

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

59-3547464

JERICHO ROAD MINISTRIES, INC.

Net Asset / Fund Balance at Beginning of Year 1,308,790

Revenue

Contributions	386,952
Program service revenue	2,740
Investment income	
Capital gain / loss	200
Fundraising / Gaming:	
Gross revenue	186,687
Direct expenses	
Net income	186,687
Other income	1,318,537

Total revenue 1,895,116

Expenses

Program services	1,302,581
Management and general	356,202
Fundraising	59,754

Total expenses 1,718,537

Excess / (deficit) 176,579

Changes

Net Asset / Fund Balance at End of Year 1,485,369

Reconciliation of Revenue

Total revenue per financial statements 1,895,116

Less:

Unrealized gains	
Donated services	
Recoveries	
Other	

Plus:

Investment expenses	
Other	

Total revenue per return 1,895,116

Reconciliation of Expenses

Total expenses per financial statements 1,718,537

Less:

Donated services	
Prior year adjustments	
Losses	
Other	

Plus:

Investment expenses	
Other	

Total expenses per return 1,718,537

Balance Sheet

	Beginning	Ending	Differences
Assets	2,825,453	2,936,355	
Liabilities	1,516,663	1,450,986	
Net assets	1,308,790	1,485,369	176,579

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/21
 Failure to file penalty _____

JERICO ROAD MINISTRIES, INC.
PO Box 864
BROOKSVILLE, FL 34605

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027



Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning, 2020, and ending, 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2020

Name of exempt organization or person subject to tax

JERICO ROAD MINISTRIES, INC.

Taxpayer identification number

59-3547464

Name and title of officer or person subject to tax

**Jason Smith
President/Director**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,895,116
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Bodine Perry, PLLC** to enter my PIN **47464** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **11/01/21**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59794280749

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **Marci Reutimann**

Date **11/01/21**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2020
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.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **JERICHO ROAD MINISTRIES, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 864
 City or town, state or province, country, and ZIP or foreign postal code
BROOKSVILLE FL 34605

D Employer identification number: **59-3547464**
E Telephone number
G Gross receipts\$ **1,895,116**

F Name and address of principal officer:
Pastor Andrew Chamberlin
11153 Sheffield Rd
Spring Hill FL 34608

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.jerichoroad.net** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1998** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To lovingly offer hope and help to the economically, emotionally, and spiritually impoverished.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 8	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 60	
	6 Total number of volunteers (estimate if necessary)	6 27	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	337,815	386,952
	9 Program service revenue (Part VIII, line 2g)	12,850	2,740
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	839	200
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,170,368	1,505,224
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,521,872	1,895,116
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	721,069	798,323
	16a Professional fundraising fees (Part IX, column (A), line 11e)	36,388	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	59,754	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	812,575	920,214
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,570,032	1,718,537	
19 Revenue less expenses. Subtract line 18 from line 12	-48,160	176,579	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,825,453	2,936,355
	21 Total liabilities (Part X, line 26)	1,516,663	1,450,986
	22 Net assets or fund balances. Subtract line 21 from line 20	1,308,790	1,485,369

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **Jason Smith** Date: **President/Director**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Marci Reutimann** Preparer's signature: **Marci Reutimann** Date: **11/16/21** Check if self-employed PTIN: **P00538803**

Firm's name ▶ **Bodine Perry, PLLC** Firm's EIN ▶ **85-4356944**
6815 Dairy Road
 Firm's address ▶ **Zephyrhills, FL 33542-1629** Phone no. **813-788-2155**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To lovingly offer hope and help to the economically, emotionally, and spiritually impoverished.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ **2,740**)

To lovingly proclaim the gospel of Jesus Christ to the economically, emotionally, and spiritually impoverished by responding to their basic physical and emotional needs and by promoting Christian growth as characterized by a productive and changed life.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ **1,302,581** including grants of \$) (Revenue \$)

4e Total program service expenses **1,302,581**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 60		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	8		
Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	8		
Enter the number of voting members included on line 1a, above, who are independent.			
2			X
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3			X
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
4			X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5			X
Did the organization become aware during the year of a significant diversion of the organization's assets?			
6			X
Did the organization have members or stockholders?			
7a			X
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
b			X
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		X	
The governing body?			
b		X	
Each committee with authority to act on behalf of the governing body?			
9			X
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a			X
Did the organization have local chapters, branches, or affiliates?			
b			
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a			X
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b			
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a			X
Did the organization have a written conflict of interest policy? If "No," go to line 13.			
b			
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
c			
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.			
13			X
Did the organization have a written whistleblower policy?			
14			X
Did the organization have a written document retention and destruction policy?			
15			
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a		X	
The organization's CEO, Executive Director, or top management official			
b			X
Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a			X
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b			
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

