990 Form

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.

2020 Open to Public Inspection

Form 990 (2020)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21C Name of organization D Employer identification number Check if applicable: The Psalm 119 Association Inc Address change Doing business as Woodrow Kroll Ministries 46-2049340 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number P.O. Box 2013 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated <u>Titusville</u> FL 32781 378,500 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Timothy Kroll H(b) Are all subordinates included? If "No." attach a list. See instructions X 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or http://www.psalm119association.org H(c) Group exemption number X Corporation Trust Association Year of formation: 2013 Form of organization: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 1 5 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 475,836 367,206 Revenue 9 Program service revenue (Part VIII, line 2g) 3,292 2,649 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 931 8,168 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 374 477 487,433 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 106,886 99,792 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 185,970 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 178,011 239,379 284,897 339,171 18 Total expenses. Add lines 13--17 (must equal Part IX, column (A), line 25) 202,536 39,329 19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year 1,566,307 1,951,407 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,784 4.411 564,523 946,996 22 Net assets or fund balances. Subtract line 21 from line 20 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. Timeth M. Kell May 23, 2002 Signature of officer Sign Date Timothy Kroll President Here Type or print name and title Print/Type preparer's name arer's signature Paid Ardel Harger 05/23/22 self-employed P00018419 Preparer Harger CPA Group, P.C 47-0841667 Firm's EIN **Use Only** 5701 Thompson Creek Blvd Ste Lincoln, NE 68516 402-420-2900 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Form 990 (2020) The Psaim 119		46-2049340	Page 2
	Service Accomplishments		
Check if Schedule O cor	ntains a response or note to any lir	ne in this Part III	X
1 Briefly describe the organization's missi	on:		
See Schedule O		(natta 11a1ta 11a1a 11	
·		TS*15*15*16*15*15*15*10*******************	
*		Sattatiantatione	
2 Did the organization undertake any signi			
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on	Schedule O.	•	
	or make significant changes in how it cond	ucts, any program	
services?			Yes X No
If "Yes," describe these changes on Sch			
	vice accomplishments for each of its three		
	(4) organizations are required to report the	amount of grants and allocations to others	5,
the total expenses, and revenue, if any,	for each program service reported.		
4a (Code:) (Expenses \$	121,077 including grants of \$) (Revenue \$	367,206)
Woodrow Kroll Ministr Ministries exists to the teaching of the E Christian faith educa little or no Bible or	connect people with sible. The HELIOS Protion in the hand of theology training.	the Author of the Bib ject aims to put a Bi	ple through ble and orldwide with
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4c (Code:) (Expenses \$ N/A	including grants of \$) (Revenue \$	14. A
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÷	V		
4d Other program services (Describe on Sc	hedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses	122 052	0.00	

			res	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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١. ١		**
4	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)	١١		v
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	-	X
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	.		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	_	_
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vae" complete Schoolule D. Port I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
·	the environment historic land group, or historic structures? If "Von " complete School de D. Bert U.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schodule D. Pert III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ť		
	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		х
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.			
а	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
е	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	, , ,			
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	<u>X</u>
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			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			32
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
17	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	47		v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	\rightarrow	<u>X</u>
10		40		Y
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	-	<u>X</u>
10	If "Yes," complete Schedule G, Part III	19		Х
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	200	-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	The state of the s		000	

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	1	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	1		
24-	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 conside Schodule IC 15 this " we to live 25c	24-		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	├ ^
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
_	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			l
	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 Schedule L, Part			
а	IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Vos." complete Schedule I. Part IV	20-		х
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		-
_	"Vas " complete Schedule I Pert IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash 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			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		_
30	related expeniation? If "Vec." complete Schoolule D. Bort V. line 2	26		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠.	and that is treated as a producerbic for federal income has surrounded (150/c fl. accordate Octobrilla D. Dart VII	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Pa	rt 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 in 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 garning (gambling) winnings to prize winners?	1c		

Page 5 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b 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)? X 4a 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 X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 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? X b 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). 7 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a 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 8 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? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Did the organization receive any payments for indoor tanning services during the tax year? X 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? X If "Yes," see instructions and file Form 4720, Schedule N. 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.

