Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

| Α | For the | e 2018 ca | lendar year, or tax year l | beginning | | | , and | ending | _ | | - | | | |
|-------------------------|--------------|----------------|-----------------------------------|----------------------|------------------|------------------|----------------|---------------|-----------------|-------------|--------------|-------------|------|------|
| В | Check if | applicable: | C Name of organization | WIN MINISTF | RIES | | | | D Emplo | yer ide | ntification | number | | |
| | Address | change | Doing business as | | | | | | | | | | | |
| П | Nama ah | | Number and street (or P.O. | . box if mail is not | delivered to st | reet address) | Room/suite | | 20-2686 | 794 | | | | |
| 브 | Name ch | ange | PO BOX 530044 | | | | | | E Teleph | none nur | nber | | | |
| Ш | Initial retu | urn | City or town | | | State | ZIP code | | (956) 50 | 7-4018 | 3 | | | |
| П | Final return | n/terminated | HARLINGEN | | | TX | 78553 | | (000) 00 | 7 1010 | , | | | |
| 二 | | | Foreign country name | Foreign | province/state | county/ | Foreign post | al code | | | | | | |
| Ш | Amended | d return | | | | | | 1 | G Gross | receipts | \$ | | 354, | 353 |
| П | Application | on pending | F Name and address of prince | cipal officer: | | | | H(a) Is t | nis a group ret | turn for su | bordinates? | Ye | s X | No |
| | | , , | STERLING B. CLIFF 2 | 6319 IOWA G | SARDENS F | RD. SAN BE | NITO, TX 7 | | | | | Ye | | No |
| | - | | | | | | | ., | "No," attach | | | | |] |
| | | pt status: | | () < | (insert no.) | 4947(a)(1 |) or 527 | | | ` | |), (| | |
| <u>J</u> \ | Website | e: Nw | w.winministries.net | | | | Т | H(c) G | oup exempt | ion numb | oer 🕨 | | | |
| K | orm of o | rganization: | X Corporation Tr | ust Associa | ation Ot | her > | LY | ear of form | ation: 20 | 05 | M State of I | egal domici | le: | TX |
| | Part I | Su | mmary | · | <u> </u> | | | | | | | | | |
| - | 1 | | lescribe the organization | n's mission or | most signifi | cant activitie | -e. MII | V Ministr | ies is ded | licated | to equip | nina | | |
| မွ | • | - | s and leaders around th | | _ | | | | | | | | | |
| ä | | | , Evangelism and Discip | | | | | Oronip | | | | | | |
| eru | | | · | | | | | | - 4b 0F | 0/ - £ :+ | | -4- | | |
| <u></u> | 2 | | his box if the org | | | | | | | | 1 | ets. | | |
| <u>ن</u> مح | 3 | | of voting members of the | | | | | | | | _ | | | 11 |
| Se | 4 | | of independent voting r | | | | | | | 4 | | | | 10 |
| ₹ | 5 | | mber of individuals emp | | | | | | | | | | | 8 |
| Activities & Governance | 6 | | imber of volunteers (esti | | | | | | | 6 | | | | 40 |
| | 7a | | related business revenu | | | | | | | 78 | | | | 0 |
| | b | Net unre | elated business taxable | income from I | Form 990-T | , line 38 . . | | | | 7t | י | | | 0 |
| e | | | | | | | | | Prior Yea | | | Current Yo | | |
| | 8 | | utions and grants (Part \ | | | | | | | 256,1 | | | 280, | |
| ē | 9 | _ | n service revenue (Part ' | | | | | | | 65,77 | | | 70, | ,508 |
| Revenue | 10 | | ent income (Part VIII, co | | | | | | | | 7 | | | 18 |
| - | 11 | | evenue (Part VIII, columi | | | | | | | 5,86 | | | | ,319 |
| | 12 | | enue—add lines 8 throug | | | | | | , | 327,75 | | | 354, | 353 |
| | 13 | | and similar amounts pai | | | | | | | 34,08 | 80 | | 19, | 740 |
| | 14 | | paid to or for members | | | | | | | | 0 | | | 0 |
| es | 15 | | , other compensation, emp | | | | | | | 92,14 | 5 | | 132, | 628 |
| Sus | 16a | | ional fundraising fees (P | | | | | | | | 0 | | | 0 |
| Expenses | b | Total fur | ndraising expenses (Par | t IX, column (| D), line 25) | • | 14,74 | 5 | | | | | | |
| Ш | 17 | | xpenses (Part IX, colum | | | | | | | 139,16 | | | 153, | |
| | 18 | | penses. Add lines 13-1 | | | | | | | 265,38 | 35 | | 306, | 275 |
| | 19 | Revenu | e less expenses. Subtra | ct line 18 fron | n line 12 . | | | | | 62,37 | '4 | | 48, | ,078 |
| Net Assets or | 3 | | | | | | | Begin | ning of Curr | rent Yea | r | End of Ye | ar | |
| sset | 20 | Total as | sets (Part X, line 16) . | | | | | | | 189,80 |)5 | | 233, | 468 |
| ¥ Z | 21 | | bilities (Part X, line 26) . | | | | | | | 8,79 | 96 | | | ,382 |
| | | Net ass | ets or fund balances. Sເ | ıbtract line 21 | from line 20 |) | | | | 181,00 | 9 | | 229, | 086 |
| Pá | art II | Sig | nature Block | | | | | | | | | | | |
| | | | y, I declare that I have examine | | | | | | | • | • | | | |
| and | belief, it i | is true, corre | ect, and complete. Declaration of | of preparer (other | than officer) is | based on all inf | ormation of wh | ch prepare | er has any kr | nowledge | 9. | | | |
| Sig | an | | | | | | | | | | | | | |
| Here | | ! | Signature of officer | | | | | | Da | te | | | | |
| | . • | | | | | | | | | | | | | |
| | | | Type or print name and title | - | | | | | | | | | | |
| | | Prin | t/Type preparer's name | | Preparer's sig | ınature | | Da | te | Check | X if | PTIN | | |
| Pa | | Rar | ndy Hines | | | | | 5/ | 13/2019 | | mployed | P002234 | 142 | |
| | eparei | 「 <u>_</u> . | • | | 1 | | | 3/ | | | | | | |
| Us | e Only | y — | n's name ► Randy Hine | | T\/ == 165 | . 0077 | | | | | -4829728 | | | |
| | | • | n's address ► PO Box 277 | | | | | | Phone no. | 97 | 2-937-77 | | | |
| Ма | y the IF | RS discus | s this return with the pre | eparer shown | above? (se | e instruction | ıs) | | | | | X Yes | | No |

