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				EXTENDED TO Exempt Organization					av Batur	, 1	OMB No 1545-0047
υ	Form	990-1							ax netur	' ⊦	ONID 140 1343-0047
	ور	1		(and proxy t	ax unu	er sec	วนอก ชบรร	(e))	1412	-	2040
		•	For cal	endar year 2019 or other tax year beginning			, and en				2019
		tment of the Treasury at Revenue Service	•	► Go to www.irs.gov/Forms Do not enter SSN numbers on this form						.]	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed Name of organization (Check box if name changed and see instructions										(Emplo	yer identification number byees' trust, see ctions)
	B Ex	kempt under section	Print	PRESBYTERIAN MO-RA	NCH .	ASSE	MBLY			1	4-1168931
	X] 501(cý()3)] 408(e)	or Type	Number, street, and room or suite no. If 2229 FM 1340	a P.O. bo	x, see ins	structions.				ted business activity code structions)
		408(e)220(e)		City or town, state or province, country,	and ZIP o	r foreign	postal code		.	-	
		529(a) ok value of all assets		HUNT, TX 78024			<u>, </u>			9000	099
	C at e	and of vesus	. 0	F Group exemption number (See instru		<u> </u>					
				G Check organization type ► X 5	O1(c) cor	poration	501	(c) trust		ı) trust	Other trust
			_	tion's unrelated trades or businesses.	>				the only (or first) u		
				EE STATEMENT 1					, complete Parts I-V		
				ce at the end of the previous sentence, co	mplete Pa	arts I and	III, complete a	Schedule	e M for each addition	nal trade	or
		siness, then complete									
				oration a subsidiary in an affiliated group	_	nt-subsic	liary controlled	d group?		Yes	s X No
	_			ifying number of the parent corporation.	<u> </u>					222	222 4455
				RED GAMBLE					one number 🕨 8		
0				le or Business Income		,	(A) Inco	me	(B) Expense	8	(C) Net
3		Gross receipts or sale		911,411.		1 1	044	444			
		Less returns and allov		c Balance		10	911,	411.			
0		Cost of goods sold (S				2		952.			
0		Gross profit. Subtract				3	820,	459.		\sim	820,459.
1		Capital gain net incom	•	•		<u>4a</u>				\rightarrow	
	p	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)		4b	_/			$\frac{1}{2}$	
		Capital loss deduction				4c			-21/1	-)/	
				thip or an S corporation (attach statement	1)	5/		106	0-200	ارز ر	
		Rent income (Schedu	•		/	6	$\overline{}$		CT 2 200	<u>, , 7</u>	
	7	Unrelated debt-finance	ed incon	ne (Schedule E)	<i></i>	7		$\overline{}$	CT 16	-(-	
				nd rents from a controlled organization		-	\	() ()		77	
				n 501(c)(7), (9), or (17) organization (Sc	hedule G)			100/	COEN	\longrightarrow	
		Exploited exempt activ	-	· ' /		10		\	000		· · · · · · · · · · · · · · · · · · ·
		Advertising income (S		· /		11		\rightarrow			
		Other income (See ins		· /		12	020	450			000 450
		Total. Combine lines rt II Deduction		gh 12 ot Taken Elsewhere (See instru		13	820,				820,459.
	r, ai			e directly connected with the unrelated				uctions)			
\mathcal{O}	14	Compensation of offi	cers, dır	rectors, and trustees (Schedule K)						14	66,607.
20	15	Salaries and wages								15	436,937.
	16	Repairs and mainten	ance							16	
	17	Bad debts	/							17	
	18	Interest (attach sche	dule) (se	ee instructions)						18	
-;	19	Taxes and licenses								19	33,655.
	20	Depreciation (attach	Form 45	662)			L	20	106,473.		
2 1 1 2 1 3	21	Less depreciation cla	imed on	Schedule A and elsewhere on return			ا	21a		21b	106,473.
U	22	Depletion /								22	
_	23	Contributions to defe	rred cor	npensation plans						23	29,264.
>	24	Employee benefit pro	grams							24	145,810.
))	25	Excess exempt exper	ises (Sc	hedule I)						25	
٠	26	Excess readership co	sts (Sch	nedule J)						26	
	27	Other deductions (att	ach sch	edule)			SEE	STAT	EMENT 2	27	431,134.
	28	Total deductions. Ad		•						28	1,249,880.
	29	/		ncome before net operating loss deduction						29	-429,421.
	30 /		erating l	oss arısıng in tax years beginning on or a	fter Janua	ry 1, 201					_
		(see instructions)					SEE	STAT	EMENT 3	30	0.
	<u>3′1</u>			come. Subtract line 30 from line 29						31	-429,421.
	923701	1 01-27-20 LHA Fo	r Paper	work Reduction Act Notice, see instruction	ons.						Form 990-T (2019)