Form 990 (2020) The Psalm 119 Association Inc 46-2049340 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 6 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? X 2 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? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 5 Did the organization have members or stockholders? 6 X 6 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? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8Ь 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? X 10a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12¢ X Did the organization have a written whistleblower policy? 13 X 13 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 X Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records Timothy M. Kroll 3680 Oakhill Drive

FL 32780

Titusville

Form 990 (2020) The Ps	alm 119	Association	Inc
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Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 <u>See</u> instructions for the order in which to list the persons above.

Check this box if neither the org	•				aniza	ation	com	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle ficer a	Pos check ess pe	erson directo	than compensated Highest compensated	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Timothy Kroll President	40.00	x		х				99,972	0	0
(2) Gerald Busenitz	0.00									0
Board Member (3) Art Figurski	0.00	X						0	0	0
Board Member (4) William Kriner	0.00	X						0	0	0
Board Member (5) Dr. Woodrow Krol	0.00	X						0	0	0
Chairman (6) Rev. Roscoe De (x		X				0	0	0
Vice Chairman (7) Rev. Dave Hatter	0.00 0.00 field			x				0	0	0
Secretary	0.00			x				0	0	0
(8)										
(9)										
(10)										
(11)	z. 19 39 8 9 m									

	990 (2020) The Psalr rt VII Section A. Officers								46-204 nd Highest Compensated				Page
<u>Pa</u>	(A) Name and title	(B) Average hours per week (list any	(d	o not o	Pos check ess pe	C) ition more erson	than o	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(I Estimated of o compet from	d amour ther nsation	nt
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organiza related org	tion and	
• 15													
• 69													
- 64	. 555												
(4)	030*********************************												
0.0		666											
(0.1)		2000											
1b	Subtotal								99,972				
c d	Total (add lines 1b and 1c)								99,972				_
2	Total number of individuals (in	cluding but not li	mite	d to				bove	e) who received more than	\$100,000 of			
	reportable compensation from	the organization		<u> </u>		_						Yes	No
3	Did the organization list any fo	rmer officer, dir	ecto	r, tru	stee,	key	emp	oloye	e, or highest compensated	t			v
4	employee on line 1a? If "Yes," For any individual listed on line	complete Schede 1a, is the sum	of re	<i>J for</i> eport	<i>suci</i> able	oon con	<i>iiviau</i> ipens	ar ation	n and other compensation	from the	3		X
	organization and related organ										4		x
5	individual Did any person listed on line	la receive or acc	rue	com	pens	atior	fron	n an	y unrelated organization or	individual	-2		
C4	for services rendered to the o		es,"	com	p lete	Sci	nedul	e <i>J</i> 1	for such person		5		X
1	Complete this table for your fi		ensa	ted i	ndep	end	ent c	ontra	actors that received more t	than \$100,000 of			
	compensation from the organization	zation. Report co							ar year ending with or with	in the organization's tax ye		(0)	
-	Name and	(A) business address							Descript	(B) ion of services	C	(C) ompensa	tion
!													
2	Total number of independent received more than \$100,000								e listed above) who	0			

