** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2023
Open to Public Inspection

A For the 2023 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
AMOR MINISTRIES, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
3911 CLEVELAND AVE. PO BOX 3279
City or town, state or province, country, and ZIP or foreign postal code
SAN DIEGO, CA 92163

D Employer identification number
95-3618530

E Telephone number
619-662-1200

G Gross receipts $ 3,232,142.

F Name and address of principal officer: JON WILSON
SAME AS C ABOVE

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
H(c) Group exemption number

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

J Website: WWW.AMOR.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1980 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: AMOR CREATES GLOBAL PARTNERSHIPS TO ASSIST AND EQUIP LOCAL LEADERS TO SERVE THE NEEDS OF THEIR

2 Check this box ☐ 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	9
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 2023 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	3635
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,963,605.	1,072,779.
	9	Program service revenue (Part VIII, line 2g)	1,464,664.	2,095,636.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,110.	-5,948.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,659.	46,211.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,467,038.	3,208,678.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,239.	28,164.
	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)	905,589.	903,520.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 50,822.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,008,337.	2,252,610.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,958,165.	3,184,294.
	19	Revenue less expenses. Subtract line 18 from line 12	508,873.	24,384.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	537,767.	569,291.
	21	Total liabilities (Part X, line 26)	83,193.	90,333.
	22	Net assets or fund balances. Subtract line 21 from line 20	454,574.	478,958.

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

JON WILSON, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		09/05/24		P01219191

Firm's name EVERGREEN ALLIANCE PROFESSIONAL CORP. — Firm's EIN 86-1400078
Firm's address 4332 CERRITOS AVE, SUITE A105
LOS ALAMITOS, CA 90720 — Phone no. 714-372-8110

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

AMOR CREATES GLOBAL PARTNERSHIPS TO ASSIST AND EQUIP LOCAL LEADERS TO SERVE THE NEEDS OF THEIR COMMUNITIES. AMOR'S COMMUNITY-BASED PROGRAMS SEEK TO ADDRESS ISSUES SEPARATING FAMILIES, SUCH AS: INADEQUATE SHELTER, FOOD INSECURITY, LACK OF EDUCATIONAL ACCESS, AND

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 [X] 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 [X] 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 $ 2,648,586. including grants of $ 28,164.) (Revenue $ 2,126,792.)

GROUPS FROM ALL OVER THE WORLD TRAVEL ON SHORT-TERM MISSION TRIPS ANNUALLY AND JOIN IN GROUPS OR TEAMS TO CONSTRUCT HOMES FOR THE IMPOVERISHED. THE PURPOSE OF THE AMOR MISSION TRIP IS TO PROVIDE PEOPLE AN OPPORTUNITY TO LIVE THE LIFE OF SERVICE TO WHICH WE ARE CALLED AND MAKE A DIRECT IMPACT ON THE PHYSICAL AND SPIRITUAL NEEDS OF THE POOR.

APPROXIMATELY 3636 PEOPLE PARTICIPATED IN AMOR MISSION TRIPS IN 2023 AND THE AMOR VOLUNTEERS CONSTRUCTED 200 HOMES IN MEXICO. OVER $43,106 WAS USED TO PURCHASE FOOD STAPLES IN MEXICO THAT WERE USED FOR FEEDING PROGRAMS FOR HUNGRY CHILDREN AND EMERGENCY FOOD SUPPLIED FOR FAMILIES IN NEED.

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

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

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

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 2,648,586.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16	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? *If "Yes," complete Schedule G, Part I.* See instructions	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21		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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23		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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26	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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the 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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	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	1a	4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	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: 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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 MEXICO, SOUTH AFRICA 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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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 the 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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

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 .... [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .... **1a** 9 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	Enter the number of voting members included on line 1a, above, who are independent **1b** 7			
2	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?	**2**	X	
3	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?	**3**		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		X
6	Did the organization have members or stockholders?	**6**		X
7a	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?	**7a**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	**8a**	X	
b	Each committee with authority to act on behalf of the governing body?	**8b**	X	
9	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*	**9**		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		X
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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	X	
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	The organization's CEO, Executive Director, or top management official	**15a**	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	**15b**	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		X
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?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed HI,KY,MD,MI,MN,MS,NH,SC,TN,VA,WI,WV

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 [X] 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

THE ORGANIZATION - 619-662-1200

3911 CLEVELAND AVE. PO BOX 3279, SAN DIEGO, CA 92163

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JON WILSON CHIEF OPERATING OFFICER	40.00			X				68,295.	0.	18,313.
(2) SCOTT CONGDON CO-FOUNDER/DIRECTOR	40.00	X		X				37,648.	0.	33,074.
(3) GAYLA CONGDON CO-FOUNDER/DIRECTOR	40.00	X		X				6,462.	0.	8,618.
(4) ERIK KHOOBYARIAN CHAIR (AS OF 11/23)	1.00	X		X				0.	0.	0.
(5) WENDE HOLTZEN CHAIR (UNTIL 11/23)/DIRECTOR	1.00	X		X				0.	0.	0.
(6) LI-AN LEONARD VICE CHAIR (AS OF 11/23)	0.50	X		X				0.	0.	0.
(7) SETH PRUITT TREASURER (AS OF 11/23)	0.50	X		X				0.	0.	0.
(8) JENNIFER MCCAIN SECRETARY	0.50	X		X				0.	0.	0.
(9) CHRIS REED DIRECTOR	0.50	X						0.	0.	0.
(10) JJ PETERSON DIRECTOR (AS OF 11/23)	0.50	X						0.	0.	0.
(11) DENISE ROBINSON VICE CHAIR (UNTIL 11/23)	0.50	X		X				0.	0.	0.
(12) CRAIG SLABAUGH TREASURER (UNTIL 11/23)	1.00	X		X				0.	0.	0.
(13) SCOTT KAIL DIRECTOR (UNTIL 11/23)	0.50	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 (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Subtotal								112,405.	0.	60,005.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								112,405.	0.	60,005.

