Form	990-T		• •	roxy tax und	ier section	603	3(e))	- 10	910		^{No. 1645}	
		For caler	ndar year 2019 or other tax ye	· · ·			nd ending	; 20	· — ·	21	<i>y</i> 1 5	,
Depart	ment of the Treasury		► Go to www.irs.gov									
	Revenue Service	▶ Do n	ot enter SSN numbers o					ation is a			- 10 - 1	
	Check box if address changed	1	Name of organization (Check box if name cl	hanged and see in:	struction	•)		1 -	Employer id: (Employees'		on number instructions)
-	mpt under section	Print	Christian Aid							,,_,		,
x	501(C <u>) (</u> 3 () 3)	ог	Number, street, and room or	suite no. If a P.O. box	, see instructions					L344364		
	408(e) 220(e)	Туре	PO Box 360						i i	Jinrelated bu (See instruct		activity code
	406A 530(a)	1300	City or town, state or province	e, country, and ZIP or	foreign postal code	•			,	Communication of the control of the	2011B.)	
	529(a)	<u> </u>	Berlin, OH 446	510					5311	L20		
	k value of all assets nd of year	F Gro	oup exemption number	(See instructions	.) ▶				_			
a. v.	89,714,568	G Ch	eck organization type	▶ X 50	1(c) corporation	on 📗	501(c) tru	st	401(a) tru	st	Othe	r trust
H E	nter the number of	the orga	nization's unrelated trac	les or businesse	s. > 1		D	escribe	the only (or t	irst) unrel	ated	<u></u>
tı	rade or business he	xe ►Rer	tal		. If only on	e, com	plete Parts	I-V. If me	ore than one	, describe	the	
			end of the previous ser	ntence, complete	Parts I and II,	compl	ete a Sched	ule M fo	r each additi	onal		
	rade or business, th		·			•						
			corporation a subsidiary	in an affiliated o	roup or a pare	nt-sub	sidiary contr	olled an	oup?	•	Yes	X No
	•		identifying number of th	_	•		,					
			Roman B Mullet			70	Telephon	nımbe	r ► (330)	893-24	28	. ,
7	THE COLOR		e or Business Inc			<u> </u>	(A) Inco		(B) Exp			(C) Not
4.0		-	e or business inc	ome			(A) inco)ITT®	(B) EXP	W. S. S. S.		C) NOT
1a	Gross receipts or		• • — — —	⊣	Balance ▶	4-					100	
b	Less returns and a		***************************************	с		1c			2			
2	•	•	ule A, line 7)			2		 		A STATE OF THE STATE OF		Here we
3	•		2 from line 1c		• • • • •	3		<u> </u>			18	
4a	• •	•				4a				1000	<u>8</u>	
þ	Net gain (loss) (Fo	orm 4797	', Part II, line 17) (attach	Form 4797)		4b	_/_				<u> </u>	
С	Capital loss deduc	ction for t	rusts		· · · · ·)	4c		1				
5	Income (loss) from	n a partne	ership or an S corporation	on (attach				L	and broad a second			
	statement)				/	5			2	, a ,		
6	Rent income (Scho	edule C)		· • • • • • • •	/.	6						
7	Unrelated debt-fina	anced in	come (Schedule E)		•/ [7						
8	Interest, annuities, ro	yaltıes, aı	nd rents from a controlled o	organization (Sched	dule F) .	8	6	8,783				68,783
9	Investment income o	f a section	501(c)(7), (9), or (17) org	anization (Schedul	e G)	9						
10	Exploited exempt	activity in	ncome (Schedule I)	<i>. /.</i>		10						
11			ule J)	/	f	11						
12	-	•	ons, attach schedule)			12			. 3	3 757		
13			ough 12 ,	<i>/</i>		13	6	8,783	The Factoria			68,783
	Deductio	ns No	Taken Elsewher	e (See instru	ctions for lin	nitatio	ons on de			uctions	must	be directly
2.4			he unrelated busin									
14			lirectors, and trastees (S									······································
15												
16			<i>/</i>									
17			/									
			see/instructions)									
2∩2 19	•	, ,								_ 		
∞ 19 ⊙ 20			4562)						• • • • •			
												
21		,	on Schedule A and else							21b		
⊇ 22 23	•	,										
	,		ompensation plans									
24			5									
분 ²⁵	<i>1</i>		Schedule I)									
25 26 27 28 28	,		Schedule J)									
27	,	•	chedule)									
ഗ് 28	,		es 14 through 27									• • • •
29	/		income before net ope	_				3		29		68,783
30	Deduction for net of	operating	loss arising in tax year	s beginning on o	r after January	1, 201	18 (see			30		
	instructions)											
31			income. Subtract line			<u></u>	<u></u>	<u></u>	· · · · · ·	31		68,783
			letico eso instruction									

