## EXTENDED TO NOVEMBER 16, 2020

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑΙ	or u	e 2019 calendar year, or tax year beginning and	enaing		
B Check if applicable:		Name of organization		D Employer identification number	
Address		DE NAOMI S VILLAGE INC			
Name change Initial return Final return/ terminated		Doing business as	**-***23	23	
		Number and street (or P.U. box if mail is not delivered to street address)	Room/suite		
		P.O. BOX 270057		214-886-1371	
			G Gross receipts \$	2,480,888.	
L	Amer	FLOWER MOUND, IA /3027-0037		H(a) Is this a group return	
Appli tion pend		F Name and address of principal officer:		for subordinates? Yes X No	
				H(b) Are all subordinates included? X Yes No	
		pt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		i ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
		te: WWW.NAOMISVILLAGE.ORG	<u> </u>	H(c) Group exemptio	
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 2012  N	<b>M</b> State of legal domicile: <b>TX</b>
Part I Summary TO PATGE OPHANG TO ADMITTED OF					
ø	1	iefly describe the organization's mission or most significant activities: TO RAISE OPHANS TO ADULTHOOD			
anc		ITH MAXIMUM EDUCATIONAL, LEADERSHIP AND SPIRITUAL TRAINING IN ORDER			
Activities & Governance	2	neck this box   if the organization discontinued its operations or disposed of more than 25% of its net assets.  Import of voting members of the governing body (Part VI, line 1a)   3   3   7			
	3			7	
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)  Total number of volunteers (estimate if necessary)	_	267	
	6	77		0.	
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 39			0.
	"	Net unrelated business taxable income from Form 990-1, line 39		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,863,783.	2,161,151.
	9			0.	93,466.
	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,387.	89,504.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,891,170.	-
Net Assets or Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,387,233.	1,211,811.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		206,434.	280,830.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		530,238.	422,735.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,123,905.	1,915,376.
	19	Revenue less expenses. Subtract line 18 from line 12		-232,735.	428,745.
	3			ginning of Current Year	End of Year
	20	Total assets (Part X, line 16)		446,192.	877,951.
	21	Total liabilities (Part X, line 26)		13,610.	12,864.
Sel	22	Net assets or fund balances. Subtract line 21 from line 20		432,582.	865,087.
Pa	art 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 are					
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 Date			
		TODD LIDDELL, TREASURER			
Type or print name and title  Print/Type preparer's name  Properer's signature  Date  Check					DTIN
		Print/Type preparer's name Preparer's signature		if	PTIN
Paid Preparer			YNTHIA GRIECO CYNTHIA GRIECO   08/21/20   self-employed   P00643849		
		irm's name ► KHA ACCOUNTANTS, PLLC Firm's EIN ► **-**7254			
Use	Only	rm's address 4880 LONG PRAIRIE ROAD, SUITE 100 FLOWER MOUND, TX 75028 Phone no. 972-221-2500			
		FLOWER MOUND, TX 75028		Phone no. 97	
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No