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? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4		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? *If "Yes," complete Schedule J for such person*	5		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
NONE		

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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,072,779.				
	g	Noncash contributions included in lines 1a-1f	1g	$ 5,800.				
	h	**Total.** Add lines 1a-1f			1,072,779.			
Program Service Revenue			Business Code					
	2 a	MISSION TRIP FEES	611710		2,095,636.	2,095,636.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f			2,095,636.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			313.			313.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a	1,631. /				
	b	Less: cost or other basis and sales expenses	7b	7,892. /				
	c	Gain or (loss)	7c	-6,261. /				
	d	Net gain or (loss)			-6,261.			-6,261.
	8 a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10 a	Gross sales of inventory, less returns and allowances	10a	46,728.				
	b	Less: cost of goods sold	10b	15,572.				
	c	Net income or (loss) from sales of inventory			31,156.	31,156.		
Miscellaneous Revenue			Business Code					
	11 a	REFUNDS & REIMBURSEMEN	900099		17,485.			17,485.
	b	HISTORICAL ADJUSTMENT	900099		-2,430.			-2,430.
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d			15,055.			
	12	**Total revenue.** See instructions			3,208,678.	2,126,792.	0.	9,107.

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 .... [X]

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	28,164.	28,164.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	172,409.	98,841.	40,643.	32,925.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	646,710.	467,471.	170,912.	8,327.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	40,532.	3,518.	36,620.	394.
10 Payroll taxes	43,869.	29,786.	12,067.	2,016.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,668.		24,668.	
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 Sch O.)	75,325.	26,388.	47,388.	1,549.
12 Advertising and promotion	1,724.	1,658.	66.	
13 Office expenses	29,076.	1,771.	26,868.	437.
14 Information technology				
15 Royalties				
16 Occupancy	30,741.		30,741.	
17 Travel	37,778.	30,834.	5,838.	1,106.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,464.		1,464.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,346.	17,346.		
23 Insurance	58,233.	13,809.	44,424.	
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 CAMP EXPENSES	1,269,733.	1,269,733.		
b BUILDING MATERIALS	637,503.	637,503.		
c BANK & MERCHANT FEES	21,658.		21,658.	
d TORTUGAS SPORTS PROGRAM	21,421.	21,421.		
e All other expenses	25,940.	343.	21,529.	4,068.
25 **Total functional expenses.** Add lines 1 through 24e	3,184,294.	2,648,586.	484,886.	50,822.
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 [ ] 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		320,088.	1	318,955.
	2	Savings and temporary cash investments		1,012.	2	43,154.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	200.
	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		3,500.	8	4,046.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 765,041.			
	b	Less: accumulated depreciation	10b 564,986.	211,602.	10c	200,055.
	11	Investments - publicly traded securities		1,565.	11	2,881.
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		537,767.	16	569,291.
Liabilities	17	Accounts payable and accrued expenses		40,152.	17	57,649.
	18	Grants payable			18	
	19	Deferred revenue		5,120.	19	5,000.
	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		37,921.	22	27,684.
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		83,193.	26	90,333.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		454,574.	27	478,958.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ **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		454,574.	32	478,958.
	33	Total liabilities and net assets/fund balances		537,767.	33	569,291.

Form **990** (2023)

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	3,208,678.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,184,294.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,384.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	454,574.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	478,958.

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: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

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).)

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 [X] 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 on 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						

12 Gross receipts from related activities, etc. (see instructions) 12

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 2023 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** 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 - 2022.** 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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,008,784.	1,763,891.	1,617,383.	1,963,605.	1,072,779.	7,426,442.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,714,203.	214,004.	123,656.	1,488,857.	2,126,792.	6,667,512.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	3,722,987.	1,977,895.	1,741,039.	3,452,462.	3,199,571.	14,093,954.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	44,695.	35,338.	28,310.	29,273.	13,063.	150,679.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	44,695.	35,338.	28,310.	29,273.	13,063.	150,679.
8 **Public support.** (Subtract line 7c from line 6.)						13,943,275.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	3,722,987.	1,977,895.	1,741,039.	3,452,462.	3,199,571.	14,093,954.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					313.	313.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	89,436.	5,729.	106,850.			202,015.
c Add lines 10a and 10b	89,436.	5,729.	106,850.		313.	202,328.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	3,812,423.	1,983,624.	1,847,889.	3,452,462.	3,199,884.	14,296,282.

14 **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

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	97.53 %
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	96.79 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	1.42 %
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	2.05 %

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of 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? *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.*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	**3a**		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	**4b**		
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)? *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.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	**5a**		
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?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
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? *If "Yes," provide detail in* **Part VI.**	**6**		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	**8**		
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))? *If "Yes," provide detail in* **Part VI.**	**9a**		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	**9b**		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	**9c**		
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)? *If "Yes," answer line 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	**10b**		

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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**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? *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.*	**1**		
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? *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.*	**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)? *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).*	**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?	**1**		
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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on 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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**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* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
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? *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.*	**2a**		
b	Did the activities described on 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? *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.*	**2b**		
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? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**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 (*explain in detail in* **Part VI**):			
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 ☐ 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2023**	**(iii)** **Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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 B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization: AMOR MINISTRIES, INC.

Employer identification number: 95-3618530

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year .... $ ____________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 64,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 39,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 37,768.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 32,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 16,462.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 15,141.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 14,163.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 12,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 10,800.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
14		$ 10,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 10,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 10,462.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 9,116.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 8,742.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 8,413.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: AMOR MINISTRIES, INC.

Employer identification number: 95-3618530

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 8,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 8,181.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 7,946.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 7,180.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 7,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 6,946.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 6,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 6,763.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 6,465.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 6,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 6,142.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 6,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 6,005.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 5,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 5,624.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 5,421.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 5,113.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 5,113.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	2001 FORD RANGER	$ 5,800.	12/31/23
		$	
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2023

Open to Public Inspection

Name of the organization AMOR MINISTRIES, INC.

Employer identification number 95-3618530

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.

		(a) Donor advised funds	(b) Funds and other accounts
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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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? ☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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.

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.

b 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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 in 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:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		142,426.		142,426.
b Buildings		36,000.	3,600.	32,400.
c Leasehold improvements		77,620.	62,000.	15,620.
d Equipment		1,525.	1,525.	0.
e Other		507,470.	497,861.	9,609.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				200,055.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))*	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	

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 ... [X]

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.

1	Total revenue, gains, and other support per audited financial statements			1	3,195,365.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	3,195,365.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	13,313.		
c	Add lines **4a** and **4b**			4c	13,313.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	3,208,678.

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.

1	Total expenses and losses per audited financial statements			1	3,170,981.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	3,170,981.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	13,313.		
c	Add lines **4a** and **4b**			4c	13,313.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	3,184,294.

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.

PART X, LINE 2:

THE ORGANIZATION RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE AND FRANCHISE TAX BOARD UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY. SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAXES. THE ORGANIZATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCIAL REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT INFORMATION RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS,

Part XIII Supplemental Information *(continued)*

RESPECTIVELY, AFTER THEY ARE FILED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXCHANGE RATE EXPENSE	13,313.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXCHANGE RATE EXPENSE	13,313.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: AMOR MINISTRIES, INC.