| | . (05.15) | WIN MINISTRIES | 00 0000704 | - ^ |
|----------------------------------|---|--|------------|---------------|
| Form 990 Part | | WIN MINISTRIES Statement of Program Service Accomplishments | 20-2686794 | Page 2 |
| | | Check if Schedule O contains a response or note to any line in this Part III | | X |
| <u>/</u> 1 | VIN Min | escribe the organization's mission: istries is dedicated to equipping churches and leaders around the world with s to facilitate Christian Leadership Training, Evangelism and Discipleship, and nity Development. | | |
| t I | he prior f "Yes," | organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? | Yes | X No |
| 4 [| services f "Yes," Describe expense | organization cease conducting, or make significant changes in how it conducts, any program? | - | |
| 4a (| Code: Curriculusessions ayout of irst 96 s |) (Expenses \$ 93,132 including grants of \$) (Revenue of the topics of Christian Ministry and Leadership. WIN completed the translation and its workbooks into Swahili. WIN also invested a significant amount of time preparing the | | |
| <u>[</u> <u>c</u> <u>t</u> | Domestion other supertal, WI |) (Expenses \$ 66,920 including grants of \$) (Revenue c Schools: WIN Ministries supplied video-based training materials, workbooks, exams, and popert to church-based ministry schools in the United States and the US Virgin Islands. In N Ministries provided DVDs, workbooks, and other training materials to 30 church-based eight more than in 2017, each with anywhere from 8 to 30 students. | | |
| <u> </u> - - - - | nternation church-b schools and hygi |) (Expenses \$ 94,282 including grants of \$) (Revenue onal Schools: WIN Ministries continued to provide training materials and support to based locally administered schools across Africa and Latin America. Students in these are trained in Christian ministry and theology, community development, leadership, health, ene, at little or no personal cost. WIN provided equipment and materials to start at least schools in East and Central Africa and 15 new schools in Latin America. Each school will | |) |

4c (Code:) (Expenses \$ 94,282 including grants of \$) (Revenue \$)
International Schools: WIN Ministries continued to provide training materials and support to church-based locally administered schools across Africa and Latin America. Students in these schools are trained in Christian ministry and theology, community development, leadership, health, and hygiene, at little or no personal cost. WIN provided equipment and materials to start at least 110 new schools in East and Central Africa and 15 new schools in Latin America. Each school will likely train 15 to 25 or more students in the next 2-4 years. Schools started by WIN Ministries are currently training over 7,000 students in Africa and over 400 students in Latin America. In 2018, WIN Ministries paid over \$26,000 to help fund the ongoing operation of those schools. As of the end of 2018, over 1,500 students have completed 4-years of training with WIN Ministries and have been credited with improving public health in their towns and villages, planting and growing new churches, and providing training and aid to the poor in slums and refugee camps.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 19,740 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 274,074

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ 2 Χ 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments. or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Χ 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 6 Χ 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ 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 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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. Χ 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E........ 13 13 **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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х 20a Х **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

| Par | t 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 | | | ١., |
| 00 | 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? <i>If "Yes," complete Schedule J.</i> | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | +^ |
| 2 -70 | \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i> | | | |
| | 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 | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | 1 |
| | 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 | | Х |
| 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 | — | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | 00 | | |
| 27 | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | ┢ | X |
| 21 | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | Ť |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Ь | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | - | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| 31 | conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | <u> </u> | X |
| 32 | Did the organization required by the complete scriedule N, Part I | 31 | 1 | +^ |
| 32 | 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 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | | | |
| a= | 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 | 27 | | |
| | 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 in Schedule O for Part VI, lines 11b and | | | |
| Dev | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Χ | |
| Par | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Shook it contequie o contains a response of note to any life in this Falt v | <u> </u> | Yes | <u> </u> |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 7 | res | No |
| na b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | _ | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 4 | | |
| • | gaming (gambling) winnings to prize winners? | 10 | x | |

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| Part | 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 8 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Χ | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| | 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 | | Х |
| | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | 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 | | Х |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | 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 | | Х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Х |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | 7h | | |
| | 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 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| 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 | | | |
| | Enter the amount of reserves on hand | | | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Χ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 5 | 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 | 15 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | 10 | | É |
| | ii res, complete roim 4/20, schedule o. | | | |

