

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

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.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NAOMI'S VILLAGE INC		D Employer identification number 45-5242323
	Doing business as		E Telephone number 214-886-1371
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 270057		G Gross receipts \$ 1,988,860.
	City or town, state or province, country, and ZIP or foreign postal code FLOWER MOUND, TX 75027-0057		
F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.NAOMISVILLAGE.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2012** **M** State of legal domicile: **TX**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RAISE OPHANS TO ADULthood WITH MAXIMUM EDUCATIONAL, LEADERSHIP AND SPIRITUAL TRAINING IN ORDER		
	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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	192
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,119,991.	Current Year 1,863,783.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,781.	49,863.
	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)	2,198,772.	1,913,646.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,393,968.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		184,878.	202,618.
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)		465,872.	583,191.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,044,718.	2,116,794.	
19 Revenue less expenses. Subtract line 18 from line 12	154,054.	-203,148.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 718,606.	End of Year 522,501.
	21 Total liabilities (Part X, line 26)	2,751.	9,794.
	22 Net assets or fund balances. Subtract line 21 from line 20	715,855.	512,707.

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		Date		
	▶ TODD LIDDELL, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CYNTHIA GRIECO	Preparer's signature CYNTHIA GRIECO	Date 11/15/19	Check if self-employed <input type="checkbox"/>	PTIN P00643849
	Firm's name ▶ KHA ACCOUNTANTS, PLLC	Firm's EIN ▶ 81-4277254		Phone no. 972-221-2500	
Firm's address ▶ 4880 LONG PRAIRIE ROAD, SUITE 100 FLOWER MOUND, TX 75028					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No