** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

A F	or the	e 2023 calendar year, or tax year beginning	and	ending	_				
B (Check if applicable	C Name of organization			D Employer identifie	cation number			
	Addres	e Katy Christian Ministri	ies						
	Name change	Doing business as			76-01571	23			
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not del 3506 Porter Rd	livered to street address)	Room/suite	E Telephone numbe 281-391-				
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$ 9,472,857.				
	Ameno return	Raty, IA //493-2410			H(a) Is this a group re				
	Applic tion pendir	F Name and address of principal officer. Deg	si Crespo		for subordinates	·····- —			
		same as C above	(; ,)		H(b) Are all subordinates in				
		empt status: $X = 501(c)(3) = 501(c)(0)$ te: www.ktcm.org	(insert no.) 4947(a)(1)	or 527	-	list. See instructions			
	Nebsit		ssociation Other	I Vaar	of formation: 1984	n number M State of legal domicile: TX			
	art I	Summary	occolution Circle	L 1 cai	or formation. 1904 h	VI State of legal dofficile, 121			
_	1	Briefly describe the organization's mission or most							
Governance		persons in crisis and cris	sis intervention	to ci	<u>rime victims</u>	•			
erne	2	-	ntinued its operations or dispos	sed of more	1				
ŏ	3	Number of voting members of the governing body			3	20			
	1 -	Number of independent voting members of the gov				20 84			
Activities &		Total number of individuals employed in calendar y				4196			
ţi		Total unpeleted business revenue from Part VIII. as				0.			
Ac		Total unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form				0.			
		TVEL UITTEIALEU DUSITIESS LAXABIE ITTCOTTE ITOTTT OTTT	990-1, 1 art 1, line 11		Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)			6,986,158.	7,737,880.			
Revenue	9	D ' 'D 11/111 11 0 1			0.	0.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4,			2,626.	124,933.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			19,890.	571.			
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		7,008,674.	7,863,384.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,231,390.	4,648,586.			
	1	Benefits paid to or for members (Part IX, column (A			0.	0.			
es	15	Salaries, other compensation, employee benefits (F			2,014,244.	2,369,720.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	222		0.	0.			
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line			972,879.	1,397,822.			
	''	Other expenses (Part IX, column (A), lines 11a-11d,			7,218,513.	8,416,128.			
	1	Total expenses. Add lines 13-17 (must equal Part I)			-209,839.	-552,744.			
	19	Revenue less expenses. Subtract line 18 from line	12	Be	eginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)			5,622,878.	4,640,769.			
ASSI	21	Total liabilities (Part X, line 26)			2,497,409.	2,068,044.			
-Net	22	Net assets or fund balances. Subtract line 21 from	line 20		3,125,469.	2,572,725.			
Pa	art II	Signature Block		•	-				
		Ities of perjury, I declare that I have examined this return,				knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wh	nich preparer	has any knowledge.				
		Electronically Filed Signature of officer			l Date				
Sign			l moaton		Date				
Her	е	Deysi Crespo, Executive Di Type or print name and title	rector						
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN			
Paid	i		Barbara Murphy)9/14/24 self-employ				
	arer	Firm's name Blazek & Vetterlin		6-0269860					
	Only	Firm's address 2900 Weslayan, Su:			THIN SEIN 7				
	,	Houston, TX 77027	-		Phone no. 71	3-439-5739			
May	/ the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No			

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	See Schedule O.	
	Did the experiention undertake any configurat program positions during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	_ NO
2		Пыс
3		.」NO
4	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a)
	KCM Social Services assistance program provides emergency financial assistance such as rent, mortgage, utilities, and clothing to families	
	in the service area. The food pantry distributes USDA food, donated	
	food, and personal care items to needy families in the service area.	
	100d, and personal care Items to needy families in the service area.	
	·	
	·	
	1 102 F20	
4b	(Code:) (Expenses \$1, 183, 539. including grants of \$) (Revenue \$)
	KCM Resale Stores offer donated gently used merchandise at a reasonable	<u>e</u>
	price to the community. Stores also accept vouchers issued by KCM	
	Social Services and KCM Crisis Center to clients in need.	
4c	(Code:) (Expenses \$)
	KCM Crisis Center provides emergency financial assistance and/or	
	advocacy to victims of domestic or sexual abuse. The Center also	
	provides education to individuals and groups concerning these issues.	
	Professional counseling services are provided to victims of domestic	
	abuse and sexual abuse free of charge.	
4 d	Other program services (Describe on Schedule O.)	
14	(Expenses \$ including grants of \$) (Revenue \$)	
	η Επροπούο ψ / (Πονοπίας ψ / (Πονοπίας ψ	

Form 990 (2023) Katy Christian Ministries Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	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 candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	3			1 37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			, v
40	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		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	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	4.41-		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		125
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u>''</u> _		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	•	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form	1990 (2023) Katy Christian Ministries 76-	<u>-0157123</u>	Р	age 4
Pa	rt 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		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curre	ent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			\ _{3,7}
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	I		
				х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	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		Х
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% cont			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part I			Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	"		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes." complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	ation?		l
	If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
1 0	Observit Cabadula O contains a vacanage or materia and line in this Book V			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Enter the number reported in her 2 of Form 1000 Enter 0 if not and inches	3	Yes	NO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W 2G included on line 1a. Enter 0, if not applicable	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			

(gambling) winnings to prize winners?