Jericho Road Ministries, Inc. PO Box 864

Brooksville

FL 34605

352-799-2912

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Pastor Andrew Chamberlin	40.00									
..... CEO	0.00			X			69,140	0	0	
(2) Cheryl Hart	40.00									
..... VP Programs	0.00			X			44,659	0	0	
(3) Bryan Wall	40.00									
..... VP Finance	0.00			X			40,240	0	0	
(4) James Jackson	40.00									
..... Officer	0.00			X			29,547	0	0	
(5) Amanda McCann	40.00									
..... Officer	0.00			X			20,854	0	0	
(6) Jason Aldrich	2.00									
..... Director	0.00	X					0	0	0	
(7) J. R. Hutchinson	2.00									
..... Director	0.00	X					0	0	0	
(8) John Mitten	2.00									
..... Director	0.00	X					0	0	0	
(9) Rev. David Pletincks	2.00									
..... Secretary/Director	0.00	X		X			0	0	0	
(10) Morris Porton	2.00									
..... Treasurer	0.00	X					0	0	0	
(11) Candace Sylvia Preston	2.00									
..... Director	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Richard Rossiter Director	2.00 0.00	X						0	0	0
(13) Jason Smith President/Director	2.00 0.00	X		X				0	0	0
.....										
.....										
.....										
.....										
.....										
.....										
.....										
1b Subtotal								204,440		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								204,440		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
.....		
.....		
.....		
.....		
.....		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	192,283			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	194,669			
	g Noncash contributions included in lines 1a-1f	1g	\$ 57,721			
	h Total. Add lines 1a-1f		386,952			
	Program Service Revenue	2a Program Service Revenue	Business Code	2,740	2,740	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			2,740			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		200		
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c		200		
	d Net gain or (loss)		200	200		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	186,687				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events		186,687			
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a Thrift Store Revenue	Business Code	1,318,537	1,318,537		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		1,318,537			
12 Total revenue. See instructions		1,895,116	1,321,477	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	696,434	547,432	125,542	23,460
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	24,496	21,360	3,136	
10 Payroll taxes	77,393	63,234	11,740	2,419
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	2,791	2,791		
13 Office expenses	19,647	6,815	10,983	1,849
14 Information technology	10,714	559	8,573	1,582
15 Royalties				
16 Occupancy	194,985	186,893	8,092	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	410	15	395	
20 Interest	81,476	81,476		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,843	29,648	60,195	
23 Insurance	62,999	59,805	3,194	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Taxes Licenses & Permits	61,087	2,785	58,302	
b Utilities	51,117	50,984	133	
c Fundraising	43,556	3,708	19,510	20,338
d Trash	42,235	42,235		
e All other expenses	259,354	202,841	46,407	10,106
25 Total functional expenses. Add lines 1 through 24e	1,718,537	1,302,581	356,202	59,754
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	49,200	1	177,588
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	96,380	8	109,378
	9 Prepaid expenses and deferred charges	1,362	9	2,524
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,405,988		
	b Less: accumulated depreciation	10b 770,343	2,668,291	10c 2,635,645
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,220	15	11,220
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,825,453	16	2,936,355	
Liabilities	17 Accounts payable and accrued expenses	17,634	17	18,215
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,384,873	24	1,360,882
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	114,156	25	71,889
	26 Total liabilities. Add lines 17 through 25	1,516,663	26	1,450,986
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,308,790	27	1,485,369
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,308,790	32	1,485,369	
33 Total liabilities and net assets/fund balances	2,825,453	33	2,936,355	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,895,116
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,718,537
3	Revenue less expenses. Subtract line 2 from line 1	3	176,579
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,308,790
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,485,369

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization JERICHO ROAD MINISTRIES, INC.	Employer identification number 59-3547464
--	---

Part I 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.)

- 1 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 9 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:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	632,760	507,490	398,552	337,815	386,952	2,263,569
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 Total. Add lines 1 through 3	632,760	507,490	398,552	337,815	386,952	2,263,569
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.						2,263,569

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	632,760	507,490	398,552	337,815	386,952	2,263,569
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	358	252				610
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 (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,264,179
12 Gross receipts from related activities, etc. (see instructions)					12	4,756,338

13 First 5 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 here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	99.97%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.97%

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. 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 organization

b 10%-facts-and-circumstances test—2019. 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.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Value/Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) = 15%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 = 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Value/Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) = 17%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 = 18%.

- 19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2019. 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 stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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 supported organizations.</i>		
c 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)? <i>If "Yes," explain in Part VI 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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section 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 organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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 (<i>see instructions</i>).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. Answer lines 2a and 2b below.		
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? <i>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.</i>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 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)
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 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)
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	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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

JERICO ROAD MINISTRIES, INC.

59-3547464

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		503,719		503,719
b Buildings		2,607,492	542,672	2,064,820
c Leasehold improvements				
d Equipment		294,777	227,671	67,106
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **2,635,645**

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Current Portion Long Term Debt	53,162
(3) Payroll Liabilities	11,318
(4) Sales Tax Payable	6,520
(5) Other Current	889
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	71,889

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Line 1: 1,895,116. Line 2e: 1,895,116. Line 3: 1,895,116. Line 4c: 1,895,116. Line 5: 1,895,116.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Line 1: 1,718,537. Line 2e: 1,718,537. Line 3: 1,718,537. Line 4c: 1,718,537. Line 5: 1,718,537.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of dotted lines for supplemental information input.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

JERICHO ROAD MINISTRIES, INC.

Employer identification number

59-3547464

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Direct Mail/Com</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	186,687			186,687
	2 Less: Contributions ..				
	3 Gross income (line 1 minus line 2)	186,687			186,687
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages ..				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				186,687	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Multiple horizontal dotted lines for providing supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

JERICO ROAD MINISTRIES, INC.

Employer identification number

59-3547464

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()	X	2	57,721	
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

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.

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

JERICHO ROAD MINISTRIES, INC.

Employer identification number

59-3547464**Form 990, Part III, Line 4d - All Other Accomplishments**

To lovingly proclaim the gospel of Jesus Christ to the economically,
emotionally, and spiritually impoverished by responding to their basic
physical and emotional needs and by promoting Christian growth as
characterized by a productive and changed life.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The board of directors is provided with a copy of the Form 990 by the
executive director to review and approve at a board meeting prior to the
form being filed with the IRS>

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The ministry reviews all contracts and financial commitments on a monthly
basis to ensure compliance with the conflict of interest policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The executive committee of the board of directors reviews the performance
of the executive director and determines the executive director's
compensation, taking into consideration both performance and funding
availability.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form 990, Part IX, Line 24e - Other Expenses

Name of the organization

Employer identification number

JERICO ROAD MINISTRIES, INC.**59-3547464****Description****Tot/Prog Service****Mgt & General****Fundraising****Repairs & Maintenance**

\$ 19,057

\$ 21,114

\$ 0

Bank Service Charges

\$ 26,904

\$ 4,869

\$ 0

Telephone

\$ 17,628

\$ 6,609

\$ 0

Food Expense

\$ 21,892

\$ 0

\$ 0

Supplies

\$ 20,879

\$ 673

\$ 312

Gift in Kind

\$ 18,951

\$ 2,664

\$ 0

Store maintenance

\$ 20,445

\$ 463

\$ 0

Pest Control

\$ 15,641

\$ 45

\$ 0

Community assistance exp

\$ 699

\$ 3,816

\$ 9,461

Fuel Gas & Oil

\$ 10,612

\$ 858

\$ 0

Sewer and water

\$ 9,389

\$ 630

\$ 0

Cleaning supplies

\$ 5,063

\$ 229

\$ 0

Program Expenses

Name of the organization

Employer identification number

JERICO ROAD MINISTRIES, INC.**59-3547464**

\$	4,456	\$	0	\$	288
----	-------	----	---	----	-----

Community relations

\$	4,217	\$	0	\$	0
----	-------	----	---	----	---

Miscellaneous

\$	2,544	\$	263	\$	0
----	-------	----	-----	----	---

Sustenance

\$	280	\$	2,290	\$	0
----	-----	----	-------	----	---

Meals

\$	18	\$	1,884	\$	45
----	----	----	-------	----	----

Medical

\$	1,902	\$	0	\$	0
----	-------	----	---	----	---

Trucks/vehicles repairs

\$	1,164	\$	0	\$	0
----	-------	----	---	----	---

Food Bank Supplies

\$	606	\$	0	\$	0
----	-----	----	---	----	---

Drug testing

\$	494	\$	0	\$	0
----	-----	----	---	----	---

Total

\$	202,841	\$	46,407	\$	10,106
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Depreciation and Amortization
 (Including Information on Listed Property)

▶ Attach to your tax return.