Form 990 (2018) WIN MINISTRIES 20-2686794

Part VI

| <u>Sect</u> | ion A. Governing Body and Management | | | | |
|-------------------|---|-----------------------|---------------------|-----|----|
| | | Ī | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 11 | | | |
| | 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 in Schedule O. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relations | ship with | | | |
| | any other officer, director, trustee, or key employee? | | 2 | Χ | |
| 3 | Did the organization delegate control over management duties customarily performed by or under | | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other | er person? | 3 | | Χ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 w | as filed? | 4 | | Χ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | assets? | 5 | | Χ |
| 6 | Did the organization have members or stockholders? | | 6 | | Χ |
| 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 | | Χ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members | 3 , | | | |
| | stockholders, or persons other than the governing body? | | 7b | | Χ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertake | n during | | | |
| | the year by the following: | | | | |
| а | The governing body? | | 8a | Χ | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Χ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r | reached | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . | | 9 | | Χ |
| Sect | ion B. Policies (This Section B requests information about policies not required by the | Internal Revenue C | ode. |) | |
| | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | Χ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu | - | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | ore filing the form?. | 11a | Χ | |
| b | Describe in 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? <i>If "No," go to line 13</i> | | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could | | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | | | | |
| | describe in Schedule O how this was done | | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | Χ |
| 15 | Did the process for determining compensation of the following persons include a review and appro | • | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | | | ., |
| a | The organization's CEO, Executive Director, or top management official. | | 15a | | X |
| b | Other officers or key employees of the organization | | 15b | | Χ |
| 10- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | , a ma a m t | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang | | 46- | | V |
| | 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 evaluparticipation in joint venture arrangements under applicable federal tax law, and take steps to safe | | | | |
| | the organization's exempt status with respect to such arrangements? | | 16b | | |
| Soct | ion C. Disclosure | <u> </u> | מסו | | |
| <u>3ect</u> 17 | List the states with which a copy of this Form 990 is required to be filed | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, | and 990-T (Section 5 | 01(c) | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that ap | | J . (U) | | |
| | | κρlain in Schedule Ο) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, | • | cv. an | d | |
| | financial statements available to the public during the tax year. | 22ot of intoroot poin | - _J , un | - | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's k | oooks and records: | • | | |
| - | STERLING B. CLIFF | (956) 532-7478 | - | | |
| | 26319 IOWA GARDENS ROAD, SAN BENITO, TX 78586-9296 | \. | | | |

| Form 990 (2018) | WIN MINISTRIES | 20-2686794 | Page 7 |
|-----------------|----------------|------------|---------------|
| | | | |

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII..........

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one (A) (B) (D) (E) (F) Reportable Name and Title Average box, unless person is both an Reportable Estimated hours per officer and a director/trustee) compensation compensation amount of week (list any Individual from from related other Highest compensated Institutional trustee Key employee hours for the organizations compensation related employee organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization organizations and related below dotted trustee organizations (1) STERLING B. CLIFF 50.00 0.00 Х Χ **PRESIDENT** (2) JOE H. BALLENGER 1.00 VICE PRESIDENT 0.00 Х Х (3) DARREL JOHNSON 4.00 Χ **SECRETARY** 0.00 Х (4) DAVID TURNER 50.00 0.00 **TREASURER** 22,660 (5) JAMES GREEN 1.00 0.00 Χ **BOARD MEMBER** (6) JAIME LOYA 0.10 0.00 Χ **BOARD MEMBER** (7) A.G. "DREW" SIMS 1.00 Х 0.00 **BOARD MEMBER** (8) DONALD THOMPSON 0.10 **BOARD MEMBER** 0.00 Х (9) ELIZABETH CLIFF 5.00 **BOARD MEMBER** 0.00 Χ (10) TIMOTHY OUTLAW 45.00 **BOARD MEMBER** 0.00 (11) RICARDO VILLARREAL JR. 3.00 **BOARD MEMBER** 0.00 Χ (12)

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| Pá | art VII Section A. Officers, Directors, Tru | istees, Key Em | ploye | es, | and | iH b | ghes | t Co | ompensated Em | ployees (co | ontin | ued) | | |
|--------------|---|---|--------|----------------|----------------------|--------------------|---|-------------|---|--|-----------------|--|--|--------------------|
| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles er an | Pos neck ss pe | rson | than of the state | an ee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportabl compensati from relate organizatio (W-2/1099-M | ion ed ns | am comp fro orga and | (F) stimated nount of other pensatic om the anizatio d related | f on on d |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| | | | | | | | | | | | - | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | <u> </u> | | |
| | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b c d | Sub-total | ection A | ted a | | 'e) v | <u></u> vho | | > | 22,660 0 22,660 more than \$100 | 0,000 of | 0 0 | | | 0 0 |
| 3 | Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i> | ector, or trustee, | key e | emp | loye | e, c | _ | | • | | | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations great individual | ter than \$150,00 | 00? // | Ύγε | es," | con | nplete | Sc | hedule J for suc | ከ | | 4 | | X |
| 5 | Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo | | | | | | | | | | | 5 | | Х |
| | tion B. Independent Contractors | | | | | | | | | N. 100 55 5 | | | | |
| 1 | Complete this table for your five highest compecompensation from the organization. Report coyear. | | | | | | | | with or within the | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of ser | vices | C | (C) Compens | | |
| | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | 0 |
| 2 | Total number of independent contractors (inclumore than \$100,000 of compensation from the | • | ed to | tho | se l | iste | d abo | ve) | who received | | | | | |

