
	rt I ganiza				l organizations must co or lines 1 through 12, che		t.) See instructio	ns.	
1		•		•	tion of churches describe		o)(1)(A)(i).		
2					). (Attach Schedule E (Fo	•			
3					, ` rganization described in <b>s</b>		• •		
4		•	•	•				ii). Enter the hospital's na	me, city, and state:
5				•	,			t described in section 170	
6	_	Part II.)	•		,				CAN A 7 (ss pss
7				•	nmental unit described in			general public described	n coction 170/b\/1\/A\
	$\checkmark$	(vi). (Comple	ete Part II.)			· ·	ital unit of from the	general public described	iii sectioni 170(b)(1)(A)
8		•		•	o)(1)(A)(vi). (Complete Pa	•			
9					ed in <b>170(b)(1)(A)(ix)</b> ope ne, city, and state of the c			t college or university or a	non-land grant college
10		its exempt fu	nctions—subje	ct to certain exce	otions, and (2) no more th	ian 331/3% of its su	upport from gross in	fees, and gross receipts frowestment income and unron 509(a)(2). (Complete P	elated business taxable
11		An organizat	ion organized a	and operated excl	usively to test for public s	afety. See <b>sectior</b>	າ 509(a)(4).		
12		supported or	ganizations de	scribed in section		9(a)(2). See section		y out the purposes of one of the box in lines 12a thro	
а								ally by giving the supporte must complete Part IV,	
b		Type II. A su	pporting organ	ization supervised	or controlled in connection	on with its support	ed organization(s),	by having control or mana  ou must complete Part	agement of the
С		Type III fund	tionally integ	r <b>ated.</b> A supportin		•	. ,	tegrated with, its supporte	•
d		Type III non The organiza	functionally i	ntegrated. A supp must satisfy a dist	orting organization opera			organization(s) that is not structions). <b>You must co</b> n	
е		Check this b	ox if the organi			n the IRS that it is	a Type I, Type II, T	ype III functionally integrat	ed, or Type III non-
f	Enter	the number of						<u></u>	
g					pported organization(s).				
(i) Name of supported organization			rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		anization listed in ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				1					
Total									
For Pa	aperwo	ork Reduction 990-EZ.	Act Notice, s	ee the Instruction	ns for Cat. No. 1	L1285F		Schedule A (Fo	rm 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear **(b)** 2016 (a) 2015 (c) 2017(d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 48.500 168,500 190.275 membership fees received. (Do not include 71,400 132,405 611.080 any "unusual grant.") . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . The value of services or facilities furnished by a governmental unit to the organization without charge... Total. Add lines 1 through 3 48.500 168.500 71.400 132,405 190.275 611.080 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). Public support. Subtract line 5 from line 611.080 Section B. Total Support Calendar vear (e) 2019 (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (f) Total (or fiscal year beginning in) Amounts from line 4. . 48.500 168,500 71,400 132,405 190.275 611.080 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . Net income from unrelated business activities, whether or not the business is 0 regularly carried on. . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through 10 611,080 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop Section C. Computation of Public Support Percentage 14 00.000 % 15 16

		10

a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box		
	Public support percentage for 2018 Schedule A, Part II, line 14	15	
	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	

10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-EZ) 2019 Schedule A (Form 990 or 990-EZ) 2019 Page 3

	Part III Support Schedule for O	rganizations Des	cribed in Section	າ 509(a)(2)			
	(Complete only if you che	cked the box on li	ne 10 of Part I or i	f the organization	failed to qualify u	nder Part II. If the	organization
	fails to qualify under the to	ests listed below, p	please complete F	Part II.)			
Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise 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	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
1 u	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						
_	Add lines 7a and 7b.						
С 8	Public support. (Subtract line 7c from line						
8	6.)						
Sc	ection B. Total Support						
	<u>''</u>	I (-) 0045	I (I-) 0040	L(-) 0047	( I) 0040	(-) 0010	(0 Total
	ndar 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						
L0a	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						

Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and

Section C. Computation of Public Support Percentage

check this box and stop here.

15

16

17

18

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section D. Computation of Investment Income Percentage

Investment income percentage from 2018 Schedule A, Part III, line 17 . . .

Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . . . . . 

16

Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) . . . . . .

15

17

han	22	1/20/6	^

19a 33 u3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 u3%, and line 17 is not more than 33 u3%, check this box and  $\textbf{stop\ here.}$  The organization qualifies as a publicly supported organization .

33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%.
check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2019 Page 4 Part IV **Supporting Organizations** (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part L 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. 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 3a 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 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. 3c 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.

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's

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

Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization

supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

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

(iv) how the action was accomplished (such as by amendment to the organizing document).

Substitutions only. Was the substitution the result of an event beyond the organization's control?