Form 990 (2023) Katy Christian Ministries

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	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		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filling requirements for Fig.CFN Form 114. Beneat of Foreign Bank and Figure 1940 Assemble (FRAR)			
5 0	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
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	30		
oa	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
12a	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			
13	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) Katy Christian Ministries 76-0157123 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

1a Enter the number of voting members of the governing body at the end of the tax year 1 filter are material differences in voting rights among nembers of the governing body, of if the governing body elegisted broad atthorty to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or few yemployee? 3 Did the organization delegated 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? 4 Did the organization become aware during the year of a significant diversion of the organization seases? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization the governing body? 6 Did the organization onethogenoment the meetings field or written actions undertaken during the year by the following: a The governing body? 5 Did the organization onethogenoment the meetings field or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 8 Did the organization onethogenomeneuty document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Did the organization nakes to call chapters, branches, or affiliates? 10 Did the organization thave a written polic		Check if Schedule O contains a response or note to any line in this Part VI			X
The Enter the number of voting members of the governing body at the end of the tax year	Sec				
If the size in marker of voting members of the governing body at the end of the tax year If the size in enables differences in worting 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 0. b Firster the number of voting members included on line 1s, above, who are independent 2				Yes	No
If there are matried 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 0. b Erner the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of officers, directors, trustees, or key employees to a management company or other person? 5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders? 7b Did the organization have members, stockholders? 7a Did the organization have members, stockholders? 7b Did we organization have members, stockholders? 7a Did the organization have members, stockholders? 7b Did we organization have members, stockholders? 7a Did the organization of the committee of the powering body? 5 Did we any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization of the powering body? 7b Did the organization of the powering body? 7c Did the organization of the powering body? 8b Each committee with authority to act on behalf of the governing body? 9c Did the organization with authority to act on behalf of the governing body? 9c Did the organization of the powering body? 9c Did the organization have local chapters, branches, or affiliates? 10a Did the organization have local chapters, branches, or affiliates? 10b Did the organization have local chapters, branches, or affiliates? 10c Did the organization have local chapters, branches, or affiliates? 10b Did organization have a written conflict of the development process for determinin	1a	Enter the number of voting members of the governing body at the end of the tax year 20			
b Enter the number of voting members included on line 1a, above, who are independent to the process of the proc					
b Enter the number of voting members included on line 1a, above, who are independent 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 employees that a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members are stockholders? 6 Did the organization have members are stockholders? 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? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization to contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization orseting probage listed in Part IVII, Section A, who cannot be reached at the organization in mailing address? If I Year provide the names and addresses on Schedule O 9 Did the organization have local chapters, branches, or affiliates? 10a Did the organization have local chapters, branches, or affiliates? 10b If Year's, 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 is exempt purposes? 10b If Year's, did the organizatio					
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on Schedule O how this was done					
Did the organization have a written whistleblower policy? 13		,	12c	Х	
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? 15 The organization's CEO, Executive Director, or top management official 15 Other officers or key employees of the organization 16 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Dif "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? 16 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 2 Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records	13				
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20 State the name, address, and telephone number of the person who possesses the organization's books and records					
	20				
Deysi Crespo - 281-391-5261		Deysi Crespo - 281-391-5261			
		3506 Porter Rd, Katy, TX 77493			