Part VIII Statement of Revenue Check if Schedule O contain

| | | Check if Schedule O contains a response or note to any line i | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
|--|-----|---|-------------------|---------------------------------|--------------------------------|--|
| | | | | revenue | revenue | 512–514 |
| ς, ς, | 1a | Federated campaigns | | | | |
| rant | b | Membership dues | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | С | Fundraising events | | | | |
| 3ifts ar / | d | Related organizations | | | | |
| imil | е | Government grants (contributions) 1e 0 | | | | |
| rtior er S | f | All other contributions, gifts, grants, and | | | | |
| ribu St | | similar amounts not included above 1f 280,508 | | | | |
| ont nd (| g | Noncash contributions included in lines 1a–1f: \$ 0 | | | | |
| O B | h | Total. Add lines 1a–1f | 280,508 | | | |
| e, | | Business Code | | | | |
| Program Service Revenue | 2a | SCHOOL FEES | 70,508 | | | |
| Rev | b | | 0 | | | |
| <u>:</u> | С | | 0 | | | |
| eZ | d | | 0 | | | |
| E | e | | 0 | | | |
| gra | f | All other program service revenue | 0 | | | |
| Pro | а | Total. Add lines 2a–2f | 70,508 | | | |
| | 3 | Investment income (including dividends, interest, and | | | | |
| | | other similar amounts) | 18 | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | 0 | | | |
| | 5 | Royalties | 1,524 | | | |
| | | (i) Real (ii) Personal | | | | |
| | 6a | Gross rents | | | | |
| | b | Less: rental expenses | | | | |
| | C | Rental income or (loss) 0 0 | | | | |
| | d | Net rental income or (loss) | 0 | | | |
| | 7a | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | | assets other than inventory | | | | |
| | b | Less: cost or other basis | | | | |
| | ~ | and sales expenses 0 | | | | |
| | С | Gain or (loss) | - | | | |
| | d | Net gain or (loss) | 0 | | | |
| | ű | That gain or (1888) | Ü | | | |
| ē | 8a | Gross income from fundraising | | | | |
| eu | | events (not including \$0 | | | | |
| ě | | of contributions reported on line 1c). | | | | |
| Z. | | See Part IV, line 18 a | | | | |
| Other Revenu | b | Less: direct expenses b | - | | | |
| ō | | Net income or (loss) from fundraising events | 0 | | | |
| | | Gross income from gaming activities. | , | | | |
| | • | See Part IV, line 19 a | | | | |
| | b | Less: direct expenses b | 4 | | | |
| | | Net income or (loss) from gaming activities | 0 | | | |
| | | Gross sales of inventory, less | , | | | |
| | | returns and allowances a 1,795 | | | | |
| | b | Less: cost of goods sold b | 1 | | | |
| | | Net income or (loss) from sales of inventory | 1,795 | | | |
| | | Miscellaneous Revenue Business Code | 1,795 | | | |
| | 11a | | 0 | | | |
| | b | | 0 | | | |
| | C | | 0 | | | |
| | d | All other revenue | 0 | | | |
| | e | Total. Add lines 11a–11d | 0 | | | |
| | 12 | Total revenue. See instructions. | 354.353 | | 0 | 0 |

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Part IX Section 50 Statement of Functional Expenses

| ction 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 | | | | | | | | |
|---|--|-----------------------|------------------------------|-------------------------------------|--|--|--|--|
| | not include amounts reported on lines 6b, 7b, 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 | | · · | , i | , | | | |
| | domestic governments. See Part IV, line 21 | 19,740 | 19,740 | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | |
| | individuals. See Part IV, line 22 | 0 | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | 0 | | | | | | |
| 4 | Benefits paid to or for members | 0 | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | |
| | trustees, and key employees | 22,660 | 14,049 | 7,478 | 1,133 | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | | | | | | |
| 7 | Other salaries and wages | 100,514 | 91,924 | 4,033 | 4,557 | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | 0 | | | | | | |
| 9 | Other employee benefits | 0 | | | | | | |
| 10 | Payroll taxes | 9,454 | 7,646 | 388 | 1,420 | | | |
| 11 | Fees for services (non-employees): | | | | | | | |
| а | Management | 0 | | | | | | |
| b | Legal | 0 | | | | | | |
| С | Accounting | 625 | | 625 | | | | |
| d | Lobbying | 0 | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | | | | |
| f | Investment management fees | 0 | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 0 | | 0 | | | | |
| 12 | Advertising and promotion | 0 | | | | | | |
| 13 | Office expenses | 6,992 | 6,292 | 350 | 350 | | | |
| 14 | Information technology | 0 | | | | | | |
| 15 | Royalties | 0 | | | | | | |
| 16 | Occupancy | 23,656 | 20,108 | 3,548 | | | | |
| 17 | Travel | 0 | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | |
| | for any federal, state, or local public officials | 0 | | | | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | | | | |
| 20 | Interest | 0 | | | | | | |
| 21 | Payments to affiliates | 0 | | | | | | |
| 22 | Depreciation, depletion, and amortization | 4,228 | 3,857 | 371 | 0 | | | |
| 23 | Insurance | 0 | | | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | | | | |
| а | Curriculum Development Expenses | 12,993 | 12,993 | | | | | |
| b | Domestic School Expenses | 12,672 | 12,672 | | | | | |
| С | International School Expenses | 77,212 | 77,212 | | | | | |
| d | Fundraising Expenses | 6,386 | | | 6,386 | | | |
| е | All other expenses Miscellaneous Expenses | 9,143 | 7,581 | 663 | 899 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 306,275 | 274,074 | 17,456 | 14,745 | | | |
| 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) | | | | | | | |