4a

4b

4c

5a

5b

5c

6

9b

90

10a

10b Schedule A (Form 990 or 990-EZ) 2019



7

10a

supported organizations.

organizing document?

detail in Part VI.

used exclusively for section 170(c)(2)(B) purposes.

interest? If "Yes," provide detail in Part VI.

had excess business holdings).

supporting organization also had an interest? If "Yes," provide detail in Part VI.

Sche	edule A (Form 990 or 990-EZ) 2019			Page <b>5</b>
Pá	art 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) below, the governing body of a supported organization?	11a		
h	A family member of a percent described in (a) above?	11b		<del>                                     </del>
b	* * * * * * * * * * * * * * * * * * * *			<del>                                     </del>
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		<u> </u>
	ection 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.		163	NO
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			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		
<u> </u>	ection D. All Type III Supporting Organizations			
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?		Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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.			
_	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	b The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a 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 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.		103	
	<b>b</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 <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.	2a		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
	<ul> <li>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.</li> </ul>	3a		

**b** Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

(explain in detail in Part VI):

Subtract line 2 from line 1d

Multiply line 5 by .035

Enter 85% of line 1

Enter greater of line 2 or line 3

reduction (see instructions)

Income tax imposed in prior year

3

5

7

Recoveries of prior-year distributions

Section C - Distributable Amount

Minimum Asset Amount (add line 7 to line 6)

c Fair market value of other non-exempt-use assets

e Discount claimed for blockage or other factors

Acquisition indebtedness applicable to non-exempt use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).

Part V

**Current Year** 

Schedule A (Form 990 or 990-EZ) 2019

ıle A (Form 990 or 990-EZ) 2019			Page <b>6</b>			
Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
Net short-term capital gain	1					
Recoveries of prior-year distributions						
Other gross income (see instructions)						

1b

1c

1d

2

3

4

5

6

7

8

1 2

3

4 5

6

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	

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	6	

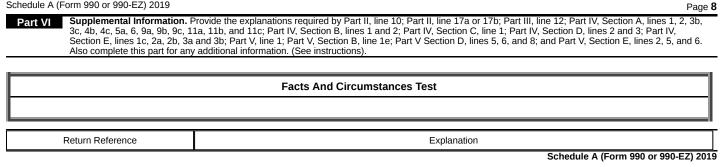
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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)

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
	Section B. William Asset Amount		(1) 1101 1001	(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):	1	(y) no. rea	

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

d Excess from 2018.e Excess from 2019.



efile GRAPHIC print		Submission Date - 2020-03-07		DLN: 93492067001110
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.		2019 Open to Public Inspection
Laternal Revenue Servi Name of the organizati Psalm68Five Ministries			Employer identificate 47-3375486	ion number
Return Reference		Explanation		
Grants and Similar Amounts Paid In Excess of \$5,000.1		Class of Activity: Scholarships for Campers   Donee's Name: Wildwood Hills Ranch   Donee's Address: 2552 Union Ln. Saint Charles IA 50240   Cash Amount Given: \$20000		
Grants and Similar Amounts Paid In Excess of \$5,000.2	Class of Activity: Scholarships for Campers   Donee's Name: Camp Lake Louise   Donee's Address: 10750 Stafford Rd. Boyne Falls MI 49713   Cash Amount Given: \$55000  Class of Activity: Scholarships for Campers   Donee's Name: Frontier Camp   Donee's Address: 131 Frontier Camp Rd. Grapeland TX 75844   Cash Amount Given: \$25340  Class of Activity: Scholarships for Campers   Donee's Name: Forest Glen Camps   Donee's Address: 34 Forest Glen Rd. Huntsville TX 77340   Cash Amount Given: \$11000  Class of Activity: Scholarships for Campers   Donee's Name: Forest Glen/Wilderness Ridge Camp   Donee's Address: 557 County Rd 331 Rosebud TX 76570   Cash Amount Given: \$18000			) Stafford Rd. Boyne
Grants and Similar Amounts Paid In Excess of \$5,000.3				
Grants and Similar Amounts Paid In Excess of \$5,000.4				
Grants and Similar Amounts Paid In Excess of \$5,000.5				
Other Expenses.1005	Trave	el \$1530		
Other Expenses.1007	Conf	erences, Conventions, and Meetings \$619		
Other Expenses.1	Bank	& Service Charges \$771		
Other Expenses.2	Cam	per Resources & Materials \$410		
Other Assets.1005	Acco	unts Receivable - Beginning \$0 Accounts Receivable - Ending \$200		
For Panerwork Redu	ction A	ct Notice see the Instructions for Form 990 or 990-FZ Cat. No. 51056K	Schedule (	) (Form 990 or 990-EZ) 2019