Employer identification number: 95-3618530

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	PROGRAMS SERVICES AND GRANTMAKING	BENEVOLENCE FOOD BANK, BUILDING PROJECTS, AND SCHOOL PROGRAMS	31,039.
NORTH AMERICA	1	2	PROGRAMS SERVICES AND GRANTMAKING	BENEVOLENCE FOOD BANK, BUILDING PROJECTS, SCHOOL AND SPORTS PROGRAMS.	1,900,713.
3 a Subtotal	1	2			1,931,752.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	2			1,931,752.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
LOCAL STAFF PURCHASE FOOD FOR DISTRIBUTION	SUB-SAHARAN AFRICA	93,600	0.		26,680.	FOOD AND HYGEINE ITEMS	FMV
LOCAL STAFF PURCHASE FOOD FOR DISTRIBUTION	NORTH AMERICA	8,880	0.		43,106.	FOOD	FMV

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☐ Yes ☒ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GRANTS ARE DISTRIBUTED IN-KIND AND ARE DISTRIBUTED DIRECTLY TO PROGRAM RECIPIENTS FOR THEIR PERSONAL USE.

PART I, LINE 3:

AMOR RECORDS AND RECONCILES ALL FOREIGN ACTIVITY THROUGH OUR XERO ACCOUNTING SOFTWARE.

PART III, COL (C):

THE ORGANIZATION ESTIMATES THE NUMBER OF RECIPIENTS BASED ON THE TOTAL DISTRIBUTIONS AND BASED ON THE ONGOING RELATIONSHIPS DEVELOPED BY THE ORGANIZATION IN THE REGION.

SCHEDULE L (Form 990)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: AMOR MINISTRIES, INC.

Employer identification number 95-3618530

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) SCOTT CONDGDO	CO-FOUND	OPERATIO	X		100,000.	27,684.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					$	27,684.						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule L (Form 990) 2023**

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1) JORDAN CONGDON	SON OF GAYLA & SCOT	54,125.	EMPLOYEE CO		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SCOTT CONDGDON

(B) RELATIONSHIP WITH ORGANIZATION: CO-FOUNDER

(C) PURPOSE OF LOAN: OPERATIONAL EXPENSES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JORDAN CONGDON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF GAYLA & SCOTT CONGDON, OFFICERS & BOARD MEMBERS

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

SCHEDULE O (Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
AMOR MINISTRIES, INC.	95-3618530

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES. AMOR'S COMMUNITY-BASED PROGRAMS SEEK TO ADDRESS ISSUES SEPARATING FAMILIES, SUCH AS: INADEQUATE SHELTER, FOOD INSECURITY, LACK OF EDUCATIONAL ACCESS, AND UNEMPLOYMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNEMPLOYMENT.

FORM 990, PART VI, SECTION A, LINE 2:

SCOTT CONGDON AND GAYLA CONGDON HAVE A FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS REVIEWED BY THE ADMIN MANAGER AND CEO AND DISTRIBUTED TO THE BOARD BEFORE FILING. THE BOARD OFFICIALLY APPROVES THE RETURN AT A SUBSEQUENT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE DIRECTORS REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY. POTENTIAL CONFLICTS ARE DISCLOSED AND DIRECTORS WITH CONFLICTS ABSTAIN FROM VOTING ON ISSUES FOR WHICH THEY HAVE A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

A COMPLETE ANALYSIS OF COMPENSATION USING COMPARABILITY DATA FOR ALL KEY POSITIONS IS COMPLETED EVERY 3-4 YEARS OR AS NEEDED. THE BOARD DISCUSSES AND APPROVES THE CEO COMPENSATION ANNUALLY. THE CEO AND LEADERSHIP TEAM DISCUSS AND APPROVE COMPENSATION FOR ALL OTHER STAFF.

Name of the organization: AMOR MINISTRIES, INC.

Employer identification number: 95-3618530

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE FOR PUBLIC VIEW UPON REQUEST.

FORM 990, PARTS VIII AND IX

AMOR COMMUNITY OF HOPE IS A SOUTH AFRICAN ENTITY EQUIVALENT TO A 501(C)(3) ORGANIZATION IN THE UNITED STATES. ONE BOARD MEMBERS AND ONE EMPLOYEE OF AMOR MINISTRIES, INC ALSO SERVE AS BOARD MEMBERS OF AMOR COMMUNITY OF HOPE, BUT DO NOT CONSTITUTE A MAJORITY OF ITS BOARD MEMBERS. HOWEVER, ALL OF THE ACTIVITY THAT OCCURS IN SOUTH AFRICA IS INCLUDED ON THE BOOKS OF AMOR MINISTRIES, INC. THESE AMOUNTS CONSTITUTE REVENUE OF $26,999 USD AND EXPENSES OF $29,538 USD.

FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING

THE ORGANIZATION DID NOT CHANGE ITS SELECTION OR OVERSIGHT PROCESS DURING THE YEAR.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: AMOR MINISTRIES, INC.