2020

Attachment Sequence No. **179**

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

JERICO ROAD MINISTRIES, INC.

Identifying number

59-3547464

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	46,681
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	87,403

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	18
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	10,159
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	144,261
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2020 tax year (see instructions): 43 Amortization of costs that began before your 2020 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

59-3547464

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
7-year GDS Property:											
124	Beds for Joshua House	5/29/20	6,245			X	0	7	MQ200DB	0	6,245
125	PORTABLE HAND WASHING STATION	11/06/20	1,994			X	0	7	MQ200DB	0	1,994
130	Refrigerator & Freezer-Joshua House	11/06/20	9,727			X	0	7	MQ200DB	0	9,727
131	Lift/Tank Pumps	12/14/20	6,111			X	0	7	MQ200DB	0	6,111
132	Refrigerator and Freezer-Food Barn	11/06/20	9,727			X	0	7	MQ200DB	0	9,727
133	Portable Hand Washing Station-Mondon Hi	11/06/20	1,994			X	0	7	MQ200DB	0	1,994
			<u>35,798</u>				<u>0</u>			<u>0</u>	<u>35,798</u>
15-year GDS Property:											
126	Admin Office Flooring	5/22/20	3,800			X	0	15	MQ S/L	0	3,800
128	Custom Blinds-Wiscon Store	7/27/20	2,117			X	0	15	MQ S/L	0	2,117
129	Main Office Vogel Flooring	10/15/20	4,966			X	0	15	MQ S/L	0	4,966
			<u>10,883</u>				<u>0</u>			<u>0</u>	<u>10,883</u>
Prior MACRS:											
105	Solar Lights for womens shelter walkway	10/24/17	762			X	685	39	MMS/L	77	18
106	JH Chapel Chairs	12/11/18	2,038			X	0	7	HY 200DB	2,038	0
110	Fencing - Wiscon	5/25/18	3,413			X	0	15	HY 150DB	3,413	0
116	Fencing Women's Shelter	2/20/19	800			X	0	15	MQ 150DB	800	0
117	Lowe's	3/01/19	1,057			X	0	15	MQ S/L	1,057	0
			<u>8,070</u>				<u>685</u>			<u>7,385</u>	<u>18</u>
Other Depreciation:											
1	Building-Mondon Hill Men's Shelter	1/01/99	35,580				35,580	39	MO S/L	18,247	912
7	Building-Mondon Hill Men's Shelter	1/01/00	4,976				4,976	39	MO S/L	2,547	127
8	Shelter Garage Renovations	10/30/01	1,167				1,167	39	MO S/L	545	30
9	Storage Shed-Mondon Hill	9/17/01	2,035				2,035	39	MO S/L	955	52
10	Engineering Surveying Dev Wiscon Rd	1/24/02	2,930				2,930	39	MO S/L	1,349	76
11	Wiscon Road Development	10/17/03	15,435				15,435	0	-- Memo	0	0
12	Garage Renovations	5/31/02	3,547				3,547	39	MO S/L	1,603	91
13	Wiscon Building	10/12/04	418,435				418,435	39	MO S/L	163,171	10,729
15	Wiscon Bldg Impact Fees	7/14/05	21,634				21,634	39	MO S/L	8,020	555
16	Bell Avenue Transition House	9/18/06	110,946				110,946	39	MO S/L	37,824	2,845
17	Shelter Roof-Mondon Hill Mens Shelter	5/30/06	19,416				19,416	39	MO S/L	6,784	497
18	Wiscon Improvements	1/31/06	19,093				19,093	39	MO S/L	6,834	489
19	Fencing Howell Avenue Property	10/01/07	5,000				5,000	15	MO S/L	4,529	333
20	Building - Howell Avenue Marys House	7/10/07	249,499				249,499	39	MO S/L	79,745	6,398
21	Shelter Building-Mondon Hill Mens Shelter	2/01/07	34,398				34,398	39	MO S/L	11,356	882
22	Barn Renovations	1/01/11	20,091				20,091	39	MO S/L	4,614	516
23	Stewardships Buidings Renovations	10/06/11	33,235				33,235	39	MO S/L	6,995	852
24	11014 Broad Street	6/13/12	62,063				62,063	39	MO S/L	11,935	1,591
25	Showcases/Counters	8/01/08	2,249				2,249	7	MO S/L	2,249	0
26	Gondolas/Shelving Winchester	8/04/08	5,930				5,930	5	MO S/L	5,930	0
27	Shelving (Winchester)	8/28/08	942				942	5	MO S/L	942	0
28	Shelving was POTO	5/04/11	19,352				19,352	5	MO S/L	19,352	0
29	Rack/Double Rack was POTO	10/11/12	327				327	5	MO S/L	327	0
30	Land-Mondon Hill Mens Shelter	1/01/99	10,000				10,000	0	-- Land	0	0
31	Wiscon Road Property	12/31/01	63,379				63,379	0	-- Land	0	0
32	Sign (Wincheser)	7/21/08	5,044				5,044	5	MO S/L	5,044	0
33	Sign was for Plaza at the Oaks	2/16/11	5,861				5,861	5	MO S/L	5,861	0
34	2010 King American Enclosed Trailer	3/31/10	4,006				4,006	5	MO S/L	4,006	0
37	2002 GMC Savana Box Truck #33	1/15/08	9,035				9,035	5	MO S/L	9,035	0
38	2006 Ford Freestar Van	7/28/08	11,094				11,094	5	MO S/L	11,094	0
39	2002 GMC Savana Box Truck #44	1/15/08	9,035				9,035	5	MO S/L	9,035	0
40	07 Ford F-150	3/22/10	12,700				12,700	5	MO S/L	12,700	0
41	2010 Triple Crown Flatbed Trailer	3/31/10	2,571				2,571	5	MO S/L	2,571	0
43	2007 Chevy Box Truck	2/14/12	12,500				12,500	5	MO S/L	12,500	0
46	2002 Chevy Astro Van	2/28/06	6,000				6,000	5	MO S/L	6,000	0
	Sold/Scrapped: 12/31/20										
52	Men's Shelter Fencing	5/30/13	7,430				7,430	15	MO S/L	3,261	495
53	Bell Ave. Water Heater	5/10/13	1,207				1,207	7	MO S/L	1,149	58
54	Women's Shelter Fencing	5/02/13	5,821				5,821	15	MO S/L	2,587	388
56	2011 Ford E350 Econline Wagon	2/19/13	18,172				18,172	5	MO S/L	18,172	0