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Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pa | rt X | | |
|---------------|-----|---|----------------------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | . 46,597 | 1 | 25,061 |
| | 2 | Savings and temporary cash investments | . 0 | 2 | |
| | 3 | Pledges and grants receivable, net | . 0 | 3 | 0 |
| | 4 | Accounts receivable, net | . 0 | 4 | 0 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | . 0 | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| ets | | organizations (see instructions). Complete Part II of Schedule L | . 0 | 6 | |
| Assets | 7 | Notes and loans receivable, net | 0 | 7 | 0 |
| ⋖ | 8 | Inventories for sale or use | . 0 | 8 | |
| | 9 | Prepaid expenses and deferred charges | . 0 | 9 | |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D 10a 245,6 | 697 | | |
| | b | Less: accumulated depreciation 10b 37,2 | 290 143,208 | 10c | 208,407 |
| | 11 | Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | . 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | . 0 | 13 | 0 |
| | 14 | Intangible assets | . 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | . 0 | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 16 | 233,468 |
| | 17 | Accounts payable and accrued expenses | | 17 | 4,382 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Š | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| įģ | | disqualified persons. Complete Part II of Schedule L | 0 | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 0 |
| | 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 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 26 | 4,382 |
| | | Organizations that follow SFAS 117 (ASC 958), check here | | | |
| S | | complete lines 27 through 29, and lines 33 and 34. | iiu | | |
| ž | 0.7 | • | | 07 | |
| ala a | 27 | Unrestricted net assets | | | |
| Ä | 28 | Temporarily restricted net assets | | | |
| Fund Balances | 29 | Permanently restricted net assets | | 29 | |
| Ĭ. | | Organizations that do not follow SFAS 117 (ASC958), check here | nd | | |
| ō | | complete lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | 0 | 30 | |
| Net Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ίΑ | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | 229,086 |
| Š | 33 | Total net assets or fund balances | | | 229,086 |
| | 34 | Total liabilities and net assets/fund balances | | | 233,468 |

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| Part | t 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 | | 354 | ,353 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 306 | 3,275 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 48 | 3,078 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 181 | ,009 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | ò | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 3 | | | -1 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) |) | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 0 | | 229 | 9,086 |
| Part | · | | | | |
| | 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: X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Χ |
| | 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 | | Х |
| | 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 | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| C | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | 20 | | |
| | Schedule O. | | | | |
| 32 | | | | | |
| Ja | | | 32 | | |
| h | <u> </u> | | Ju | | |
| | | | 3b | | |
| 3a b | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3a 3b | | |

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Employer identification number

| WIN | MIN | NISTRIES | | | | | 20-26 | 86794 | |
|------|------|---|--------------------------------|--|------------------|-----------------------|------------------------------|------------|-------------------------|
| Par | τl | Reason for Public Char | ity Status (All org | ganizations must co | mplete th | nis part.) | See instructions. | | |
| The | orga | anization is not a private foundat | ion because it is: (F | or lines 1 through 12, | check only | one box. |) | | |
| 1 | | A church, convention of church | es, or association o | f churches described in | n section | 170(b)(1) | (A)(i). | | |
| 2 | | A school described in section 1 | 1 70(b)(1)(A)(ii). (Att | ach Schedule E (Form | 990 or 99 | 90-EZ).) | | | |
| 3 | | A hospital or a cooperative hos | pital service organiz | zation described in sec | tion 170(l | b)(1)(A)(ii | i). | | |
| 4 | | A medical research organizatio | · · · | nction with a hospital c | lescribed | in section | 170(b)(1)(A)(iii). Er | nter the | |
| _ | | hospital's name, city, and state | | | | | | | |
| 5 | | An organization operated for th section 170(b)(1)(A)(iv). (Com | | e or university owned | or operate | ed by a go | vernmental unit desc | cribed in | |
| 6 | | A federal, state, or local govern | ment or governmer | ital unit described in s e | ection 170 |)(b)(1)(A)(| (v). | | |
| 7 | Χ | An organization that normally redescribed in section 170(b)(1) | | | m a gove | rnmental ι | unit or from the gene | ral public | ; |
| 8 | | A community trust described in | section 170(b)(1)(A | A)(vi). (Complete Part | II.) | | | | |
| 9 | | An agricultural research organi | | | | d in coniur | nction with a land-gra | ant collec | ie |
| | | or university or a non-land-grar university: | | | | | | | , - |
| 10 | | An organization that normally re | eceives: (1) more th | an 33 1/3% of its supp | ort from c | ontributior | ns, membership fees | s, and gro | ss |
| | | receipts from activities related t | | | | | | | |
| | | support from gross investment acquired by the organization af | | | | | | sses | |
| 11 | | An organization organized and | · | ` ` ` ` ` | ` ' | , | | | |
| 12 | | An organization organized and | operated exclusivel | y for the benefit of, to | perform th | e function | is of, or to carry out | the purpo | ses |
| | - | of one or more publicly support Check the box in lines 12a thro | | | | | | | |
| а | | Type I. A supporting organiz | ation operated, sup | ervised, or controlled b | y its supp | orted orga | anization(s), typically | y by givin | g |
| | • | the supported organization(sorganization. You must con | | | majority o | of the direc | ctors or trustees of the | ne suppo | rting |
| b | | Type II. A supporting organia | | | | | | | |
| | | control or management of th | | | ime perso | ns that co | ntrol or manage the | supporte | d |
| _ | | organization(s). You must of Type III functionally integral. | | | n connoct | ion with | and functionally into | rated wit | h |
| С | | its supported organization(s | | | | | | jiaieu wii | 11, |
| d | | Type III non-functionally in | · · · / | • | | | • | anization | ı(s) |
| | | that is not functionally integr | | | | | | tentivene | ss |
| | | requirement (see instruction | • | · | | | | - 101 | |
| е | | Check this box if the organized functionally integrated, or Ty | | | | | ı Type I, Type II, Typ | e III | |
| f | | Enter the number of supported | • | | - | | | | 0 |
| g | | Provide the following information | | | | | | | |
| | (i) | Name of supported organization | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetary | ` ' | mount of |
| | | | | (described on lines 1–10 above (see instructions)) | - | ur governing ment? | support (see instructions) | | upport (see uctions) |
| | | | | ,, | | | , | | , |
| | | | | | Yes | No | | | |
| (A) | | | | | | | | | |
| /D\ | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| | | | | | | | | | |
| (D) | _ | | | | | | | | |
| | | | | | | | | | |
| (E) | | | | | | | | | |
| Tota | | | | | | | 0 | | 0 |
| | | | | | | | . () | | U |