Pa	art \	/III Stateme Check i	ent of f Sch	of Revenue ledule O cont	ains a	a respon	se or note	to any line in thi	s Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated cam	paigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es		1b						
A, C	С	Fundraising eve	ents		1c						
ar Jar	d	Related organiz	ations		1d						
s, e	е	Government grants (c	ontribution	ons)	1e				1		
ion r	f	All other contributions,									
the sta		and similar amounts n	ot includ	ed above	1f		367,206				
d i	g	Noncash contributions	included	in lines 1a-1f	1g	\$					
<u>8</u>	h	Total. Add lines	1a-1	f				367,206			
							Business Code				
S	2a				9.719			4,274	4,274		
Program Service Revenue	b	COGS Helio	s & 1	Book Sales	v			-1,625	-1,625		
n S	C				S-659	. 45 9 . 75					
Rev	d				. 255						
P.	е										
	f	All other program		101							
_	g	Total. Add lines						2,649			
	3	Investment inco	•	-	is, inte	rest, and					
		other similar am						8,168	8,168		
	4	Income from inv		•		•	10400000				
	5	Royalties									
	_			(i) Real		(ii) F	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	C	Rental inc. or (loss)	6c	L							
	7a	Net rental incom Gross amount from	e or (Q					
		sales of assets		(i) Securities	3	(11)	Other				
4	١.	other than inventory	7a								
Ž	b	Less: cost or other	76								
eve		basis and sales exps.	7b			-					
۳		Gain or (loss)	7c			1					
Other Revenue	d	Net gain or (loss Gross income from	•	nielas evente		MSF					
0	oa	(not including \$		•				1			
		of contributions rep		on line 1e)							
		See Part IV, line 18			8a						
	h	Less: direct exp	onese		8b						
	c	Net income or (I									
		Gross income from			CVCITIS						
	-4	See Part IV, line 19		ig activities,	9a			- 1			
	b	Less: direct exp			9b			1			
		Net income or (I				88.8	22 E. D				
- 1		Gross sales of in									
- 1		returns and allow			10a				- 1		
	b	Less: cost of goo			10b						
		Net income or (le			_						
S							Business Code				
Miscellaneous Revenue	11a	Miscellanec	us I	Revenue				477	477		
	b	8				1 1 1 1 1 1 1 1 1					
S S	C					ACCOUNTS CARRY					
ΣΨ	d	All other revenue)		35.5						
	е	Total. Add lines	11a-1	11d				477			
	12	Total revenue.	See ir	structions	.90			378,500	11,294	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 99,792 59,875 9,979 29,938 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 11 Fees for services (nonemployees): Management 4,322 4,322 Legal 4,028 4,028 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 128,073 4,627 123,446 Advertising and promotion 11,161 279 4,169 Office expenses 6,713 13 Information technology 14 Royalties 2,317 1.104 1,213 Occupancy 16 6,152 941 5,211 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,867 1,867 23 Insurance 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.) Grants to Individuals 33,520 32,600 920 Distribution 24,375 24,375 Fees and Licenses 19,420 19,420 C Production 1,692 1,692 e All other expenses 2,452 1,186 322 944 339,171 122,052 31,149 185,970 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Part)		1-2049340		Page 1
	Check if Schedule O contains a response or note to any line in this Part X	yaa	1.050.r	П
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	418,564	1	327,504
2	Savings and temporary cash investments	212,430	2	519,643
3	Pledges and grants receivable, net		3	1,210
4	Accounts receivable, net	241	4	10,282
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			
NS	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use	210,160	8	121,118
9	Prepaid expenses and deferred charges		9	6,157
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
Ь	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	724,912	11	597,816
12	Investments—other securities. See Part IV, line 11		12	33.77323
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	367,677
15	Other seeds On Dark By Eng. 44		15	30.70
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,566,307	16	1,951,407
17	Accounts payable and accrued expenses	1,784	17	4,411
18	Grants payable		18	.,
19	Grants payable		19	
20	Deferred revenue		20	
21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,		- 21	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons		20	
23	Societed martinger and native payable to unrelated third parties		22	
- 1	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			
- 1	parties, and other liabilities not included on lines 17-24). Complete Part X			
0.0	of Schedule D	1,784	25	4 411
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X	1,704	26	4,411
2				
2 2	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	1 564 522		1 046 006
27		1,564,523	27	1,946,996
28	Net assets with donor restrictions		28	
3	Organizations that do not follow FASB ASC 958, check here ▶			
5 20	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	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	1 564 500	31	1 046 006
32	Total net assets or fund balances	1,564,523	32	1,946,996
33	Total liabilities and net assets/fund balances	1,566,307	33	1,951,407

Form **990** (2020)

orn	990 (2020) The Psalm 119 Association Inc 46-2049340		P	age 1
P	Reconciliation of Net Assets			М
	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	378	
2	Total expenses (must equal Part IX, column (A), line 25)	2	339	,171
3	Revenue less expenses. Subtract line 2 from line 1	3	39	,329
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,564	, 523
5	Net unrealized gains (losses) on investments	5	61	,763
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	281,	, 381
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	1,946	, 996
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	110001160		
	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:			
	X 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

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Form **990** (2020)