59-3547464

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current
60	Hustler Spot Mower -48	3/31/10	3,799			3,799	5 MO S/L	3,799	0
61	Broad Street Church Property	6/13/12	50,000			50,000	0 -- Land	0	0
62	Howell Ave. Stewardship	7/10/07	45,000			45,000	0 -- Land	0	0
63	Bell Ave House	9/18/06	11,827			11,827	0 -- Land	0	0
64	11014 Broad St. Improvements	5/06/13	9,891			9,891	15 MO S/L	4,396	660
67	Driveway Repaving & reseal Womens Shelt	6/27/14	8,200			8,200	5 MO S/L	8,200	0
68	Roofing-Womens' Shelter	9/19/14	3,680			3,680	39 MO S/L	495	94
69	Privacy fence - Bell Ave	6/27/14	1,383			1,383	15 MO S/L	508	92
70	Mitsubishi A/C - Chapel	3/17/14	2,801			2,801	15 MO S/L	1,073	187
73	Bunk Beds Bell Ave.	4/07/14	4,758			4,758	7 MO S/L	3,908	680
75	Husqvarna RZ 463 Mower	2/17/14	2,564			2,564	7 MO S/L	2,137	366
76	Misc Improvements	12/31/14	561			561	39 MO S/L	72	15
77	Building - Joshua House	7/07/15	482,090			482,090	39 MO S/L	55,626	12,361
78	Alumminum Carport - Wiscon	8/03/15	2,650			2,650	15 MO S/L	780	177
79	Rain Gutters - Joshua House	8/04/15	1,373			1,373	15 MO S/L	405	91
80	Lockers - Joshua House	8/14/15	882			882	15 MO S/L	259	59
81	12 Bunk Beds, 6Beds - Joshua House	7/07/15	11,142			11,142	7 MO S/L	7,163	1,592
82	Kitchen Items - Joshua House	7/07/15	768			768	7 MO S/L	494	110
83	Bookcases (10) - Joshua House	7/13/15	1,891			1,891	7 MO S/L	1,215	271
84	Office Chairs - Joshua House	7/13/15	1,425			1,425	7 MO S/L	916	203
85	Pool Table- Joshua House	7/22/15	500			500	7 MO S/L	315	72
86	Conference Table - Joshua House	8/01/15	1,500			1,500	7 MO S/L	947	214
87	Wardrobes - Joshua House	8/03/15	2,372			2,372	7 MO S/L	1,497	338
88	A/C REPAIR	8/07/15	4,700			4,700	5 MO S/L	4,152	548
89	Printer Brother - Joshua House	8/11/15	560			560	5 MO S/L	495	65
90	Storage Containers	2/19/15	2,469			2,469	7 MO S/L	1,705	353
91	20' Storage Container	2/19/15	2,495			2,495	7 MO S/L	1,722	357
92	20' Storage Container	2/20/15	2,463			2,463	7 MO S/L	1,701	351
93	20' Storage Container	4/28/15	2,300			2,300	7 MO S/L	1,534	328
94	2011 Ford E350 Box Truck	6/16/15	12,825			12,825	5 MO S/L	11,543	1,282
95	2014 E350 S2	12/03/15	23,076			23,076	5 MO S/L	18,846	4,230
96	County Line Road	6/16/15	162,970			162,970	0 -- Land	0	0
97	Loan Cost	2/16/15	2,339			2,339	15 MO S/L	754	156
98	2010 Ford Cargo Van (White)	2/10/16	9,272			9,272	5 MO S/L	7,263	1,855
99	2014 Ford E350 Van	8/29/16	22,227			22,227	5 MO S/L	14,818	4,446
100	Box Trailer - Repairs axle replacement	1/12/17	839			839	5 MO S/L	503	168
101	Hydraulic lift for truck	4/24/17	3,268			3,268	5 MO S/L	1,743	654
102	4 Filing cabinets for Joshua House	1/19/17	736			736	5 MO S/L	429	147
103	multi-Ladderw/paddle lock to lock in back c	6/23/17	202			202	5 MO S/L	101	40
104	Butler Heating & A/C	10/24/17	4,395			4,395	15 MO S/L	635	293
107	Land - Ridge Manor	12/21/18	160,544			160,544	0 -- Land	0	0
108	Building - County Line	12/21/18	992,195			992,195	39 MO S/L	25,441	25,441
109	WS Flooring	7/23/18	4,306			4,306	37 MO S/L	163	115
119	2 Register drawers-various	1/11/19	1,703			1,703	7 MO S/L	243	244
120	Supply & Install outlets in Island	7/01/19	1,185			1,185	15 MO S/L	40	79
121	Install 40 AMP 220V/Electric panel	3/26/19	1,950			1,950	15 MO S/L	98	130
122	3 Canvas Baskets	4/26/19	1,059			1,059	7 MO S/L	101	151
123	Gondola Shelving/Shopping Carts	1/25/19	3,302			3,302	7 MO S/L	432	472
Total Other Depreciation			3,346,572			3,346,572		687,535	87,403
Total ACRS and Other Depreciation			3,346,572			3,346,572		687,535	87,403

Listed Property:

118	2003 Ford E350 Box Truck #87977	12/19/19	2,850		X	1,425	5 MQ200DB	2,850	0
127	2007 Ford E450 Box Truck (#11)	7/27/20	10,159		X	0	5 MQ200DB	0	10,159
			13,009			1,425		2,850	10,159

Amortization:

111	Amortization - LOC	12/21/18	2,719			2,719	1 MOAmort	2,719	0
112	Loan Costs Mondon Hill	12/21/18	2,697			2,697	20 MOAmort	146	135
113	Loan Costs Wiscon	12/21/18	8,172			8,172	20 MOAmort	443	408
114	Loan Costs County Line	12/21/18	1,405			1,405	10 MOAmort	152	141
115	Loan Costs Howell	12/21/18	3,921			3,921	20 MOAmort	212	196

59-3547464

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			<u>18,914</u>			<u>18,914</u>		<u>3,672</u>	<u>880</u>
	Grand Totals		3,433,246			3,367,596		701,442	145,141
	Less: Dispositions and Transfers		6,000			6,000		6,000	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>3,427,246</u>			<u>3,361,596</u>		<u>695,442</u>	<u>145,141</u>