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.)

| Sec | ction A. Public Support | | | | | | |
|------------|--|--|---|---|--|-----------------|------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 122,501 | 181,922 | 221,176 | 256,112 | 280,508 | 1,062,219 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 5 | Total. Add lines 1 through 3 | 122,501 | 181,922 | 221,176 | 256,112 | 280,508 | 1,062,219 |
| | shown on line 11, column (f) | | | | | | 328,299 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 733,920 |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 122,501 | 181,922 | 221,176 | 256,112 | 280,508 | 1,062,219 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,592 | 1,247 | 968 | 645 | 1,542 | 6,994 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,069,213 |
| 12 13 | Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the or organization, check this box and stop here. | rganization's first, s | econd, third, fourth | | s a section 501(c) | , | 256,326 |
| Sec | ction C. Computation of Public Sup | pport Percenta | ige | | | | |
| 15 | Public support percentage for 2018 (line 6, c Public support percentage from 2017 Schedu | ule A, Part II, line 1 | 4 | | | 14 15 | 68.64% 70.48% |
| 104 | 33 1/3% support test—2018. If the organization qualifies as | | | | · · · · · · · · · · · · · · · · · · · | | > X |
| b | 33 1/3% support test—2017. If the organization qualified box and stop here. The organization qualified | | | | | | > |
| 17a | 10%-facts-and-circumstances test—2018 10% or more, and if the organization meets t Part VI how the organization meets the "facts organization | the "facts-and-circu s-and-circumstance | mstances" test, ch es" test. The organ | eck this box and s ization qualifies as | top here. Explain a publicly support | in ed | > _ |
| b | 10%-facts-and-circumstances test—2017 15 is 10% or more, and if the organization mexplain in Part VI how the organization meet supported organization. | eets the "facts-and- ts the "facts-and-cire | -circumstances" te cumstances" test. | st, check this box a The organization q | and stop here. Jualifies as a public | sly | ▶ □ |
| 18 | Private foundation. If the organization did r | not check a box on | line 13, 16a, 16b, | 17a, or 17b, check | this box and see | | ▶□ |

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

Open to Public

2c

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ►Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number WIN MINISTRIES 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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

| - | > |
|-----|---|
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year |
| | ▶ \$ |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? |
| | and section 170(h)(4)(B)(ii)? |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the |
| | organization's accounting for conservation easements. |
| Par | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. |
| | Complete if the organization answered "Ves" on Form 000, Part IV, line 8 |

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during

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

Number of conservation easements on a certified historic structure included in (a)

Number of conservation easements included in (c) acquired after 7/25/06, and not on a

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

Number of states where property subject to conservation easement is located

- If the organization elected, as permitted under SFAS 116 (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.
- If the organization elected, as permitted under SFAS 116 (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:
- 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 SFAS 116 (ASC 958) relating to these items:
- **b** Assets included in Form 990, Part X.

Yes

3

5

6

| Part | Organizations Maintaining C | Collections of A | rt, Histo | <u>rical Tre</u> | asures, or | <u>Other</u> | Similar Asset | t s (conti | nued) | |
|--------|---|---------------------------|--------------------|------------------|--------------------------|--------------|--------------------------|-------------------|-----------|--------|
| 3 | Using the organization's acquisition, accollection items (check all that apply): | ccession, and other | r records, o | check any | of the follow | ing that | are a significant | use of it | S | |
| а | Public exhibition | | d | Loan or | exchange pr | ograms | | | | |
| b | Scholarly research | | е 🗀 | Other | | _ | | | | |
| | Preservation for future generation | 6 | · _ |] 011101 | | | | | | |
| С 4 | Provide a description of the organization | | l ovoloin h | ow thoy fi | irthor the org | onizatio | n's exempt purp | oco in Da | ort | |
| 4 | XIII. | on's conections and | і ехріаін н | Ow they it | uriner ine orga | ariizatio | irs exempt purp | 056 111 F | 111 | |
| 5 | During the year, did the organization s | olicit or receive dor | nations of a | art, histori | cal treasures | or othe | er similar | | | |
| | assets to be sold to raise funds rather | | | | | | | Ye | es | No |
| Part | IV Escrow and Custodial Arran Complete if the organization a 990, Part X, line 21. | | on Form 9 | 990, Part | t IV, line 9, o | or repo | rted an amour | nt on Fo | rm | |
| 1a | Is the organization an agent, trustee, concluded on Form 990, Part X? | | | - | | | | ☐ Y | 28 | No |
| b | If "Yes," explain the arrangement in Pa | | | | | | | ·· | <i>~</i> | 110 |
| - | gomen | , | | 9 | • | | | Amount | | |
| С | Beginning balance | | | | | 10 | : | | | 0 |
| d | Additions during the year | | | | | 1d | I | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | • | | | 0 |
| 2a | Did the organization include an amoun | | | | | | | | es X | No |
| b | If "Yes," explain the arrangement in Pa | art XIII. Check here | if the expl | anation h | as been provi | ded on | Part XIII | | | |
| Part | | | | | | | | | | |
| | Complete if the organization a | | n Form 9 | 990, Part | | | | | | |
| | | (a) Current year | | or year | (c) Two years | | (d) Three years bac | k (e) Fo | our years | back |
| 1a | Beginning of year balance | 0 | | 0 | | 0 | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | 0 | | 0 | | 0 | | 0 |
| 2 a | Provide the estimated percentage of the Board designated or quasi-endowmen | • | balance (| iine ig, co | olumn (a)) nei | u as: | | | | |
| a b | Permanent endowment | % | | | | | | | | |
| C | Temporarily restricted endowment | > % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2 | | _ | | | | | | | |
| 3a | Are there endowment funds not in the | possession of the | organizatio | n that are | held and adı | minister | ed for the | | | |
| | organization by: | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | <u></u> | |
| | (ii) related organizations | | | | | | | 3a(ii) | - | |
| b | If "Yes" on line 3a(ii), are the related of | - | - | | | | | 3b | <u> </u> | |
| 4 | Describe in Part XIII the intended uses | | n's endowr | ment fund | S. | | | | | |
| Part | VI Land, Buildings, and Equiporal Complete if the organization a | | on Form (| OOO Dort | + I\/ lino 11a | . 500 | Form 000 Par | rt V lino | 10 | |
| | Description of property | | | | • | | | | | 0 |
| | Description or property | (a) Cost or o (investr | | . , | or other basis other) | ٠, | Accumulated lepreciation | (a) B | ook valu | C |
| 1a | Land | | 0 | Ì | 10,500 | | | | 1 | 0,500 |
| b | Buildings | | 0 | | 197,123 | | 2,921 | | | 94,202 |
| С | Leasehold improvements | | 0 | | 0 | | 0 | | | 0 |
| d | Equipment | - | 0 | | 37,224 | | 33,520 | | | 3,704 |
| e | Other | | 0 | <u> </u> | 850 | | 849 | | | 1 |
| Total | . Add lines 1a through 1e. (Column (d) I | must equal Form 99 | <u>90, Part</u> X, | column (l | B), line 10c.) | <u></u> | • | | 20 | 8,407 |