3a

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2020

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2020

_				19 Association 1			46-204	19340	
_P:	art I	Reas	son for Public Charity	Status. (All organizations	s must	complet	e this part.) See instructi	ons.	
The	orga			se it is: (For lines 1 through 12,					
1				sociation of churches described					
2	П			(A)(ii). (Attach Schedule E (For					
3	П			rice organization described in se					
4	Н	A medical re	esearch organization operate	d in conjunction with a hospital	docariba	d in coeff	om 470/b\/4\/A\/:::\	L 11 - 11	
•		city, and sta		a in conjunction with a hospital	described	ı III SEÇLI	on 170(b)(1)(A)(III). Enter the	nospital's name,	
5				of a college or university over a		4		2.00-1260.000-6	
,	Ш			of a college or university owned	or opera	ted by a	governmental unit described in		
6			O(b)(1)(A)(iv). (Complete Par		4.		***		
7	ᇦ	An organizat	lan that namedly residen	governmental unit described in	section 1	17U(B)(1)(A)(V).		
-		described in	section 170(b)(1)(A)(vi). (0	substantial part of its support fr	om a gov	rernmenta	I unit or from the general publi	С	
Q				170(b)(1)(A)(vi). (Complete Par	4 11 3				
۵									
3	ш	or university	or a non-land great college	scribed in section 170(b)(1)(A)(ix) opera	ted in cor	junction with a land-grant colle	ege	
		university:	or a normand-grant college	of agriculture (see instructions).	Enter the	name, c	ity, and state of the college or		
10	\Box		ion that normally receives: /	1) more than 33 1/3% of its sup	nort from		iono manchanchi forma		
		receipts from	activities related to its exer	npt functions, subject to certain	exception	is: and (2) no more than 331/3% of its	oss	
		support from	gross investment income a	nd unrelated business taxable in	ncome (le	ss section	1 511 tax) from businesses		
	_	acquired by	the organization after June 3	30, 1975. See section 509(a)(2)	. (Comple	ete Part II	l.)		
11				exclusively to test for public safe					
12				exclusively for the benefit of, to				oses	
		of one or mo	ore publicly supported organi	zations described in section 50	9(a)(1) or	section	509(a)(2). See section 509(a)	(3).	
				that describes the type of suppo					
	а	Type I. A	A supporting organization op	erated, supervised, or controlled	by its s	upported	organization(s), typically by giv	ing	
				ver to regularly appoint or elect		of the d	rectors or trustees of the		
			-	complete Part IV, Sections A a					
	b	Type II.	A supporting organization su	pervised or controlled in connection	ction with	its suppo	orted organization(s), by having		
		organizat	r management of the supportion(s). You must complete	rting organization vested in the s Part IV, Sections A and C.	same per	sons that	control or manage the support	ted	
	С			supporting organization operated					
		its suppo	orted organization(s) (see in:	structions). You must complete	Part IV.	Section will	A. D. and E.	/itn,	
	d			d. A supporting organization ope				an/e)	
		that is no	ot functionally integrated. The	e organization generally must sa	atisfy a di	stribution	requirement and an attentiven	ess	
		requirem	ent (see instructions). You r	nust complete Part IV, Sectior	s A and	D, and P	art V.		
	е	Check th	is box if the organization rec	eived a written determination fro	m the IR	S that it is	a Type I, Type II, Type III		
		tunctiona	lly integrated, or Type III no	on-functionally integrated suppor	ting orga	nization.			
			mber of supported organizat		g		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	-00	
				ne supported organization(s).	T				
(1)		of supported	(ii) EiN	(iii) Type of organization (described on lines 1-10	1 ' '	organization ur governing	(v) Amount of monetary	(vi) Amoun	
				above (see instructions))		ment?	support (see instructions)	other support instruction	
					Yes	No	,	11100000011	5)
(A)									
(B)									
(C)									
(D)									
(E)									
otal									