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AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
7-year GDS Property:											
124	Beds for Joshua House	5/29/20	6,245			X	0	7	MQ200DB	0	6,245
125	PORTABLE HAND WASHING STATION	11/06/20	1,994			X	0	7	MQ200DB	0	1,994
130	Refrigerator & Freezer-Joshua House	11/06/20	9,727			X	0	7	MQ200DB	0	9,727
131	Lift/Tank Pumps	12/14/20	6,111			X	0	7	MQ200DB	0	6,111
132	Refrigerator and Freezer-Food Barn	11/06/20	9,727			X	0	7	MQ200DB	0	9,727
133	Portable Hand Washing Station-Mondon Hi	11/06/20	1,994			X	0	7	MQ200DB	0	1,994
			<u>35,798</u>				<u>0</u>			<u>0</u>	<u>35,798</u>
15-year GDS Property:											
126	Admin Office Flooring	5/22/20	3,800			X	0	15	MQ S/L	0	3,800
128	Custom Blinds-Wiscon Store	7/27/20	2,117			X	0	15	MQ S/L	0	2,117
129	Main Office Vogel Flooring	10/15/20	4,966			X	0	15	MQ S/L	0	4,966
			<u>10,883</u>				<u>0</u>			<u>0</u>	<u>10,883</u>
Prior MACRS:											
105	Solar Lights for womens shelter walkway	10/24/17	762			X	0	39	MMS/L	762	0
106	JH Chapel Chairs	12/11/18	2,038			X	0	7	HY 200DB	2,038	0
108	Building - County Line	12/21/18	992,195				992,195	39	MMS/L	26,501	25,441
109	WS Flooring	7/23/18	4,306				4,306	39	MMS/L	161	110
110	Fencing - Wiscon	5/25/18	3,413			X	0	15	HY 150DB	3,413	0
116	Fencing Women's Shelter	2/20/19	800			X	0	15	MQ150DB	800	0
117	Lowe's	3/01/19	1,057			X	0	15	MQ S/L	1,057	0
			<u>1,004,571</u>				<u>996,501</u>			<u>34,732</u>	<u>25,551</u>
Other Depreciation:											
1	Building-Mondon Hill Men's Shelter	1/01/99	0				0	0	HY	0	0
7	Building-Mondon Hill Men's Shelter	1/01/00	0				0	0	HY	0	0
8	Shelter Garage Renovations	10/30/01	0				0	0	HY	0	0
9	Storage Shed-Mondon Hill	9/17/01	0				0	0	HY	0	0
10	Engineering Surveying Dev Wiscon Rd	1/24/02	0				0	0	HY	0	0
11	Wiscon Road Development	10/17/03	0				0	0	HY	0	0
12	Garage Renovations	5/31/02	0				0	0	HY	0	0
13	Wiscon Building	10/12/04	0				0	0	HY	0	0
15	Wiscon Bldg Impact Fees	7/14/05	0				0	0	HY	0	0
16	Bell Avenue Transition House	9/18/06	0				0	0	HY	0	0
17	Shelter Roof-Mondon Hill Mens Shelter	5/30/06	0				0	0	HY	0	0
18	Wiscon Improvements	1/31/06	0				0	0	HY	0	0
19	Fencing Howell Avenue Property	10/01/07	0				0	0	HY	0	0
20	Building - Howell Avenue Marys House	7/10/07	0				0	0	HY	0	0
21	Shelter Building-Mondon Hill Mens Shelter	2/01/07	0				0	0	HY	0	0
22	Barn Renovations	1/01/11	0				0	0	HY	0	0
23	Stewardships Buidings Renovations	10/06/11	0				0	0	HY	0	0
24	11014 Broad Street	6/13/12	0				0	0	HY	0	0
25	Showcases/Counters	8/01/08	0				0	0	HY	0	0
26	Gondolas/Shelving Winchester	8/04/08	0				0	0	HY	0	0
27	Shelving (Winchester)	8/28/08	0				0	0	HY	0	0
28	Shelving was POTO	5/04/11	0				0	0	HY	0	0
29	Rack/Double Rack was POTO	10/11/12	0				0	0	HY	0	0
30	Land-Mondon Hill Mens Shelter	1/01/99	0				0	0	HY	0	0
31	Wiscon Road Property	12/31/01	0				0	0	HY	0	0
32	Sign (Wincheser)	7/21/08	0				0	0	HY	0	0
33	Sign was for Plaza at the Oaks	2/16/11	0				0	0	HY	0	0
34	2010 King American Enclosed Trailer	3/31/10	0				0	0	HY	0	0
37	2002 GMC Savana Box Truck #33	1/15/08	0				0	0	HY	0	0
38	2006 Ford Freestar Van	7/28/08	0				0	0	HY	0	0
39	2002 GMC Savana Box Truck #44	1/15/08	0				0	0	HY	0	0
40	07 Ford F-150	3/22/10	0				0	0	HY	0	0
41	2010 Triple Crown Flatbed Trailer	3/31/10	0				0	0	HY	0	0
43	2007 Chevy Box Truck	2/14/12	0				0	0	HY	0	0
46	2002 Chevy Astro Van	2/28/06	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/20										
52	Men's Shelter Fencing	5/30/13	0				0	0	HY	0	0
53	Bell Ave. Water Heater	5/10/13	0				0	0	HY	0	0