Employer identification number 95-3618530

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
AMOR GLOBAL FOUNDATION, INC. - 82-4138112 3911 CLEVELAND AVE PO BOX 3279 SAN DIEGO, CA 92163	TO RAISE CONTRIBUTIONS TO SUPPORT AMOR	CALIFORNIA	501(C)(3)	LINE 7			X
AMOR COMMUNITY OF HOPE NPC P.O BOX 1646 DELMAS, MPUMALANGA, SOUTH AFRICA 2210	TO ADDRESS ISSUES SUCH AS INADEQUATE SHELTER AND FOOD INSECURITY	SOUTH AFRICA	501(C)(3)		N/A		X
CONTRUYENDO ESPERANZA, A.C. ROSARIO CASTELLANOS #10160 TIJUANA, BC, MEXICO 6-B ZONA R	TO ADDRESS ISSUES SUCH AS INADEQUATE SHELTER AND FOOD INSECURITY	MEXICO	501(C)(3)		AMOR MINISTRIES, INC.	X	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)	CONSTRUYENDO ESPERANZA, A.C.	P	43,106.	ACTUAL EXPENSES
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	REPEATER	08/28/97	SL	5.00		16	600.				600.	600.		0.	600.
2	TRASH TRAILER SDT11	03/30/99	SL	3.00		16	1,808.				1,808.	1,808.		0.	1,808.
3	RADIOS AND EQUIPMENT	02/25/99	SL	3.00		16	8,465.				8,465.	8,465.		0.	8,465.
4	RADIOS & ACCESSORIES	03/20/00	SL	5.00		16	2,099.				2,099.	2,099.		0.	2,099.
5	SOUND SYSTEM	02/27/01	SL	5.00		16	830.				830.	830.		0.	830.
6	STORAGE CONTAINERS	06/25/01	SL	10.00		16	12,080.				12,080.	12,080.		0.	12,080.
7	1995 FORD F150 PICKUP EP203	12/05/01	SL	5.00		16	8,673.				8,673.	8,673.		0.	8,673.
8	DUMP TRAILER SDT1	01/31/02	SL	5.00		16	5,141.				5,141.	5,141.		0.	5,141.
9	2003 TOYOTA TACOMA EP205	10/09/02	SL	5.00		16	22,456.				22,456.	22,456.		0.	22,456.
10	1994 ISUZU BOX TRUCK SD15	05/24/02	SL	5.00		16	10,000.				10,000.	10,000.		0.	10,000.
11	5 BASE UNIT RADIOS, 10 HANDHELDS	01/29/03	SL	5.00		16	6,485.				6,485.	6,485.		0.	6,485.
12	RADIO REPEATER UPGRADE	02/04/03	SL	5.00		16	1,713.				1,713.	1,713.		0.	1,713.
13	TOOL TRAILER EPT3	02/19/03	SL	5.00		16	610.				610.	610.		0.	610.
14	2003 NASH TRAILER - SDT13	02/26/04	SL	10.00		16	17,356.				17,356.	17,356.		0.	17,356.
15	2004 ARROWLITETRAILER-SDT14	02/26/04	SL	10.00		16	17,943.				17,943.	17,943.		0.	17,943.
16	2004 TRAILVISIONTRAILER-SDT15	02/26/04	SL	10.00		16	17,943.				17,943.	17,943.		0.	17,943.
17	2003 WANDERER TRAILER - EPT2	03/01/04	SL	10.00		16	17,209.				17,209.	17,209.		0.	17,209.
18	2004 FORD F250 SD12	03/03/04	SL	5.00		16	41,286.				41,286.	41,286.		0.	41,286.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	TOOL TRAILER- EPT6	02/17/05	SL	5.00		16	2,051.				2,051.	2,051.		0.	2,051.
20	2005 DUMP TRAILER - SDT05	01/30/06	SL	5.00		16	5,141.				5,141.	5,141.		0.	5,141.
21	2006 FORD F250 SD21	01/30/06	SL	5.00		16	41,517.				41,517.	41,517.		0.	41,517.
22	HANDHELD RADIOS - 10	02/28/06	SL	5.00		16	2,694.				2,694.	2,694.		0.	2,694.
23	1999 FORD F350 FLATBED SD33	03/21/06	SL	3.00		16	11,257.				11,257.	11,257.		0.	11,257.
24	CAMP CONTAINER (VOLUNTEERS)	07/12/06	SL	5.00		16	1,670.				1,670.	1,670.		0.	1,670.
25	2005 TOYOTA TACOMA SD25	01/04/07	SL	5.00		16	23,780.				23,780.	23,780.		0.	23,780.
26	1999 E450 BOX TRUCK, SD35 DONATED	10/16/07	SL	3.00		16	10,000.				10,000.	10,000.		0.	10,000.
27	2008 CAL CROSS CAR HAULER -SDT19	01/28/08	SL	5.00		16	3,095.				3,095.	3,095.		0.	3,095.
28	GENERATOR (G7) - HONDA EG3500	03/19/08	SL	5.00		16	1,142.				1,142.	1,142.		0.	1,142.
29	CJ CAMP LAND	07/22/08	L				142,426.				142,426.			0.	
30	2003 CHEVY SILVERADO 2500 HD	12/06/12	SL	5.00		16	6,840.				6,840.	6,840.		0.	6,840.
31	2004 CHEVY SILVERADO 2500 HD	12/06/12	SL	5.00		16	8,500.				8,500.	8,500.		0.	8,500.
32	NIKON SURVEYING EQUIPMENT	03/01/13	SL	3.00		16	5,271.				5,271.	5,271.		0.	5,271.
33	2007 FORD ESCAPE - SD11	07/11/13	SL	5.00		16	8,900.				8,900.	8,900.		0.	8,900.
34	FORD F-150 4X4 - SD29	11/15/13	SL	5.00		16	15,300.				15,300.	15,300.		0.	15,300.
35	2013 TOYOTA HIGHLANDER SD28	11/20/13	SL	5.00		16	29,122.				29,122.	29,122.		0.	29,122.
36	LA COCINA KITCHEN TRAILER	12/31/13	SL	5.00		16	4,346.				4,346.	4,346.		0.	4,346.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	2004 CHEVY G2500 VAN - SD01	02/15/14	SL	5.00		16	12,859.				12,859.	12,859.		0.	12,859.
38	2007 FORD F-150 (GOLD) - EP200	02/28/14	SL	5.00		16	14,086.				14,086.	14,086.		0.	14,086.
39	2006 FORD F150 4X4 (MEX) - SD14	02/28/14	SL	5.00		16	14,104.				14,104.	14,104.		0.	14,104.
40	APPLE MACBOOK PRO - 13" 2.6GHZ	03/01/15	SL	3.00		16	1,525.				1,525.	1,525.		0.	1,525.
41	48' DIAMETER CIRCUS TENT	02/10/15	SL	5.00		16	4,953.				4,953.	4,953.		0.	4,953.
42	SD29 TRANSMISSION - FORD F-150 4X4	03/24/15	SL	5.00		16	3,651.				3,651.	3,651.		0.	3,651.
43	SD11 TRANSMISSION - 2007 FORD ESCAPE	07/24/15	SL	5.00		16	3,400.				3,400.	3,400.		0.	3,400.
44	CONTAINER SA	03/18/16	SL	5.00		16	1,717.				1,717.	1,717.		0.	1,717.
45	2015 CAMP IMPROVEMENTS	03/31/15	SL	10.00		16	51,381.				51,381.	45,659.		5,138.	50,797.
46	CARETAKER HOUSE - PUERTO PEASCO CAMP	05/01/16	SL	10.00		16	4,948.				4,948.	3,752.		495.	4,247.
47	MEMBER'S MARK 10-PERSON INSTANT CABIN TENTS	05/05/18	SL	5.00		16	12,928.				12,928.	12,928.		0.	12,928.
48	AIR COMPRESSOR	07/01/93	SL	3.00		16	259.				259.	259.		0.	259.
49	KICK REPEATER	03/31/94	SL	3.00		16	2,529.				2,529.	2,529.		0.	2,529.
50	RADIO ANTENNA - TJ	03/31/94	SL	3.00		16	129.				129.	129.		0.	129.
51	BASE RADIO UNIT	05/05/94	SL	3.00		16	636.				636.	636.		0.	636.
52	FIRESAFE CABINETS	09/01/95	SL	3.00		16	418.				418.	418.		0.	418.
53	PUERTO PEASCO CAMP ROAD	02/21/17	SL	10.00		16	10,761.				10,761.	7,443.		1,076.	8,519.
54	3636 CDRN OFFICE FURNITURE	02/08/17	SL	5.00		16	3,686.				3,686.	3,686.		0.	3,686.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	2013 VOLKSWAGEN AMAROK	04/28/17	SL	5.00		16	15,200.				15,200.	15,200.		0.	15,200.
56	2010 DODGE GRAND CARAVAN CARGO SD04	03/26/18	SL	5.00		16	10,961.				10,961.	10,961.		0.	10,961.
57	SOLAR SYSTEM FOR PP CAMP	04/18/18	SL	10.00		16	5,839.				5,839.	3,309.		584.	3,893.
58	LA COCINA BUILDING IN PP	02/24/20	SL	10.00		16	4,692.				4,692.	1,838.		469.	2,307.
59	YP - TOYOTA RAV4	01/01/22	SL	1.00		16	10,099.				10,099.	10,099.		0.	10,099.
60	YP - TOYOTA HIGHLANDER	01/01/22	SL	2.00		16	10,872.				10,872.	10,872.		0.	10,872.
61	2007 DODGE RAM 1500	04/27/22	SL	5.00		16	5,860.				5,860.	2,051.		1,172.	3,223.
62	YP - ILC BUILDING	01/01/22	SL	20.00		16	36,000.				36,000.	3,600.		1,800.	5,400.
63	AJE #1003 - DONATED VEHICLE	12/31/23	SL	.000		16	5,800.				5,800.			0.	
	* TOTAL 990 PAGE 10 DEPR						765,042.				765,042.	564,987.		10,734.	575,721.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						759,242.			0.	759,242.	564,987.			575,721.
	ACQUISITIONS						5,800.			0.	5,800.	0.			0.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						765,042.			0.	765,042.	564,987.			575,721.
	ENDING ACCUM DEPR											575,721.			
	ENDING BOOK VALUE											189,321.			