Form 998	PRESBYTERIAN MO-RANC	H ASSEMBLY			74-1	.168931	Page 2
Part	ุ่มไ Total Unrelated Business Taxabl	e Income					
32 /	Total of unrelated business taxable income computed fr	om all unrelated trades or businesses	(see instructions)		32	-429,4	21.
33	Amounts paid for disallowed fringes				83		
34	Charitable contributions (see instructions for limitation	rules)			34		0.
35	Total unrelated business taxable income before pre-2018	8 NOLs and specific deduction Subtr	act line 34 from the sum of	f lines 32 and 33	35	-429,4	21.
36	Deduction for net operating loss arising in tax years beg	ginning before January 1, 2018 (see in	structions)	STMT 4-	36		0.
37	Total of unrelated business taxable income before speci	ific deduction. Subtract line 36 from III	ne 35	_	37	-429,4	21.
38	Specific deduction (Generally \$1,000, but see line 38 ins	structions for exceptions)		8	38	1,0	00.
39	Unrelated business taxable income. Subtract line 38 f	from line 37. If line 38 is greater than I	line 37,	0			
	enter the smaller of zero or line 37			1.1	39	-429,4	21.
Part	IV Tax Computation			-			
40	Organizations Taxable as Corporations. Multiply line 3	39 by 21% (0.21)		•	40		0.
41	Trusts Taxable at Trust Rates. See instructions for tax	computation. Income tax on the amou	unt on line 39 from:				
	Tax rate schedule or Schedule D (Form 1	041)		>	41		
42	Proxy tax. See instructions			>	42		
43	Alternative minimum tax (trusts only)				43		
44	Tax on Noncompliant Facility Income. See instructions	s			44		
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever	ver applies			45		0.
Part	V Tax and Payments						
46 a	Foreign tax credit (corporations attach Form 1118; trust	ts attach Form 1116)	46a		1 1		
b	Other credits (see instructions)		46b		_		
C	General business credit. Attach Form 3800		46c]		
d	Credit for prior year minimum tax (attach Form 8801 or	8827)	46d				
e	Total credits. Add lines 46a through 46d				46e	····	
47	Subtract line 46e from line 45				47		0.
48	Other taxes. Check if from: Form 4255 Form Form 4255	orm 8611 🔲 Form 8697 🔲 Fo	rm 8866 🔲 Other	(attach schedule)	48		
49	Total tax. Add lines 47 and 48 (see instructions)				49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form	n 965-B, Part II, column (k), line 3			50		0.
51 a	Payments: A 2018 overpayment credited to 2019		51a		.		
b	2019 estimated tax payments		51b		-		
C	Tax deposited with Form 8868		51c		1 1		
đ	Foreign organizations: Tax paid or withheld at source (s	ee instructions)	51d		. I		
e	Backup withholding (see instructions)		51e		↓		
f	Credit for small employer health insurance premiums (a	ittach Form 8941)	51f		↓		
g		m 2439	i i				
	Form 4136 Othe	er Total	▶ 51g				
52	Total payments. Add lines 51a through 51g				52		
53	Estimated tax penalty (see instructions). Check if Form 2	2220 is attached 🕨 🔛			53		
	Tax due. If line 52 is less than the total of lines 49, 50, a	•			54		
	Overpayment. If line 52 is larger than the total of lines				55		
56	Enter the amount of line 55 you want: Credited to 2020			funded >	56		
Part			· · · · · · · · · · · · · · · · · · ·	ctions)	<u> </u>		_
	At any time during the 2019 calendar year, did the organ	-	-			Yes	No
	over a financial account (bank, securities, or other) in a	• • •					
	FinCEN Form 114, Report of Foreign Bank and Financial	Accounts. If "Yes," enter the name of	the foreign country				اــــا
	here						X
	During the tax year, did the organization receive a distrib		or transferor to, a forei	gn trust?			X
	If "Yes," see instructions for other forms the organization	•					
59	Enter the amount of tax-exempt interest received or acci				4		
Sign	Under penalties of perjury, I declare that I have examined this correct, and complete. Declaration of preparer (other than ta	xpayer) is based on all information of which p	reparer has any knowledg	e	age and beller	, it is true,	
Here	les les et the bush	I lable & DDEG	TDENIM	M	lay the IRS dis	cuss this return v	with
	Signature of officer	Date PRES	IDENT			wn below (see	¬ ".
***************************************		Outo 7 Hills	T _{D-1} .		structions)?	A Yes	No
	1 " ' '	Preparer's signature	Date		If PTIN		
Paid	CIDATO MAVETEIN		1	self- employed	DOO	A A E 1 7 0	
Prep		TID		Formation Process		445178 239347	0
Use	Only Firm's name > WHITLEY PENN		<u> </u>	Firm's EIN	15-	43934/	0
		S AVENUE, STE. 40	, ,	Dhone no /	21412	03-030	0
****		75225	· · · -	Phone no. (93-930 900 T	_
923711 0	V1-2 <i>1-</i> 20				Fe	orm 990-T	(2019)