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AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv	Meth	Prior	Current
54	Women's Shelter Fencing	5/02/13	0			0	0	HY	0	0
56	2011 Ford E350 Econline Wagon	2/19/13	0			0	0	HY	0	0
60	Hustler Spot Mower -48	3/31/10	0			0	0	HY	0	0
61	Broad Street Church Property	6/13/12	0			0	0	HY	0	0
62	Howell Ave. Stewardship	7/10/07	0			0	0	HY	0	0
63	Bell Ave House	9/18/06	0			0	0	HY	0	0
64	11014 Broad St. Improvements	5/06/13	0			0	0	HY	0	0
67	Driveway Repaving & reseal Womens Shelt	6/27/14	0			0	0	HY	0	0
68	Roofing-Womens' Shelter	9/19/14	0			0	0	HY	0	0
69	Privacy fence - Bell Ave	6/27/14	0			0	0	HY	0	0
70	Mitsubishi A/C - Chapel	3/17/14	0			0	0	HY	0	0
73	Bunk Beds Bell Ave.	4/07/14	0			0	0	HY	0	0
75	Husqvarna RZ 463 Mower	2/17/14	0			0	0	HY	0	0
76	Misc Improvements	12/31/14	0			0	0	HY	0	0
77	Building - Joshua House	7/07/15	0			0	0	HY	0	0
78	Alumminum Carport - Wiscon	8/03/15	0			0	0	HY	0	0
79	Rain Gutters - Joshua House	8/04/15	0			0	0	HY	0	0
80	Lockers - Joshua House	8/14/15	0			0	0	HY	0	0
81	12 Bunk Beds, 6Beds - Joshua House	7/07/15	0			0	0	HY	0	0
82	Kitchen Items - Joshua House	7/07/15	0			0	0	HY	0	0
83	Bookcases (10) - Joshua House	7/13/15	0			0	0	HY	0	0
84	Office Chairs - Joshua House	7/13/15	0			0	0	HY	0	0
85	Pool Table- Joshua House	7/22/15	0			0	0	HY	0	0
86	Conference Table - Joshua House	8/01/15	0			0	0	HY	0	0
87	Wardrobes - Joshua House	8/03/15	0			0	0	HY	0	0
88	A/C REPAIR	8/07/15	0			0	0	HY	0	0
89	Printer Brother - Joshua House	8/11/15	0			0	0	HY	0	0
90	Storage Containers	2/19/15	0			0	0	HY	0	0
91	20' Storage Container	2/19/15	0			0	0	HY	0	0
92	20' Storage Container	2/20/15	0			0	0	HY	0	0
93	20' Storage Container	4/28/15	0			0	0	HY	0	0
94	2011 Ford E350 Box Truck	6/16/15	0			0	0	HY	0	0
95	2014 E350 S2	12/03/15	0			0	0	HY	0	0
96	County Line Road	6/16/15	0			0	0	HY	0	0
97	Loan Cost	2/16/15	0			0	0	HY	0	0
98	2010 Ford Cargo Van (White)	2/10/16	0			0	0	HY	0	0
99	2014 Ford E350 Van	8/29/16	0			0	0	HY	0	0
100	Box Trailer - Repairs axle replacement	1/12/17	0			0	0	HY	0	0
101	Hydraulic lift for truck	4/24/17	0			0	0	HY	0	0
102	4 Filing cabinets for Joshua House	1/19/17	0			0	0	HY	0	0
103	multi-Ladderw/paddle lock to lock in back c	6/23/17	0			0	0	HY	0	0
104	Butler Heating & A/C	10/24/17	0			0	0	HY	0	0
107	Land - Ridge Manor	12/21/18	0			0	0	HY	0	0
119	2 Register drawers-various	1/11/19	1,703			1,703	7	MO S/L	243	244
120	Supply & Install outlets in Island	7/01/19	0			0	0	HY	0	0
121	Install 40 AMP 220V/Electric panel	3/26/19	0			0	0	HY	0	0
122	3 Canvas Baskets	4/26/19	0			0	0	HY	0	0
123	Gondola Shelving/Shopping Carts	1/25/19	0			0	0	HY	0	0
Total Other Depreciation			1,703			1,703			243	244
Total ACRS and Other Depreciation			1,703			1,703			243	244
Listed Property:										
118	2003 Ford E350 Box Truck #87977	12/19/19	2,850			X 1,425	5	MQ200DB	2,850	0
127	2007 Ford E450 Box Truck (#11)	7/27/20	10,159			X 0	5	MQ200DB	0	10,159
			13,009			1,425			2,850	10,159
Grand Totals			1,065,964			999,629			37,825	82,635
Less: Dispositions and Transfers			0			0			0	0
Net Grand Totals			1,065,964			999,629			37,825	82,635

59-3547464

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
105	Solar Lights for womens shelter walkway	10/24/17	762		0	0	77	685
106	JH Chapel Chairs	12/11/18	2,038		0	0	2,038	0
109	WS Flooring	7/23/18	4,306		0	0	0	4,306
110	Fencing - Wiscon	5/25/18	3,413		0	0	3,413	0
116	Fencing Women's Shelter	2/20/19	800		0	0	800	0
117	Lowe's	3/01/19	1,057		0	0	1,057	0
118	2003 Ford E350 Box Truck #87977	12/19/19	2,850	100	0	0	1,425	1,425
124	Beds for Joshua House	5/29/20	6,245		0	6,245	0	0
125	PORTABLE HAND WASHING STATIONS	11/06/20	1,994		0	1,994	0	0
126	Admin Office Flooring	5/22/20	3,800		0	3,800	0	0
127	2007 Ford E450 Box Truck (#11)	7/27/20	10,159	100	0	10,159	0	0
128	Custom Blinds-Wiscon Store	7/27/20	2,117		0	2,117	0	0
129	Main Office Vogel Flooring	10/15/20	4,966		0	4,966	0	0
130	Refrigerator & Freezer-Joshua House	11/06/20	9,727		0	9,727	0	0
131	Lift/Tank Pumps	12/14/20	6,111		0	6,111	0	0
132	Refrigerator and Freezer-Food Barn	11/06/20	9,727		0	9,727	0	0
133	Portable Hand Washing Station-Mondon Hill	11/06/20	1,994		0	1,994	0	0
Grand Total			<u>72,066</u>		<u>0</u>	<u>56,840</u>	<u>8,810</u>	<u>6,416</u>

59-3547464

Depreciation Adjustment Report

FYE: 12/31/2020

All Business ActivitiesAMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	
MACRS Adjustments:						
Page 1	1	105	Solar Lights for womens shelter walkway	18	0	18
Page 1	1	106	JH Chapel Chairs	0	0	0
Page 1	1	110	Fencing - Wiscon	0	0	0
Page 1	1	116	Fencing Women's Shelter	0	0	0
Page 1	1	117	Lowe's	0	0	0
Page 1	1	118	2003 Ford E350 Box Truck #87977	0	0	0
Page 1	1	124	Beds for Joshua House	6,245	6,245	0
Page 1	1	125	PORTABLE HAND WASHING STATIONS-FC	1,994	1,994	0
Page 1	1	126	Admin Office Flooring	3,800	3,800	0
Page 1	1	127	2007 Ford E450 Box Truck (#11)	10,159	10,159	0
Page 1	1	128	Custom Blinds-Wiscon Store	2,117	2,117	0
Page 1	1	129	Main Office Vogel Flooring	4,966	4,966	0
Page 1	1	130	Refrigerator & Freezer-Joshua House	9,727	9,727	0
Page 1	1	131	Lift/Tank Pumps	6,111	6,111	0
Page 1	1	132	Refrigerator and Freezer-Food Barn	9,727	9,727	0
Page 1	1	133	Portable Hand Washing Station-Mondon Hill	1,994	1,994	0
				<u>56,858</u>	<u>56,840</u>	<u>18</u>