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAXABLE YEAR **2023**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

Corporation/Organization name	California corporation number
AMOR MINISTRIES, INC.	0976865
Additional information. See instructions.	FEIN 95-3618530
Street address (suite or room) 3911 CLEVELAND AVE. PO BOX 3279	PMB no.
City SAN DIEGO / State CA	ZIP code 92163
Foreign country name / Foreign province/state/county	Foreign postal code

A First return ☐ Yes ☒ No

B Amended return ● ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ☐ Yes ☒ No

D Final information return? ● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date: (mm/dd/yyyy) ●

E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990) (4) ☒ Other 990 series

G Is this a group filing? See instructions ● ☐ Yes ☒ No

H Is this organization in a group exemption ☐ Yes ☒ No

If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ● ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ● ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No

If "Yes," enter the gross receipts from nonmember sources $

L Is the organization a limited liability company? ● ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ● ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? ☐ Yes ☒ No

Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	2,159,363 00
	2	Gross dues and assessments from members and affiliates ●	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1 ●	3	1,072,779 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 3 **This line must be completed.** If the result is less than $50,000, see General Information B ●	4	3,232,142 00
	5	Cost of goods sold STMT 2 ●	5	15,572 00
	6	Cost or other basis, and sales expenses of assets sold ●	6	7,892 00
	7	Total costs. Add line 5 and line 6	7	23,464 00
	8	Total gross income. Subtract line 7 from line 4 ●	8	3,208,678 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●	9	3,184,294 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●	10	24,384 00
Payments	11	Total payments ●	11	00
	12	Use tax. See General Information K ●	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●	14	00
	15	Penalties and interest. See General Information J	15	00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ◉	16	00

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ | Title CEO | Date | ● Telephone

Paid Preparer's Use Only

Preparer's signature ▶ | Date 09/05/24 | Check if self-employed ▶ ☐ | ● PTIN P01219191

Firm's name (or yours, if self-employed) and address ▶ EVERGREEN ALLIANCE PROFESSIONAL CORP.
4332 CERRITOS AVE, SUITE A105
LOS ALAMITOS, CA 90720

● Firm's FEIN 86-1400078

● Telephone 714-372-8110

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No

Part II Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions		1	46,728 00
	2 Interest		2	00
	3 Dividends		3	313 00
	4 Gross rents		4	00
	5 Gross royalties		5	00
	6 Gross amount received from sale of assets (See instructions)	STATEMENT 4	6	1,631 00
	7 Other income	SEE STATEMENT 5	7	2,110,691 00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	2,159,363 00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid		9	28,164 00
	10 Disbursements to or for members		10	00
	11 Compensation of officers, directors, and trustees	SEE STATEMENT 6	11	172,409 00
	12 Other salaries and wages		12	646,710 00
	13 Interest		13	1,464 00
	14 Taxes		14	43,869 00
	15 Rents		15	30,741 00
	16 Depreciation and depletion (See instructions)		16	17,346 00
	17 Other expenses and disbursements	SEE STATEMENT 7	17	2,243,591 00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	3,184,294 00

Schedule L Balance Sheet

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		321,100		362,109
2 Net accounts receivable				200
3 Net notes receivable				
4 Inventories		3,500		4,046
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 8		1,565		2,881
10 a Depreciable assets	616,815		622,615	
b Less accumulated depreciation	547,639	69,176	564,986	57,629
11 Land		142,426		142,426
12 Other assets				
13 **Total assets**		537,767		569,291
Liabilities and net worth				
14 Accounts payable		40,152		57,649
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable STMT 9		37,921		27,684
17 Mortgages payable				
18 Other liabilities STMT 10		5,120		5,000
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		454,574		478,958
22 **Total liabilities and net worth**		537,767		569,291

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	24,384	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	24,384
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	24,384		

CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AFTER GOD'S HEART, INC.	1801 HICKORY GLEN RD KNOXVILLE, TN 37932-1949	12/31/23	64,000.
THE MICHAEL AND SALLY MAYER FAMILY FOUNDATION	565 EL CERRITO AVE HILLSBOROUGH, CA 94010-6821	12/31/23	50,000.
THE CREEK	6430 S FRANKLIN RD INDIANAPOLIS, IN 46259-9602	12/31/23	39,000.
DAVID STEMERICK FAMILY	5711 COLUMBIA CIR S GREENWOOD, IN 46142	12/31/23	37,768.
AMOR GLOBAL FOUNDATION	PO BOX 3279 SAN DIEGO, CA 92163	12/31/23	35,000.
HOMES FOR HOMES	PO BOX 2651 BRENTWOOD, TN 37024	12/31/23	32,000.
THE BENEVITY COMMUNITY IMPACT FUND	1521 GEORGETOWN ROAD HUDSON, OH 44236	12/31/23	16,462.
PAUL BELL FAMILY	6283 CANTERBURY LN PITTSBORO, IN 46167-9570	12/31/23	15,141.
AYCO CHARITABLE FOUNTATION	25 BRITISH AMERICAN BLVD LATHAM, NY 12110	12/31/23	15,000.
MICHAEL SKUBE FAMILY	2968 CALYPSO CIRCLE EL DORADO HILLS, CA 95762	12/31/23	14,163.
NORTH ORANGE CHRISTIAN CHURCH	1001 E LINCOLN AVE ORANGE, CA 92865-1953	12/31/23	12,100.
7 FIGURE FOUNDATION	3241 W 25 N LAYTON, UT 84041	12/31/23	12,000.
DOUGLAS LOWE FAMILY	1198 WEST ST MORRO BAY, CA 93442	12/31/23	5,000.
ROBERT BREWER FAMILY	PO BOX 425 GARDEN VALLEY, CA 95633	12/31/23	10,800.
THE CAAGE GIVING FUND	7171 W 95TH ST., STE 501 OVERLAND PARK, KS 66212	12/31/23	10,500.
NORTHGLENN CHRISTIAN CHURCH	1800 E 105TH PL NORTHGLENN, CO 80233-4274	12/31/23	10,462.

KERRY AND CAROL SCHAMERLOH FAMILY	2176 E 350 N BLUFFTON, IN 46714-9215	12/31/23	10,000.
ABRAHAM N. AND KELLY SCHLOTT CHARITABLE FUND	101 CRESTVIEW DR YANKTON, SD 57078-6721	12/31/23	10,000.
WASHINGTON AVENUE CHRISTIAN CHURCH	3800 S WASHINGTON ST AMARILLO, TX 79110-1307	12/31/23	10,000.
ONELOVE CHURCH	OUT OF BUSINESS EUGENE, OR 97404	12/31/23	10,000.
LILLIAN PAGANO FAMILY	11177 CAMINO VISTA SERENA SAN DIEGO, CA 92131	12/31/23	9,116.
CHRIST'S CHURCH OF FLAGSTAFF	3475 E SOLIERE AVE FLAGSTAFF, AZ 86004-7788	12/31/23	9,000.
MORAGA VALLEY PRESBYTERIAN CHURCH	10 MORAGA VALLEY LN MORAGA, CA 94556	12/31/23	8,742.
WI-NE-MA CHRISTIAN CAMP INC	5195 WINEMA RD. CLOVERDALE, OR 97112-9707	12/31/23	8,413.
BRIAN BOSECKER FAMILY	5020 SAVIO DR. ROUND ROCK, TX 78665	12/31/23	8,400.
KOBE GATTI FAMILY	405 GATE WAY SANTA ROSA, CA 95401	12/31/23	8,181.
KATHIE AND DAVID BECKMAN GIVING FUND	2404 LORING ST SAN DIEGO, CA 92109	12/31/23	8,000.
REOTEMP INSTRUMENTS	10656 ROSELLE ST SAN DIEGO, CA 92121	12/31/23	7,946.
NORTH POINT CHRISTIAN CHURCH	422 N MILL ST LEWISVILLE, TX 75057-3140	12/31/23	7,180.
LONGVIEW CHRISTIAN CHURCH	2400 MCCANN RD LONGVIEW, TX 75605-4703	12/31/23	7,150.
CHARLES POWELL FAMILY	6745 OLD HUNT CLUB RD ZIONSVILLE, IN 46077	12/31/23	7,000.
CHRIST'S CHURCH OF THE VALLEY, BAKERSFIELD	13701 STOCKDALE HWY BAKERSFIELD, CA 93314-9662	12/31/23	6,946.
PAUL LOW FAMILY	6416 RAINIER CT ROCKLIN, CA 95677	12/31/23	6,900.
W. CURTIS HOLTZEN FAMILY	2369 SOMMERSET DR BREA, CA 92821	12/31/23	6,763.

DONNA LYDE FAMILY	PO BOX 213 PETERSBURG, TX 79250-0213	12/31/23	6,465.
SCOTT CONGDON FAMILY	22301 CAPE TRAVIS BEND LAGO VISTA, TX 78645-4836	12/31/23	6,300.
ANDREW 'DREW' SCHULZ FAMILY	267 KELTON AVE SAN CARLOS, CA 94070	12/31/23	6,142.
THE VILLAGE COMMUNITY PRESBYTERIAN CHURCH	PO BOX 704 RANCHO SANTA FE, CA 92067-0704	12/31/23	6,100.
ANDREW SCHAMERLOH FAMILY	7055 HENDERICKSON LANE INDIANAPOLIS, IN 46237	12/31/23	6,005.
CAMERON DECAMP FAMILY	1755 TELSTAR DRIVE, SUITE 300 COLORADO SPRINGS, CO 80920	12/31/23	6,000.
RUDOLPH SPANO FAMILY	4264 MT. VOSS DR. SAN DIEGO, CA 92117	12/31/23	6,000.
PALM DESERT COMMUNITY PRESBYTERIAN	47321 STATE HIGHWAY 74 PALM DESERT, CA 92260-5946	12/31/23	5,800.
BAJA BOUND INSURANCE SERVICES, INC.	2305 HISTORIC DECATUR RD. STE 100 SAN DIEGO, CA 92106	12/31/23	5,624.
DAVID MJOLSNESS FAMILY	290 INVERRARY RD PINEHURST, NC 28374-6905	12/31/23	5,421.
TRANSFORMERS INSTITUTE	1755 JET STREAM DR COLORADO SPRINGS, CO 80921	12/31/23	5,113.
RITA LUNA FAMILY	996 OJAI AVE OJAI, CA 93023	12/31/23	5,113.
STRATEGIC MEDICAL MANAGEMENT	3050 RAYWOOD ASH DR LAS VEGAS, NV 89138-6144	12/31/23	5,000.
DAVID KARKAU FAMILY	8342 LOCHINVER PARK LANE BRENTWOOD, TN 37027	12/31/23	5,000.
URBAN AUTOCARE	1701 HIGH ST DENVER, CO 80218	12/31/23	5,000.
WESTSIDE AUTO GROUP	538 HOWARD AVE HOLLAND, MI 49424	12/31/23	5,000.
TOTAL INCLUDED ON LINE 3			619,216.