| Part VII | Investments—Other Securities. Complete if the organization answere | d "Voo" on Form 000 | Part IV line 11h See Form (| 000 Dart V line 12 |
|------------|---|-----------------------|---|------------------------|
| | | | | |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of va Cost or end-of-year i | |
| | al derivatives | 0 | | |
| | held equity interests | 0 | | |
| (3) Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | 0 | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 12.) | 0 | | |
| Part VIII | Investments—Program Related. Complete if the organization answere | ed "Yes" on Form 990, | Part IV, line 11c. See Form 9 | 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of va Cost or end-of-year i | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | _ | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 13.) | 0 | | |
| Part IX | Other Assets. Complete if the organization answere | d "Yes" on Form 990, | Part IV, line 11d. See Form 9 | 990, Part X, line 15. |
| | | escription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Part X | mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answere | | | 0 Form 990, Part X, |
| | line 25. | | | |
| 1. | (a) Description of liability | (b) Book value | | |
| (1) Federa | I income taxes | 0 | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | 0 | | |
| - | or uncertain tax positions. In Part XIII, provide the 's liability for uncertain tax positions under FIN 4 | | _ | |

| Par | • | | | | |
|-----------------------------------|---|-----------------------|-------------------------------------|----------------------------|-------------|
| | Complete if the organization answered "Yes" on Form 990, Part | | | 4 | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | • | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 0 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). | | | 5 | 0 |
| _ | Reconciliation of Expenses per Audited Financial Statement | | | | |
| rai | Complete if the organization answered "Yes" on Form 990, Part | | | ei Netuiii. | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | ' | |
| 2 | | ا ما | Ī | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | | 0 |
| 3 | Subtract line 2e from line 1 | i · · . | | 3 | 0 |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| 4 | | | | | |
| 4 a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| a b | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b | | | |
| a b | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b | | 4c | 0 |
| a b | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b | | | 0 |
| a b c 5 Parí | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b | | 5 | 0 |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; | 5 Part V, line 4; Pa | 0 |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; | 5 Part V, line 4; Pa | 0 |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; | 5 Part V, line 4; Pa | 0 |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; | 5 Part V, line 4; Pa | 0 |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; | 5 Part V, line 4; Pa | 0 |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; | 5 Part V, line 4; Pa | 0 |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; | 5 Part V, line 4; Pa | 0 |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; | 5 Part V, line 4; Pa | 0 |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; ly additional infor | Part V, line 4; Parmation. | ort X, line |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; ly additional infor | Part V, line 4; Parmation. | ort X, line |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; ly additional infor | Part V, line 4; Parmation. | ort X, line |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; ly additional infor | Part V, line 4; Parmation. | ort X, line |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; ly additional infor | Part V, line 4; Parmation. | ort X, line |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; ly additional infor | Part V, line 4; Parmation. | ort X, line |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; ly additional infor | Part V, line 4; Parmation. | ort X, line |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; ly additional infor | Part V, line 4; Parmation. | ort X, line |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; ly additional infor | Part V, line 4; Parmation. | ort X, line |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; ly additional infor | Part V, line 4; Parmation. | ort X, line |
| a b c 5 Pari Provi | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4b Part IV, li | ines 1b and 2b; ly additional infor | Part V, line 4; Parmation. | ort X, line |

| Schedule D (Fo | | WIN MINISTRIES | 20-2686794 | Page 5 |
|----------------|----------|-------------------------------|------------|---------------|
| Part XIII | Suppleme | ental Information (continued) | | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Inspection