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

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Page 2

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	tion A. Public Support	1				- Care III.)	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	481,150	510,625	505,357	475,836	367,206	2,340,174
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	481,150	510,625	505,357	475,836	367,206	2,340,174
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						2,340,174
Sec	tion B. Total Support					-	
Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	481,150	510,625	505,357	475,836	367,206	2,340,174
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						2,340,174
12	Gross receipts from related activities, etc.	(see instructions)			LELVIS S S .	12	60,317
13	First 5 years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth	or fifth tax year as	s a section 501(c)	(3)	
	organization, check this box and stop her						▶ □
Sec	tion C. Computation of Public Su	apport Percent	age				
14	Public support percentage for 2020 (line 6	column (f) divided	by line 11, column	ı (f))	8 e 4	14	100.00 %
15	Public support percentage from 2019 Sche	edule A, Part II, line	14			15	100.00 %
16a	33 1/3% support test-2020. If the organ	ization did not chec	k the box on line 1	3, and line 14 is 33	3 1/3% or more, cl	heck this	
	box and stop here. The organization quali	fies as a publicly s	upported organizat	ion			▶ X
b	33 1/3% support test—2019. If the organi	zation did not chec	k a box on line 13	or 16a, and line 15	is 33 1/3% or mo	re, check	
	this box and stop here. The organization	qualifies as a public	cly supported organ	nization			>
17a	10%-facts-and-circumstances test—202	0. If the organization	on did not check a	oox on line 13, 16a	, or 16b, and line	14 is	
	10% or more, and if the organization meet	ts the "facts-and-cir	cumstances" test,	check this box and	l stop here. Expla	in in	
	Part VI how the organization meets the "fa	acts-and-circumstan	ices" test, The orga	anization qualifies a	as a publicly supp	orted	
	organization					88 88	▶ □
b	10%-facts-and-circumstances test—201	9. If the organization	on did not check a	box on line 13, 16a	a, 16b, or 17a, and	lline	
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances"	test, check this bo	x and stop here.	Explain	
	in Part VI how the organization meets the	"facts-and-circumst	tances" test. The o	rganization qualifie	s as a publicly su	pported	
	organization						▶ □
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see	3	
	instructions				a		▶ 🗌
_							

Schedule A (Form 990 or 990-EZ) 2020

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.)

	ction A. Public Support		are toole notes	, p			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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.)						
14	First 5 years. If the Form 990 is for the o		second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	
0	organization, check this box and stop her	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4				🕨 🗀
	tion C. Computation of Public St						
15	Public support percentage for 2020 (line 8	, column (f), divide	ed by line 13, colur	nn (f))		15	
16 Sect	Public support percentage from 2019 Schotton D. Computation of Investme	edule A, Part III, III	reenters				%
3 6 6				2 anhum (6)			1
	Investment income percentage for 2020 (Investment income percentage from 2019)	ine ruc, column (1) Schedulo A. Port II), divided by line 1. It line 17	3, column (t))			
19a	Investment income percentage from 2019 3 3 1/3% support tests—2020. If the orga	prization did not ch	eck the hey on line		more than 22 1/21	18	
	17 is not more than 33 1/3%, check this be						№ □
b	33 1/3% support tests—2019. If the orga						
-	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did						
_							

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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).
- 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?
- **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - 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.)

	_	Yes	No
	1		
	2		
	3a		===-
	00		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	9a		
	9b		
	9c		
	10a		
(Fo	10b orm 990	or 990-E	Z) 2020

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

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. 3a

Sched	lle A (Form 990 or 990-EZ) 2020 The PSalm II9 Association II	nc	46-20493	40 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/. 20, '	1970 (explain in Part VI). Se	98
	instructions. All other Type III non-functionally integrated supporting organizations must	comp	lete Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
8	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
6	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		
Sect	ion 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	Гуре І	II supporting organization	
	(see instructions)			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	rage i
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purported	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations to which the organizations are supported organizations.	ation is responsive		
_	(provide details in Part VI). See instructions.			-
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(1)	(D)	/*** <u>\</u>
Soct	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii)
Occi	on L - Distribution Anocations (see Instructions)	Excess Distributions	Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		F16-2020	Amount for 2020
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
	From 2016			
	From 2017			
d	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
_	Carryover from 2015 not applied (see instructions)			
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Forn	n 990 or 990-EZ) 2020	The	Psalm :	119 A	ssociat	ion Inc		46-2049340	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2	Information. IV, Section A 2; Part IV, Sec	Provide to lines 1, 2 ction C, line	he expla 2, 3b, 3d e 1; Par	anations requ c, 4b, 4c, 5a t IV, Section	uired by Par , 6, 9a, 9b, 9 ı D, lines 2 a	9c, 11a, 1 and 3; Par	D; Part II, line 17a of 1b, and 11c; Part I t IV, Section E, line 6, and 8; and Part \	or 17b; Part V, Section es 1c, 2a, 2b,
	lines 2, 5, and	6. Also compl	ete this pa	art for a	nv additiona	Linformation	(See ins	tructions)	, 000001. 2,
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization

Employer identification number

The Psalm 119	Association Inc	46-2049340
Organization type (check on	ne):	
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	
	covered by the General Rule or a Special Rule . (), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See
General Rule		
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$ property) from any one contributor. Complete Parts I and II. See instructions for determ stributions.	
Special Rules		
	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /₃% support test tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), P₄	
	that received from any one contributor, during the year, total contributions of the greater	
	he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts	
	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	
	year, total contributions of more than \$1,000 exclusively for religious, charitable, scien	
	l purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ento stead of the contributor name and address), II, and III.	ering
For an organization de	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	ny one
	year, contributions exclusively for religious, charitable, etc., purposes, but no such	
	nore than \$1,000. If this box is checked, enter here the total contributions that were receedexclusively religious, charitable, etc., purpose. Don't complete any of the parts unless to	
	to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contri	
totaling \$5,000 or mor	e during the year	> \$
Caution: An organization that	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For	m 990,
	st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or	

Page 1 of 2

ane 2

Name of organization

The Psalm 119 Association Inc

Employer identification number 46-2049340

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
, 1	Woodrow & Linda Kroll 1717 Horseshoe Drive Ashland NE 68003	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Cornerstone Baptist Church 930 Frederick Street Cumberland MD 21502	\$ 14,818	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
3	Glenn & Rachael Esbenshade 8 Shadewood Place Lititz PA 17543	s 12,000	Person X Payroll
(a) ·	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Jim & Melinda Smith 2105 W. Austin Street Broken Arrow OK 74011	\$ 25,230	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Paul & Helen Sands 4896 Woodbury Pike Roaring Spring PA 16673	\$ 12,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	The John Calvin Bible Foundation 1160 John Everall Rd Lancaster SC 29720	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

The Psalm 119 Association Inc

Employer identification number 46-2049340

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Everence Foundation, Inc. PO Box 483 Goshen IN 46527	\$ 24,450	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
8	The Signatry 7171 W 95th Street Ste 501 Overland Park KS 66212	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
9	Nutramax Family Foundation 1759 Flat Creek Road Lancaster SC 29720	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Hahn Family Foundation 245 Reading Road East Earl PA 17519	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.11.	Michael Redden 335 Eckman Road Lancaster PA 17603	\$ 9,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Don & Bettrice Mason 3047 26th Avenue N St. Petersburg FL 33713	\$ 7,460	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	Employer identification number
The Psalm 119 Association Inc	46-2049340
Form 990 - Organization's Mission or Most Sign:	ificant Activities
The Psalm 119 Association Inc., dba Woodrow Kro	oll Ministries, exists to
connect people with the Author of the Bible thr	rough the teaching of the
Bible. We are convinced of the greatness of Good	d's Word, concerned for the
growth of God's people, and blessed by the gene	erosity of God's goodness.
The primary Woodrow Kroll ministry is the HELIC	S Projects. The Helios
Projects aim to put a Bible and Christian faith	education in the hand of
the 95% of pastors worldwide with little or no	Bible or theology training.
Form 990 - Organization's Mission	
The Psalm 119 Association Inc., dba Woodrow Kro	oll Ministries, exists to
connect people with the Author of the Bible thr	ough the teaching of the
Bible. We are convinced of the greatness of God	l's Word, concerned for the
growth of God's people, and blessed by the gene	erosity of God's goodness.
Form 990, Part VI, Line 2 - Related Party Infor	cmation Among Officers
Timothy Kroll Woodrow	Kroll
President Chairma	n
Son/Father	
Form 990, Part VI, Line 11b - Organization's Pr	ocess to Review Form 990
Reviewed by Executive officer.	