FORM 199 COST OF GOODS SOLD STATEMENT 2
INCLUDED ON PART I, LINE 5

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		3,500
2.	MERCHANDISE PURCHASED.	16,118	
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		19,618
7.	INVENTORY AT END OF YEAR		4,046
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		15,572

CA 199 NONCASH CONTRIBUTIONS STATEMENT 3
INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
DOUGLAS LOWE FAMILY	1198 WEST ST MORRO BAY, CA 93442		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
2001 FORD RANGER	12/31/23	5,800.	10,800.
TOTAL INCLUDED ON LINE 3		5,800.	10,800.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PUBLICLY TRADED SECURITIES			PURCHASED

	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	7,892.	0.	0.	1,631.
TOTAL TO FORM 199, PAGE 2, LN 6	7,892.	0.	0.	1,631.

CA 199 OTHER INCOME STATEMENT 5

DESCRIPTION	AMOUNT
REFUNDS & REIMBURSEMENTS	17,485.
HISTORICAL ADJUSTMENT INCOME	-2,430.
MISSION TRIP FEES	2,095,636.
TOTAL TO FORM 199, PART II, LINE 7	2,110,691.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JON WILSON 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	CHIEF OPERATING OFFICER 40.00	86,608.
SCOTT CONGDON 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	CO-FOUNDER/DIRECTOR 40.00	70,721.
GAYLA CONGDON 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	CO-FOUNDER/DIRECTOR 40.00	15,080.
ERIK KHOOBYARIAN 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	CHAIR (AS OF 11/23) 1.00	0.
WENDE HOLTZEN 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	CHAIR (UNTIL 11/23)/DIRECT 1.00	0.
LI-AN LEONARD 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	VICE CHAIR (AS OF 11/23) 0.50	0.
SETH PRUITT 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	TREASURER (AS OF 11/23) 0.50	0.
JENNIFER MCCAIN 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	SECRETARY 0.50	0.
CHRIS REED 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	DIRECTOR 0.50	0.
JJ PETERSON 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	DIRECTOR (AS OF 11/23) 0.50	0.
DENISE ROBINSON 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	VICE CHAIR (UNTIL 11/23) 0.50	0.

CRAIG SLABAUGH 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	TREASURER (UNTIL 11/23) 1.00	0.
SCOTT KAIL 3911 CLEVELAND AVE. PO BOX 3279 SAN DIEGO, CA 92163	DIRECTOR (UNTIL 11/23) 0.50	0.
TOTAL TO FORM 199, PART II, LINE 11		172,409.

CA 199 — OTHER EXPENSES — STATEMENT 7

DESCRIPTION	AMOUNT
CAMP EXPENSES	1,269,733.
BUILDING MATERIALS	637,503.
BANK & MERCHANT FEES	21,658.
TORTUGAS SPORTS PROGRAM	21,421.
OTHER EMPLOYEE BENEFITS	40,532.
ACCOUNTING FEES	24,668.
OTHER PROFESSIONAL FEES	75,325.
ADVERTISING AND PROMOTION	1,724.
OFFICE EXPENSES	29,076.
TRAVEL	37,778.
INSURANCE	58,233.
ALL OTHER EXPENSES	25,940.
TOTAL TO FORM 199, PART II, LINE 17	2,243,591.

CA 199 — OTHER INVESTMENTS — STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES	1,565.	2,881.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,565.	2,881.

CA 199	BONDS AND NOTES PAYABLE	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYABLES TO OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, ETC.	37,921.	27,684.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	37,921.	27,684.

CA 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	5,120.	5,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	5,120.	5,000.

CA 199	FUND BALANCES	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	454,574.	478,958.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	454,574.	478,958.

TAXABLE YEAR **2023**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. FORM 199 FEIN 95-3618530

Corporation name: AMOR MINISTRIES, INC.

California corporation number: 0976865

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	12	765,042.	564,987.				

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	10,734	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	10,734
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	10,734
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

CA 3885 DEPRECIATION STATEMENT 12

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 REPEATER	08/28/97	600.	600.	SL	5.00	0.	
2 TRASH TRAILER SDT11	03/30/99	1,808.	1,808.	SL	3.00	0.	
3 RADIOS AND EQUIPMENT	02/25/99	8,465.	8,465.	SL	3.00	0.	
4 RADIOS & ACCESSORIES	03/20/00	2,099.	2,099.	SL	5.00	0.	
5 SOUND SYSTEM	02/27/01	830.	830.	SL	5.00	0.	
6 STORAGE CONTAINERS	06/25/01	12,080.	12,080.	SL	10.00	0.	
7 1995 FORD F150 PICKUP EP203	12/05/01	8,673.	8,673.	SL	5.00	0.	
8 DUMP TRAILER SDT1	01/31/02	5,141.	5,141.	SL	5.00	0.	
9 2003 TOYOTA TACOMA EP205	10/09/02	22,456.	22,456.	SL	5.00	0.	
10 1994 ISUZU BOX TRUCK SD15	05/24/02	10,000.	10,000.	SL	5.00	0.	
11 5 BASE UNIT RADIOS, 10 HANDHELDS	01/29/03	6,485.	6,485.	SL	5.00	0.	
12 RADIO REPEATER UPGRADE	02/04/03	1,713.	1,713.	SL	5.00	0.	
13 TOOL TRAILER EPT3	02/19/03	610.	610.	SL	5.00	0.	
14 2003 NASH TRAILER - SDT13	02/26/04	17,356.	17,356.	SL	10.00	0.	
15 2004 ARROWLITETRAILER-SDT14	02/26/04	17,943.	17,943.	SL	10.00	0.	
16 2004 TRAILVISIONTRAILER-SDT15	02/26/04	17,943.	17,943.	SL	10.00	0.	
17 2003 WANDERER TRAILER - EPT2	03/01/04	17,209.	17,209.	SL	10.00	0.	
18 2004 FORD F250 SD12	03/03/04	41,286.	41,286.	SL	5.00	0.	
19 TOOL TRAILER- EPT6	02/17/05	2,051.	2,051.	SL	5.00	0.	
20 2005 DUMP TRAILER - SDT05	01/30/06	5,141.	5,141.	SL	5.00	0.	
21 2006 FORD F250 SD21	01/30/06	41,517.	41,517.	SL	5.00	0.	
22 HANDHELD RADIOS - 10	02/28/06	2,694.	2,694.	SL	5.00	0.	
23 1999 FORD F350 FLATBED SD33	03/21/06	11,257.	11,257.	SL	3.00	0.	