Employer identification number

Name of the organization

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

| WIN | MINISTRIES | | | | | 20-2686794 |
|---|---|-------------------------------------|---|--|---|--|
| Par | General Inform Form 990, Part IV | | vities Outside | e the United States. Com | plete if the organization answe | ered "Yes" on |
| 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? | | | | | | |
| 2 | For grantmakers. Descoutside the United State | | e organization's | procedures for monitoring the | e use of its grants and other as | ssistance |
| 3 | Activities per Region. (T | he following Part | t I, line 3 table ca | an 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 |
| (1) | Sub-Saharan Africa | 0 | 0 | Program Services | Leadership and Community Development Centers | 92,011 |
| (2) | South Asia | 0 | 0 | Program Services | Leadership and Community Development Centers | 101 |
| (3) | South America | 0 | 0 | Program Services | Leadership and Community Development Centers | 1,740 |
| (4) | North America | 0 | 0 | Program Services | Leadership and Community Development Centers | 430 |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
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| (14) | | | | | | |
| (15) | | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| | Subtotal | 0 | 0 | | | 94,282 |
| b | Total from continuation | | | | | |
| | sheets to Part I | 0 | 0 | | | 0 |
| С | Totals (add lines 3a and 3b) | 0 | 0 | | | 94,282 |

 Schedule F (Form 990) 2018
 WIN MINISTRIES

 20-2686794
 Page 2

| Par | | | | zations or Entities eived more than \$5,0 | | | | tion answered "Yes" eded. | on Form 990, |
|------|-------------------------------------|--|------------------------|---|--------------------------|---------------------------------------|--|---------------------------------------|--|
| 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) |
| (1) | 1 | | | | | | | | |
| (2) | 1 | | | | | | | | |
| (3) | 1 | | | | | | | | |
| (4) | 1 | | | | | | | | |
| (5) | 1 | | | | | | | | |
| (6) | 1 | | | | | | | | |
| (7) | | | | | | | | | |
| (8) |) | | | | | | | | |
| (9) |) | | | | | | | | |
| (10) |) | | | | | | | | |
| (11) | | | | | | | | | |
| (12) |) | | | | | | | | |
| (13) |) | | | | | | | | |
| (14) |) | | | | | | | | |
| (15) |) | | | | | | | | |
| (16) | | | | | | | | | |
| 2 | Enter total num by the IRS, or f | or which the gran | tee or counsel has pro | ove that are recognized by ided a section 501(c |)(3) equivalency lette | er | • <u> </u> | t | |

Schedule F (Form 990) 2018 WIN MINISTRIES 20-2686794 Page **3**

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.

| | cated if additional space is | | I | | T | T | 1 |
|---------------------------------|------------------------------|--------------------------|-------------------------------------|---------------------------------|--|--|--|
| (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) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (40) | | | | | | | |
| (14) | | | | | | | |
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| (17) | | | | | | | |
| (18) | | | | | | | |

 Schedule F (Form 990) 2018
 WIN MINISTRIES
 20-2686794
 Page 4

| 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 Instructions for Form 926) | Yes | X 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 Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X 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 Instructions for Form 5471) | Yes | X 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 Instructions for Form 8621) | Yes | X 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 Instructions for Form 8865) | Yes | X 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 | | | |

X No

Schedule F (Form 990) 2018 WIN MINISTRIES 20-2686794 Page **5**

Part V Supple

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 WIN makes it a policy to provide grants only to individuals and |
|--|
| organizations it has had an established working relationship/history with. WIN, as part of |
| its due diligence process, requires financial and narrative reports from grant recipients |
| to verify the funds were used for nonprofit purposes. WIN also tries to send |
| representatives to visit the individuals/organizations twice a year to physically inspect |
| their ministry operations. |
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

| WIN MINISTRIES | | | | | | Employer ident | 20-2686794 | |
|--|--|--|---|---------------------------------------|---|---------------------------------------|------------------------------------|--|
| | | | | | | 2 | | |
| Part I General Informatio | n on Grants | and Assistance | | | | | | |
| | award the grant ization's proced Assistance to | s or assistance? . ures for monitoring Domestic Orga | the use of grant funds in transactions and Dome | n the United States. | ts. Complete if the org | ganization answer | . X Yes No | |
| 990, Part IV, line 21 | , for any recip | ient that received | l more than \$5,000. F | Part II can be dupli | cated if additional spa | ce is needed. | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| (1) WOLRD INDIGENOUS MINISTRIE PO BOX 310627 NEW BRAUNFELS, (2) | | | 14,400 | | | | MINISTRY SUPPORT | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
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| (11) | | | | | | | | |
| (12) | | | | | | | | |
| 2 Enter total number of section3 Enter total number of other or | | | | | | | · | |

WIN MINISTRIES

Schedule I (Form 990) (2018)

| Schedule I (F | orm 990) (2018) | | | | | Page | | | |
|---------------|---|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|--|--|--|
| Part III | Grants and Other Assistance | to Domestic Individua | als. Complete if th | e organization answ | ered "Yes" on Form 990 | , Part IV, line 22. | | | |
| | Part III can be duplicated if additional space is needed. | | | | | | | | |
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | | |
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| 7 | | | | | | | | | |
| Part IV | Supplemental Information. Pr | ovide the information re | equired in Part I, li | ne 2; Part III, columr | n (b); and any other addit | ional information. | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization Employer identification number WIN MINISTRIES 20-2686794 Form 990, Part III, Line 4d: Program Service Expenses: 19,740, Grants and allocations: 0, Revenue: 0 Donations: WIN Ministries contributed to the support of three US nonprofit organizations. Form 990, Part VI, Section B, Line 11B: At least 2 board member will review the 990 before it is sent to the IRS, the Treasurer being on of them. Form 990, Part VI, Section C, Line 19: The organization makes copies of its Articles of Incorporation, Bylaws, and 990 returns available to the public upon request. Form 990, Part VI, Section A, Line 2: Sterling & Elizabeth Cliff are married and Timothy Outlaw is their son-in-law.

| Schedule O (Form 990 or 990-EZ) (2018) | Pa | age 2 | 2 |
|--|--------------------------------|-------|---|
| Name of the organization | Employer identification number | | |
| WIN MINISTRIES | 20-2686794 | | |
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