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

The President (only employee) has his actions reviewed, and if necessary

Name of the organization Employer identification number The Psalm 119 Association Inc 46-2049340 approved, by the Board through monthly reports and annual and semi-annual meetings (one every six months). The Board of Directors only carry on work for the ministry in the Board meetings for which their actions are monitored and reviewed by the entire Board. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request at Organization office. Page 1 of 1

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

OMB No. 1545-0172

(99) Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No 179

Nam	e(s) shown on return The Ps	alm 119 As	sociation I	nc			ying no 2049	umber 9340
Busi	ness or activity to which this form relates							
I	ndirect Depreciat	ion						
P	art I Election To Exper	nse Certain Prop	erty Under Section	on 179				
	Note: If you have a	any listed propert	y, complete Part V	before you o	omplete Part	l.		
1	Maximum amount (see instruction	ns)					1	1,040,000
2	Total cost of section 179 property	placed in service (se	ee instructions)				2	
3	Threshold cost of section 179 pro	perty before reductio	n in limitation (see inst	ructions)			3	2,590,000
4	Reduction in limitation. Subtract lin		ro or loss onton A			20 30 3	4	*
5	Dollar limitation for tax year. Subtract lir	ne 4 from line 1. If zero					5	1,040,000
6	(a) Description	of property	(b)	Cost (business use	only) (c) E	lected cost		
_								
7	Listed property. Enter the amount	from line 29	500 Mary 1		7			
8	Total elected cost of section 179 p	property. Add amount	s in column (c), lines 6	and 7			8	
9	Tentative deduction. Enter the sm	nalier of line 5 or line	8			2,000	9	0
10	Carryover of disallowed deduction	from line 13 of your	2019 Form 4562				10	1,326
11	Business income limitation. Enter	the smaller of busine	ss income (not less that	an zero) or line	5. See instruction	s	11	0
12	Section 179 expense deduction. A	dd lines 9 and 10, be	ut don't enter more than	line 11			12	0
13	Carryover of disallowed deduction	to 2021. Add lines 9	and 10, less line 12		13	1,3	326	
Note	: Don't use Part II or Part III below	for listed property. In	stead, use Part V.					
_Pa	art II Special Depreciati	on Allowance a	nd Other Depreci	ation (Don't	include listed	property	y. Sec	instructions.)
14	Special depreciation allowance for							
	during the tax year. See instruction	ns					14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACF	RS)					16	
Pa	art III MACRS Depreciat							
			Section A	\				
17	MACRS deductions for assets place	ced in service in tax	years beginning before	2020			17	0
18	If you are electing to group any assets placed	I in service during the tax ye	ear into one or more general as	set accounts, check	here			
	Section B—A	ssets Placed in Ser	vice During 2020 Tax	Year Using the	e General Depre	ciation Sy	/stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)		(e) Convention	(f) Metho	od	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
C	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
		sets Placed in Servi	ce During 2020 Tax Y	ear Using the	Alternative Depr	eclation S	System	
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
С	30-year			30 yrs.	MM	S/L		
	40-year			40 yrs,	ММ	S/L		
Pa	rt IV Summary (See ins	tructions.)						
21	Listed property. Enter amount from			. 6. 50	V		21	
22	Total. Add amounts from line 12, I							
22	here and on the appropriate lines				ctions		22	
23	For assets shown above and place portion of the basis attributable to		ne current year, enter t	ie	23			

P53FYE The Psalm 119 Association Inc 46-2049340 Federal Statements

FYE: 6/30/2021

Taxable Dividends from Securities

Description						
	82-	Amount	Unrelated Business		Acquired after 6/30/75	US Obs (\$ or %)
	\$	860				
		7,308				
Total	\$	8,168				

322 322 Fund Raising **U**}-Management & General 944 944 S Form 990, Part IX, Line 24e - All Other Expenses 485 251 241 209 1,186 Program Service Federal Statements €S 1,429 573 241 209 2,452 Expenses Total *د*رۍ P53FYE The Psalm 119 Association Inc Description Bank Service Charges Miscellaneous Change in Inventory FYE: 6/30/2021 46-2049340 Total Meals

		Amount 4,274 -1,625 860	7,308 477 11,294			
		Am	W.			
	nt year					
deral Statements	Schedule A. Part II. Line 12 - Current year					
ederal St	A. Part II. Lir					
<u>т</u>	Schedule	Description				
ociation Inc						
P53FYE The Psalm 119 Association Inc 46-2049340 FYE: 6/30/2021		Sales Book Sales	Revenue			
P53FYE The Pt 46-2049340 FYE: 6/30/2021		Helios & Book COGS Helios &	Miscellaneous Total			
<u> </u>		He	Mi			