59-3547464

Future Depreciation Report**FYE: 12/31/21**

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
105	Solar Lights for womens shelter walkway	10/24/17	762	17	0
106	JH Chapel Chairs	12/11/18	2,038	0	0
110	Fencing - Wiscon	5/25/18	3,413	0	0
116	Fencing Women's Shelter	2/20/19	800	0	0
117	Lowe's	3/01/19	1,057	0	0
124	Beds for Joshua House	5/29/20	6,245	0	0
125	PORTABLE HAND WASHING STATIONS-FC	11/06/20	1,994	0	0
126	Admin Office Flooring	5/22/20	3,800	0	0
128	Custom Blinds-Wiscon Store	7/27/20	2,117	0	0
129	Main Office Vogel Flooring	10/15/20	4,966	0	0
130	Refrigerator & Freezer-Joshua House	11/06/20	9,727	0	0
131	Lift/Tank Pumps	12/14/20	6,111	0	0
132	Refrigerator and Freezer-Food Barn	11/06/20	9,727	0	0
133	Portable Hand Washing Station-Mondon Hill	11/06/20	1,994	0	0
			<u>54,751</u>	<u>17</u>	<u>0</u>

Other Depreciation:

1	Building-Mondon Hill Men's Shelter	1/01/99	35,580	913	0
7	Building-Mondon Hill Men's Shelter	1/01/00	4,976	128	0
8	Shelter Garage Renovations	10/30/01	1,167	30	0
9	Storage Shed-Mondon Hill	9/17/01	2,035	52	0
10	Engineering Surveying Dev Wiscon Rd	1/24/02	2,930	75	0
11	Wiscon Road Development	10/17/03	15,435	0	0
12	Garage Renovations	5/31/02	3,547	91	0
13	Wiscon Building	10/12/04	418,435	10,730	0
15	Wiscon Bldg Impact Fees	7/14/05	21,634	555	0
16	Bell Avenue Transition House	9/18/06	110,946	2,845	0
17	Shelter Roof-Mondon Hill Mens Shelter	5/30/06	19,416	498	0
18	Wiscon Improvements	1/31/06	19,093	490	0
19	Fencing Howell Avenue Property	10/01/07	5,000	138	0
20	Building - Howell Avenue Marys House	7/10/07	249,499	6,397	0
21	Shelter Building-Mondon Hill Mens Shelter	2/01/07	34,398	882	0
22	Barn Renovations	1/01/11	20,091	515	0
23	Stewardships Buidings Renovations	10/06/11	33,235	852	0
24	11014 Broad Street	6/13/12	62,063	1,592	0
25	Showcases/Counters	8/01/08	2,249	0	0
26	Gondolas/Shelving Winchester	8/04/08	5,930	0	0
27	Shelving (Winchester)	8/28/08	942	0	0
28	Shelving was POTO	5/04/11	19,352	0	0
29	Rack/Double Rack was POTO	10/11/12	327	0	0
30	Land-Mondon Hill Mens Shelter	1/01/99	10,000	0	0
31	Wiscon Road Property	12/31/01	63,379	0	0
32	Sign (Wincheser)	7/21/08	5,044	0	0
33	Sign was for Plaza at the Oaks	2/16/11	5,861	0	0
34	2010 King American Enclosed Trailer	3/31/10	4,006	0	0
37	2002 GMC Savana Box Truck #33	1/15/08	9,035	0	0
38	2006 Ford Freestar Van	7/28/08	11,094	0	0
39	2002 GMC Savana Box Truck #44	1/15/08	9,035	0	0
40	07 Ford F-150	3/22/10	12,700	0	0
41	2010 Triple Crown Flatbed Trailer	3/31/10	2,571	0	0
43	2007 Chevy Box Truck	2/14/12	12,500	0	0
52	Men's Shelter Fencing	5/30/13	7,430	496	0
53	Bell Ave. Water Heater	5/10/13	1,207	0	0
54	Women's Shelter Fencing	5/02/13	5,821	388	0
56	2011 Ford E350 Econline Wagon	2/19/13	18,172	0	0
60	Hustler Spot Mower -48	3/31/10	3,799	0	0
61	Broad Street Church Property	6/13/12	50,000	0	0
62	Howell Ave. Stewardship	7/10/07	45,000	0	0
63	Bell Ave House	9/18/06	11,827	0	0
64	11014 Broad St. Improvements	5/06/13	9,891	659	0
67	Driveway Repaving & reseal Womens Shelter	6/27/14	8,200	0	0
68	Roofing-Womens' Shelter	9/19/14	3,680	95	0
69	Privacy fence - Bell Ave	6/27/14	1,383	92	0
70	Mitsubishi A/C - Chapel	3/17/14	2,801	187	0

Asset	Description	Date In Service	Cost	Tax	AMT
73	Bunk Beds Bell Ave.	4/07/14	4,758	170	0
75	Husqvarna RZ 463 Mower	2/17/14	2,564	61	0
76	Misc Improvements	12/31/14	561	14	0
77	Building - Joshua House	7/07/15	482,090	12,361	0
78	Alumminum Carport - Wiscon	8/03/15	2,650	176	0
79	Rain Gutters - Joshua House	8/04/15	1,373	92	0
80	Lockers - Joshua House	8/14/15	882	59	0
81	12 Bunk Beds, 6Beds - Joshua House	7/07/15	11,142	1,592	0
82	Kitchen Items - Joshua House	7/07/15	768	110	0
83	Bookcases (10) - Joshua House	7/13/15	1,891	270	0
84	Office Chairs - Joshua House	7/13/15	1,425	204	0
85	Pool Table- Joshua House	7/22/15	500	71	0
86	Conference Table - Joshua House	8/01/15	1,500	214	0
87	Wardrobes - Joshua House	8/03/15	2,372	339	0
88	A/C REPAIR	8/07/15	4,700	0	0
89	Printer Brother - Joshua House	8/11/15	560	0	0
90	Storage Containers	2/19/15	2,469	353	0
91	20' Storage Container	2/19/15	2,495	356	0
92	20' Storage Container	2/20/15	2,463	352	0
93	20' Storage Container	4/28/15	2,300	329	0
94	2011 Ford E350 Box Truck	6/16/15	12,825	0	0
95	2014 E350 S2	12/03/15	23,076	0	0
96	County Line Road	6/16/15	162,970	0	0
97	Loan Cost	2/16/15	2,339	156	0
98	2010 Ford Cargo Van (White)	2/10/16	9,272	154	0
99	2014 Ford E350 Van	8/29/16	22,227	2,963	0
100	Box Trailer - Repairs axle replacement	1/12/17	839	168	0
101	Hydraulic lift for truck	4/24/17	3,268	653	0
102	4 Filing cabinets for Joshua House	1/19/17	736	148	0
103	multi-Ladderw/paddle lock to lock in back of	6/23/17	202	41	0
104	Butler Heating & A/C	10/24/17	4,395	293	0
107	Land - Ridge Manor	12/21/18	160,544	0	0
108	Building - County Line	12/21/18	992,195	25,441	25,441
109	WS Flooring	7/23/18	4,306	114	111
119	2 Register drawers-various	1/11/19	1,703	243	243
120	Supply & Install outlets in Island	7/01/19	1,185	79	0
121	Install 40 AMP 220V/Electric panel	3/26/19	1,950	130	0
122	3 Canvas Baskets	4/26/19	1,059	151	0
123	Gondola Shelving/Shopping Carts	1/25/19	3,302	472	0
Total Other Depreciation			3,340,572	77,029	25,795
Total ACRS and Other Depreciation			3,340,572	77,029	25,795