24	CAMP CONTAINER (VOLUNTEERS)					
	07/12/06	1,670.	1,670.	SL	5.00	0.
25	2005 TOYOTA TACOMA SD25					
	01/04/07	23,780.	23,780.	SL	5.00	0.
26	1999 E450 BOX TRUCK, SD35 DONATED					
	10/16/07	10,000.	10,000.	SL	3.00	0.
27	2008 CAL CROSS CAR HAULER -SDT19					
	01/28/08	3,095.	3,095.	SL	5.00	0.
28	GENERATOR (G7) - HONDA EG3500					
	03/19/08	1,142.	1,142.	SL	5.00	0.
29	CJ CAMP LAND					
	07/22/08	142,426.		L		0.
30	2003 CHEVY SILVERADO 2500 HD					
	12/06/12	6,840.	6,840.	SL	5.00	0.
31	2004 CHEVY SILVERADO 2500 HD					
	12/06/12	8,500.	8,500.	SL	5.00	0.
32	NIKON SURVEYING EQUIPMENT					
	03/01/13	5,271.	5,271.	SL	3.00	0.
33	2007 FORD ESCAPE - SD11					
	07/11/13	8,900.	8,900.	SL	5.00	0.
34	FORD F-150 4X4 - SD29					
	11/15/13	15,300.	15,300.	SL	5.00	0.
35	2013 TOYOTA HIGHLANDER SD28					
	11/20/13	29,122.	29,122.	SL	5.00	0.
36	LA COCINA KITCHEN TRAILER					
	12/31/13	4,346.	4,346.	SL	5.00	0.
37	2004 CHEVY G2500 VAN - SD01					
	02/15/14	12,859.	12,859.	SL	5.00	0.
38	2007 FORD F-150 (GOLD) - EP200					
	02/28/14	14,086.	14,086.	SL	5.00	0.
39	2006 FORD F150 4X4 (MEX) - SD14					
	02/28/14	14,104.	14,104.	SL	5.00	0.
40	APPLE MACBOOK PRO - 13" 2.6GHZ					
	03/01/15	1,525.	1,525.	SL	3.00	0.
41	48' DIAMETER CIRCUS TENT					
	02/10/15	4,953.	4,953.	SL	5.00	0.
42	SD29 TRANSMISSION - FORD F-150 4X4					
	03/24/15	3,651.	3,651.	SL	5.00	0.
43	SD11 TRANSMISSION - 2007 FORD ESCAPE					
	07/24/15	3,400.	3,400.	SL	5.00	0.
44	CONTAINER SA					
	03/18/16	1,717.	1,717.	SL	5.00	0.
45	2015 CAMP IMPROVEMENTS					
	03/31/15	51,381.	45,659.	SL	10.00	5,138.
46	CARETAKER HOUSE - PUERTO PEASCO CAMP					
	05/01/16	4,948.	3,752.	SL	10.00	495.
47	MEMBER'S MARK 10-PERSON INSTANT CABIN TENTS					
	05/05/18	12,928.	12,928.	SL	5.00	0.
48	AIR COMPRESSOR					
	07/01/93	259.	259.	SL	3.00	0.
49	KICK REPEATER					
	03/31/94	2,529.	2,529.	SL	3.00	0.
50	RADIO ANTENNA - TJ					
	03/31/94	129.	129.	SL	3.00	0.

51 BASE RADIO UNIT							
	05/05/94	636.	636.	SL	3.00	0.	
52 FIRESAFE CABINETS							
	09/01/95	418.	418.	SL	3.00	0.	
53 PUERTO PEASCO CAMP ROAD							
	02/21/17	10,761.	7,443.	SL	10.00	1,076.	
54 3636 CDRN OFFICE FURNITURE							
	02/08/17	3,686.	3,686.	SL	5.00	0.	
55 2013 VOLKSWAGEN AMAROK							
	04/28/17	15,200.	15,200.	SL	5.00	0.	
56 2010 DODGE GRAND CARAVAN CARGO SD04							
	03/26/18	10,961.	10,961.	SL	5.00	0.	
57 SOLAR SYSTEM FOR PP CAMP							
	04/18/18	5,839.	3,309.	SL	10.00	584.	
58 LA COCINA BUILDING IN PP							
	02/24/20	4,692.	1,838.	SL	10.00	469.	
59 YP - TOYOTA RAV4							
	01/01/22	10,099.	10,099.	SL	1.00	0.	
60 YP - TOYOTA HIGHLANDER							
	01/01/22	10,872.	10,872.	SL	2.00	0.	
61 2007 DODGE RAM 1500							
	04/27/22	5,860.	2,051.	SL	5.00	1,172.	
62 YP - ILC BUILDING							
	01/01/22	36,000.	3,600.	SL	20.00	1,800.	
63 AJE #1003 - DONATED VEHICLE							
	12/31/23	5,800.		SL	.000	0.	
TOTAL TO FORM 3885		765,042.	564,987.			10,734.	

022
Date Accepted ______________________________ **DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2023**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: AMOR MINISTRIES, INC.
Identifying number: 95-3618530

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	3,232,142
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	3,208,678
3	Total expenses and disbursements (Form 199, line 9)	3	3,184,294
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 ☐ Direct Deposit of refund (Form 109 only.)

7 ☐ Electronic funds withdrawal **7a** Amount **7b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10 Routing number ______________________

11 Account number **12** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here Signature of officer ______ Date ______ Title: CEO

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature: REBECCA CHRISTIANSEN | Date | Check if also paid preparer [X] | Check if self-employed ☐ | ERO's PTIN: P01219191

Firm's name (or yours if self-employed) and address: EVERGREEN ALLIANCE PROFESSIONAL CORP.
4332 CERRITOS AVE, SUITE A105
LOS ALAMITOS, CA

Firm's FEIN 86-1400078

ZIP code 90720

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address | Firm's FEIN | ZIP code