EE/

Form	990-T (20	(9) Christian Aid Ministries 34	-1344364	Page 2
	ノŢ	otal Unrelated Business Taxable Income		
32		nrelated business taxable income computed from all unrelated trades or businesses (see		
		18)	. 82	68,783
33	Amounts	paid for disallowed fringes	. 733	
34	Charitable	s contributions (see instructions for limitation rules)		
35		slated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
		ne sum of line 32 a nd 33	⊙ 36	68,783
36		n for net operating loss arising in tax years beginning before January 1, 2018 (see	/ / 	
••		18)	7 26	68,783
37		nrelated business taxable income before specific deduction. Subtract line 36 from line 35	0 37	
38		leduction (Generally \$1,000, but see line 38 instructions for exceptions)	. 38	
39	•	d business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	`	· · · · · · · · · · · · · · · · · · ·
		smaller of zero or line 37	. 39	0
**************************************	T	ax Computation	<u> </u>	
40		tions Taxable as Corporations. Multiply line 39 by 21% (0.21)	▶ 40	
41	Trusts Ta	axable at Trust Rates. See instructions for tax computation. Income tax on	75 G	
	the amou	nt on line 39 from: Tax rate schedule or Schedule D (Form 1041)		
42	Proxy tax	k. See instructions	42	
43	-	e minimum tax (trusts only)	. 43	
44	Tax on N	oncompliant Facility Income. See instructions	- 44	
45 _	Total. Ad	d lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45	
100	T	ax and Payments		
46¢		ex credit (corporations attach Form 1118; trusts attach Form 1116)		
þ		dits (see instructions)		
c	General b	pusiness credit. Attach Form 3800 (see instructions)		
d	Credit for	prior year minimum tax (attach Form 8801 or 8827)		
•	Total cre	dits. Add lines 46a through 46d	. 46e	
47	Subtract I	ine 46e from line <u>45</u> <u></u> <u></u>	. 47	
48	Other taxes	s. Check if from Form 4255 Form 8611 Form 8697 Form 8886 Other (attach schedule)	48	
49		. Add lines 47 and 48 (see instructions)		
50	2019 net 9	965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	. 50	
51 a	-	s: A 2018 overpayment credited to 2019	510	
b		mated tax payments		
C	•	sited with Form 8868		
d	_	rganizations. Tax paid or withheld at source (see instructions)		
•	-	vithholding (see instructions)		
f		small employer health insurance premiums (Attach Form 8941)		
9	_	dits, adjustments, and payments: Form 2439	4.	
	Form 4			
52		rments. Add lines 51a through 51g	. 52	
53		t tax penalty (see instructions). Check if Form 2220 is attached	53	
54		If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
-55		ment. If line 52 is larger than the total of lines.49, 50, and 53, enter amount overpaid	55	
56	1 1 1 1 1 1 1 1 1	amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded	► 56	
		tatements Regarding Certain Activities and Other Information (see instructions)	 .	
57	•	ne during the 2019 calendar year, did the organization have an interest in or a signature or other authority ancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Yes No
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here ►	on 114, report of Foreign bank and Financial Accounts. If 195, either the harre of the localign country		x
58	_	e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tr	iet?	
•	_	see instructions for other forms the organization may have to file.	uo	
59	•	amount of tax-exempt interest received or accrued during the tax year		建 性。
	Under pe	enalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	edge and belief, it is	1000000
Sign	true, con	rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here		Lomew B Mulet 07/09/20 Becretary	with the prepa	iscuss this return rer shown below
		ure of officer Date Title	(see instruction	ns)? X Yes No
		Print/Type preparer's name Preparer's signature / / / A Date	Check if	PTIN
Paid	i		self-employed	P0005758
	parer	F-mile many	rm's EIN ▶ 57	
•	Only		hone no	
_		Seneca SC 29678	894	1-882-1937
EEA			Fo	rm 990-T (2019)

Form **990-T** (2019)

EEA

Form	1990-T (2019) Chri	stian Aid i	Ministries		34-1	344364	Page 3
Sch	edule A - Cost of Goo	ds Sold. Ent	er method of	inventory valuation >			
1	Inventory at beginning of year	ar	1	6 Inventory at	tend of year	6	
2	Purchases		2	7 Cost of go	ods sold. Subtract line		
3	Cost of labor		3	6 from line 5	5. Enter here and in Part		
4a	Additional section 263A costs	В		I, line 2		. 7	
	(attach schedule)		4a	8 Do the rules	s of section 263A (with respect	to	Yes No
b	Other costs (attach schedule		4b		oduced or acquired for resale)		
5	Total. Add lines 1 through 4	•	5		nization?		
Sch			Property an		Leased With Real Prop		
	ee instructions)	(, , , , , , , , , , , , , , , , , , ,	· roperty an	a rolooliar ropolly		, ,	
	acception of property	·····					
(1)							
(2)_							
(3)_					· · · · · · · · · · · · · · · · · · ·		
(4)	·		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
<u> </u>		2. Rent receive	ed or accrued	· · · ·			· · · · · · · · · · · · · · · · · · ·
					-		
	From personal property (if the perd for personal property is more than			and personal property (if the nt for personal property exceeds	i 3(a) Deductions directly in columns 2(a) and	connected wit 2(b) (attach s	th the income schedule)
•	more than 50%)	10 % But 110t		ntus based on profit or income)	11 Ooidi 1110 Z(d) dire		•
(1)	· · · · · · · · · · · · · · · · · · ·						
(1) (2)				······			
			···				
(3)							
(4) Total			Total				
Total	otal income. Add totals of co	<u></u>			(b) Total deductions.		
• •		• •			Enter here and on page 1		
	and on page 1, Part I, line 6, c			a in atmostic and	Part I, line 6, column (B)	<u></u>	
<u>Scr</u>	nedule E - Unrelated De	ept-Finance	income (se	2. Gross income from or	3. Deductions directly connects	ed with or allow	ceble to
	4 December of debt	#		allocable to debt-financed	debt-financed pro		
	1. Description of debt-	-tinanced property		property	1		er deductions
					(attach schedule)	(aπa	ch schedule)
				 			