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation	▶ LOW	ER	OF COST OR	MAR	KET	
1 Inventory at beginning of year	1 1	66,937.		y at end of yea			6	111,	744.
2 Purchases	2	135,759.		goods sold. Si		line 6		1	
3 Cost of labor	3	·		e 5. Enter here					
4a Additional section 263A costs			line 2				7	90,9	952.
(attach schedule)	4a		8 Do the r	ules of section	263A (with 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	202,696.	the orga	inization?	•	,			X
Schedule C - Rent Income (From Real	Property and	Personal I	Property L	.ease	d With Real Prop	erty)		
(see instructions)									
Description of property									
(1)									
(2)									
(3)									
(4)	O Dont rosen		· · · · · · · · · · · · · · · · · · ·						
(a) From personal property (if the perc		ed or accrued	d personal proper	ty (if the percenta		3(a) Deductions directl	y connec	ted with the income	ın
rent for personal property (if the personal property is more 10% but not more than 50%)	than	of rent for pe	o personal proper rsonal property ex is based on profit	ceeds 50% or if	ge	columns 2(a) a	nd 2(b) (i	attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.]			
(c) Total income. Add totals of columns 2	` ' ' '	iter				(b) Total deductions. Enter here and on page 1,			_
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb	t-rinanced	income (see ii	nstructions)			•			
			2. Gross in	come from		Deductions directly control to debt-finant			
1. Description of debt-fine	anced property		or allocab	le to debt-	(a)	Straight line depreciation		(b) Other deduction	
·			***************************************	p. oporty		(attach schedule)	ŀ	attach schedule	.)
(1)							+		
(2)									
(3)					 				
(4)					 	·····			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property	6. Column by colu			7. Gross income reportable (column 2 x column 6)	,	8. Allocable deduc column 6 x total of c 3(a) and 3(b))	enmulo
, , , , , , , , , , , , , , , , , , , ,		h schedule)				Z X COMMIT O		o(a) and o(b))	
(1)				%		·			
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals]	0			0.
Total dividende-received deductions un	oludad in columi	. Ω			Ь—				_ 0.