Listed Property:

118	2003 Ford E350 Box Truck #87977	12/19/19	2,850	0	0
127	2007 Ford E450 Box Truck (#11)	7/27/20	10,159	0	0
			13,009	0	0

Amortization:

111	Amortization - LOC	12/21/18	2,719	0	0
112	Loan Costs Mondon Hill	12/21/18	2,697	135	0
113	Loan Costs Wiscon	12/21/18	8,172	409	0
114	Loan Costs County Line	12/21/18	1,405	140	0
115	Loan Costs Howell	12/21/18	3,921	196	0
			18,914	880	0

Grand Totals 3,427,246 77,926 25,795

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

JERICO ROAD MINISTRIES, INC.**59-3547464**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	303,315	194,669	-108,646
	2. Membership dues and assessments			
	3. Government contributions and grants	34,500	192,283	157,783
	4. Program service revenue	12,850	2,740	-10,110
	5. Investment income	39		-39
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	800	200	-600
	8. Net income or (loss) from fundraising events		186,687	186,687
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	1,170,368	1,318,537	148,169
	12. Total revenue. Add lines 1 through 11	1,521,872	1,895,116	373,244
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	721,069	798,323	77,254
	17. Professional fundraising fees	36,388		-36,388
	18. Other professional fees			
	19. Occupancy, rent, utilities, and maintenance	192,728	194,985	2,257
	20. Depreciation and Depletion	90,013	89,843	-170
	21. Other expenses	529,834	635,386	105,552
	22. Total expenses. Add lines 13 through 21	1,570,032	1,718,537	148,505
	23. Excess or (Deficit). Subtract line 22 from line 12	-48,160	176,579	224,739
Other Information	24. Total exempt revenue	1,521,872	1,895,116	373,244
	25. Total unrelated revenue			
	26. Total excludable revenue	1,184,057	1,321,477	137,420
	27. Total assets	2,825,453	2,936,355	110,902
	28. Total liabilities	1,516,663	1,450,986	-65,677
	29. Retained earnings	1,308,790	1,485,369	176,579
	30. Number of voting members of governing body	8	8	
31. Number of independent voting members of governing body	8	8		
32. Number of employees	43	60		
33. Number of volunteers	42	27		

Form **990****Tax Return History****2020**

Name

JERICO ROAD MINISTRIES, INC.

Employer Identification Number

59-3547464

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants		507,490	398,552	337,815	386,952	
Membership dues						
Program service revenue		8,419	7,422	12,850	2,740	
Capital gain or loss				800	200	
Investment income		252	2,068	39		
Fundraising revenue (income/loss)					186,687	
Gaming revenue (income/loss)						
Other revenue		1,089,566	957,390	1,170,368	1,318,537	
Total revenue		1,605,727	1,365,432	1,521,872	1,895,116	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		724,088	668,300	721,069	798,323	
Professional fees		66,959	70,138	36,388		
Occupancy costs		184,098	195,034	192,728	194,985	
Depreciation and depletion		69,939	74,502	90,013	89,843	
Other expenses		540,133	469,820	529,834	635,386	
Total expenses		1,585,217	1,477,794	1,570,032	1,718,537	
Excess or (Deficit)		20,510	-112,362	-48,160	176,579	
Total exempt revenue		1,605,727	1,365,432	1,521,872	1,895,116	
Total unrelated revenue						
Total excludable revenue		1,098,237	966,880	1,184,057	1,321,477	
Total Assets		2,072,100	2,948,742	2,825,453	2,936,355	
Total Liabilities		602,788	1,591,792	1,516,663	1,450,986	
Net Fund Balances		1,469,312	1,356,950	1,308,790	1,485,369	

59-3547464

Federal Statements

FYE: 12/31/2020

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Repairs & Maintenance	\$ 40,171	\$ 19,057	\$ 21,114	\$
Bank Service Charges	31,773	26,904	4,869	
Telephone	24,237	17,628	6,609	
Food Expense	21,892	21,892		
Supplies	21,864	20,879	673	312
Gift in Kind	21,615	18,951	2,664	
Store maintenance	20,908	20,445	463	
Pest Control	15,686	15,641	45	
Community assistance exp	13,976	699	3,816	9,461
Fuel Gas & Oil	11,470	10,612	858	
Sewer and water	10,019	9,389	630	
Cleaning supplies	5,292	5,063	229	
Program Expenses	4,744	4,456		288
Community relations	4,217	4,217		
Miscellaneous	2,807	2,544	263	
Sustenance	2,570	280	2,290	
Meals	1,947	18	1,884	45
Medical	1,902	1,902		
Trucks/vehicles repairs	1,164	1,164		
Food Bank Supplies	606	606		
Drug testing	494	494		
Total	\$ 259,354	\$ 202,841	\$ 46,407	\$ 10,106

59-3547464

Federal Statements

FYE: 12/31/2020

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
EFSP Hernando County Cares	\$ 25,591
EFSG Hernando County	25,000
PPP and EDIL	141,692
Other	163,580
Mike's West Coast Auto Repair	
Mike's West Coast Auto Repair	15,089
D.A.B. Constructors, Inc.	
Cash Contribution	5,000
Linda Roxberg	
Cash Contribution	5,000
Catherine Buonemani	
Cash Contribution	6,000
Total	<u>\$ 386,952</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Pgprogram Service Revenue	\$ 2,740
Thrift Store Revenue	1,318,537
Direct Mail/Comm Outreach	186,687
Total	<u>\$ 1,507,964</u>