(1)							
(2)							
(3)							
<u>(4)</u>	4. Amount of average	5 Average	adjusted basis				
	acquisition debt on or		llocable to	6. Column	7. Gross income reportable		le deductions total of columns
	allocable to debt-financed		ced property	4 divided	(column 2 x column 6)		and 3(b))
	property (attach schedule)	(attach	schedule)	by column 5			
				 	 		
(1)		ļ	 -	%			
(2)		 		%	<u> </u>		
(3)		 		- %			
<u>(4)</u>		1		%			
					Enter here and on page 1,		and on page 1,
					Part I, line 7, column (A).	Part I, line	e 7, column (B).
	l s .						
Tota	l dividends-received deduct	t ions included in	column 8	<u> </u>	<u> </u>		

Schedule F - Inte	erest. Annu	<u>iities. Royalties.</u>			<u>n Controlled O</u> Organizations	rganizations	(see inst	ruction	is)
Name of control organization	led	2. Employer identification number	3. Net unre	lated income instructions)	4. Total of specifie	5. Part of columnincluded in the organization's gro	controlling		reductions directly nected with income in column 5
(1) TGS Internat	ional Inc	34-1529864							
(2)									
(3)									
(4)					<u> </u>			<u> </u>	
Nonexempt Controlled	Organizations								
		8. Net unrelated inc (loss) (see instructi			otal of specified ayments made	Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)					68,78	3	68,783	1	
(2)									
(3)		_							
(4)								1	
Totals					· · · · · · · · •	Add columns : Enter here and Part I, line 8, c	on page 1,	Enter (columns 6 and 11 here and on page 1, , line 8, column (B)
Schedule G - Inves	tment Inco	ne of a Section 50	1(c)(7), (9), or (17) Organization (see instructions))		
1. Description	of income	2. Amount	of income	dire	3. Deductions actly connected tach schedule)	4. Set-aside (attach schedi		and s	otal deductions et-asides (col 3 plus col 4)
(1)					<u>.</u>				
(2)									
(3)									
(4)									······
Totals		Enter here and of Part I, line 9, co	lumn (A).	an Adver	tising Income (s	ee instructions)			re and on page 1, ne 9, column (B).
Description of exploited activity		2. Gross unrelated business incor from trade o business	3. E d conn pro-	expenses irectly ected with duction of irelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	F. C	6. Exp attributa colu		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							 		
(2)									
(3)					-				
(4)					 		 		· · · · · · · · · · · · · · · · · · ·
		Enter here and page 1, Part line 10, col (I, pag	here and on le 1, Part I, 10, col (B)					Enter here and on page,1 Part II, line 25
Totals					100000000000000000000000000000000000000				
Schedule J - Adver		ne (see instructions dicals Reported o		alidatad	Pasis				
THE STATE OF THE OWNER	FIOIII FUILO	ulcais Repurted o	a Cons	ondated	T				I
1. Name of	penodical	2. Gross advertising income		Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									A CANA
(4)					TRANSPORT				
Totals (carry to Part II	line (5)) . ▶								

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-i	ine 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 readershi costs (column 6 minus column 5, bu not more than column 4).
<u>(1)</u>		_				
(2)						
(3)					1	
(4)						
Totals from Part I			建筑 (2014)	77. 10 m 24. 64.	CATAL THE	
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col. (B)				Enter here and on page 1, Part II, line 26
Schedule K - Compensation of Office	cers Directors	and Trustees	see instructions)			<u> </u>

cent of	4.

1. Name	2. Title	time devoted to business	Compensation attributable to unrelated business
(1)		%	4
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		▶	

EEA Form **990-T** (2019)

Christian Aid Ministries EIN: 34-1344364 Form 990-T Schdule of Net Operating Losses

	Amount	Used	Remaining
NOL reported 2006	501,670	(501,670)	-
NOL reported 2007	137,614	(10,377)	127,237
NOL reported 2008	295,982		295,982
NOL reported 2009	303,952		303,952
NOL reported 2010	173,740		173,740
Total	1,412,958	(512,047)	900,911

NOL used 2011	(4,107)
NOL used 2012	(165,506)
NOL used 2013	(13,905)
NOL used 2014	(28,691)
NOL used 2015	(52,617)
NOL used 2016	(59,335)
NOL used 2017	(57,031)
NOL used 2018	(62,072)
NOL used 2019	(68,783)

Total NOL used (512,047)