				Exempt	Controlled O	rganızatı	ons				
Name of controlled organization		2. Emp identific numb	ation		related income e instructions)		al of specified nents made	ınclud	t of column 4 t ed in the contr ation's gross t	olling	6. Deductions directly connected with income in column 5
(1)									-		
(2)						ļ	-,				
(3)											
(4)						<u> </u>					
Nonexempt Controlled Organi	zations									_	
7. Taxable Income	8. Net u	nrelated income se instructions)	e (loss)	9. Total	of specified payr	nents	10. Part of colur in the controlli gross	nn 9 thai ng organ i income	ıızatıon's		uctions directly connected income in column-10
(1)											
(2)											
(3)											
(4)	<u></u>										-
							Add colum Enter here and line 8, c		1, Part I, \)	Enter he	I columns 6 and 11 re and on page 1, Part I, tne 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme		ne of a S	ection	501(c)(7	7), (9), or (⁻	17) Org	janization				
	ructions)	ne			2. Amount of	ıncome	3. Deduction		4. Set-		5. Total deductions and set-asides
(4)			· · · · · · · · · · · · · · · · · · ·	-	<u> </u>		(attach sched	ule)	(attach s	chedule)	(col 3 plus col 4)
(1)					ĺ						
(2)		•									 ' '
(4)											
Totals				•	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru	-	Activity	Income	, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. G unrelated incom trade or l	business e from	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus columination) gain, compute through	Itrade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ad	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter her page 1 (ine 10,	Part I, col (A)	Enter here page 1, line 10,	Parti, col (B)							Part II, line 25
Totals Schedule J - Advertision	l na Incon	0.	-4	0.	30 X 30 40 x	\$447 Jahr	X1588444174	238, 257	, ¹⁸ . 3	MARCH STATE	0.
Part Income From			struction		colidated	Racic				.	
<u>⊮Partsis</u> income From i	Periodic	ais nepo	rtea on	i a Con	Soliualeu	Dasis					· ·
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	or (loss) (co	aın, comput	5. Circulat income	юп	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					3/2/200						
(2)							10 m				
(3)			\bot				8				整套包含含含
(4)							fi Is			, y	《记》 数据《发》
Totals (carry to Part II, line (5))	•	0		0				_			0. Form 990-T (2019

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 then column 4)
(1) .						-	·
(2)		-					
(3)			·			· ·	·
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I,	Enter here and on — page 1, Part I, ——				Enter here and on page 1,
		line 11, col (A)	line 11, col (B)	- The Control of the			Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.				0.

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

1. Name	2. Titte	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	•
(4) SEE STATEMENT 5		%	
Total. Enter here and on page 1, Part II, line 14		▶	66,607.

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

SERVICES FOR NON-RELIGIOUS ACTIVITY

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER_DEDUCTIONS	STATEMENT_2_
DESCRIPTION	,	AMOUNT
PROFESSIONAL FEES		16,375.
ADVERTISING		31,286.
OFFICE EXPENSE		39,914.
INFORMATION TECHNOLOGY		10,304.
OCCUPANCY		53,155.
TRAVEL		26,475.
INTEREST		3,469.
INSURANCE		30,904.
CLEANING & MAINTENANCE		53,865.
LICENSES AND PERMITS		2,047.
CONTRACT LABOR		5,835.
TRAINING		10,354.
MEALS		9,315.
SAFETY		1,611.
AUTO EXPENSE		1,600.
LINENS AND LAUNDRY		6,844.
OUTDOOR SUPPLIES		1,306.
GUEST EXPENSES		7,053.
BANK AND CREDIT CARD FEES		12,463.
MANAGEMENT EXPENSE		3,659.
PROGRAMS, CONFERENCES AND S	EMINARS	27,512.
GIFTS		332.
KITCHEN SUPPLIES		3,331.
EQUIPMENT EXPENSE		13,990.
PHOTOGRAPHY		195.
SCHOLARSHIP		50,949.
HONORARIA		6,917.
FURNITURE EXPENSE		74.
TOTAL TO FORM 990-T, PAGE 1	, LINE 27	431,134.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	374,899.	0.	374,899.	374,899.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	374,899.	374,899.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	270,549.	0.	270,549.	270,549.
12/31/13	372,009.	0.	372,009.	372,009.
12/31/14	465,464.	0.	465,464.	465,464.
12/31/15	518,410.	0.	518,410.	518,410.
12/31/16	253,615.	0.	253,615.	253,615.
12/31/17	291,239.	0.	291,239.	291,239.
NOL CARRYO	VER AVAILABLE THIS	YEAR	2,171,286.	2,171,286.

FORM 990-T SCHEDU	ICERS,	STATEMENT 5	
NAME	TITLE	PERCENT	COMPENSATION
RICHARD POWELL	PRESIDENT	100.00%	26,427.
FRED GAMBLE	CFO	100.00%	15,802.
ALLISON HARRIS	VICE PRESIDENT		
	DEVELOPMENT	100.00%	8,654.
JULIE CHAPA	VICE PRESIDENT		
	SALES	100.00%	15,724.
TOTAL TO FORM 990-T, SCH	EDULE K		66,607.