Form 990 (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Positi (do not check n			ition more	than o		Reportable	Reportable	Estimated
	hours per week		box, unless pe officer and a					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	ao			rted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		9	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tn	tional		yoldr	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Deysi Crespo	50.00									
Executive Director				Х				96,356.	0.	3,000.
(2) Becce Wallace	3.50									
President		Х		Х				0.	0.	0.
(3) Anita Mancini	2.50									
Vice President		Х		Х				0.	0.	0.
(4) Stan Simmons	3.75									
Secretary		Х		Х				0.	0.	0.
(5) Kevin Hollis	2.25									
Treasurer		Х		Х				0.	0.	0.
(6) Don Flowers	1.25									
Parliamentarian		Х		Х				0.	0.	0.
(7) Kent Black	0.75									
Director		Х						0.	0.	0.
(8) Stephen Blackmun	1.75									
Director		Х						0.	0.	0.
(9) Alfred Castillo	1.50									
Director		Х						0.	0.	0.
(10) Debbie Deluca	2.00									
Director		Х						0.	0.	0.
(11) Barney Harris	1.00									
Director		Х						0.	0.	0.
(12) Chris Harris	0.50									
Director		Х						0.	0.	0.
(13) Richard Huebner	1.00									
Director		Х						0.	0.	0.
(14) Patti Lacy	1.50									
Director		Х						0.	0.	0.
(15) Rodolfo Lobera	1.25									
Director		Х						0.	0.	0.
(16) Iain Murray	1.00									
Director		Х						0.	0.	0.
(17) George Puig	1.00									
Director		Х						0.	0.	0.

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trus		JIOY	ees,			gnes	it C		,	$\overline{}$		(=\	
(A)	(B) Average			Posi		1		(D)	(E)		_	(F)	1
Name and title	hours per		do not check more than one ox, unless person is both an					Reportable compensation	Reportable compensatio	- 1		stimate nount	
	week			nd a di				from	from related	- 1	۵.	other	0.
	(list any	ector						the	organization	s	com	pensa	tion
	hours for	or dir	g.			ated		organization	(W-2/1099-MIS	iC/		rom th	
	related organizations	ıstee	truste		ao	bens		(W-2/1099-MISC/	1099-NEC)		_	janizat	
	below	ual tru	ional		ploye	t com		1099-NEC)				d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	ailizati	0113
(18) Jason Smith	0.75	_	 		×	1	_						
Director		Х						0.		0.			0.
(19) Miranda Ware	1.25												
Director		Х						0.		0.			0.
(20) Penny Whited	2.25												
Director	0.50	Х						0.		0.			0.
(21) Patricia Wood	0.50	-											0
Director		Х						0.		0.			0.
		-											
		 								-			
		-											
										\dashv			
		1											
										\neg			
1b Subtotal								96,356.		0.		3,0	
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								96,356.		0.		3,0	00.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			0
compensation from the organization												Yes	0 No
2 Did the examination list any farmer officer	director truct	ا مما		امسا	0.10		hia	beet compensated empl	0,400 00	ſ		162	NO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		•		•		•		•		3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•		•					·	ŭ		4		х
5 Did any person listed on line 1a receive or a	,		•										
rendered to the organization? If "Yes," com	· · · · · · · · · · · · · · · · · · ·				-			~			5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fr	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A) Name and business	addraga	37/	~ ****	,				(B) Description of s	ontions	C)) cames	C) nsatio	n
ivalle and business	addiess	11/	ONE	<u> </u>			\dashv	Description of s	ervices		ompe	iisalio	"
							\dashv						
2 Total number of independent contractors (ii	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization	· ·				C)							

			Check if Schedule O c	onta	ains a r	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
S S	1	1 2	Federated campaigns			1a	359,413.				
ant						1b	, , , , , , , , , , , , , , , , , , , ,				
20.5			Membership dues Fundraising events			1c	180,431.				
fts,			Related organizations			1d	100,101.				
Contributions, Gifts, Grants and Other Similar Amounts						1e	1,641,862.				
ons,			Government grants (contri			1e	1,041,002.				
utic		f	All other contributions, gifts, g				5,556,174.				
ē			similar amounts not included			1f	5,200,780.				
o d		g	Noncash contributions included in li	ines 1	a-1f	1g \$	3,200,780.	7 727 000			
O g		n	Total. Add lines 1a-1f				B 0. 4.	7,737,880.			
							Business Code				
<u>ce</u>	2	2 a									
Program Service Revenue		b									
		С									
		d									
rog F		е									
Ф			All other program service r								
		g	Total. Add lines 2a-2f								
	3	3	Investment income (includ	ing c	dividen	ds, intere	est, and				
			other similar amounts)								
	4	1	Income from investment of	f tax	-exem	ot bond p	proceeds				
	5	5	Royalties								
					(i)	Real	(ii) Personal				
	6	a a	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	7 a	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a			180,118.				
		b	Less: cost or other basis								
e			and sales expenses	7b			55,185.				
en		С		7c			124,933.				
Re/			Net gain or (loss)					124,933.			124,933.
her Revenue	8		Gross income from fundraisin								
₽					431.						
			contributions reported on	line ⁻	1c). Se	e					
			Part IV, line 18		•	8a	110,874.				
		b					93,342.				
		С	Net income or (loss) from f	und	raising	events		17,532.			17,532.
	g		Gross income from gaming								
			Part IV, line 19	-							
		b	Less: direct expenses				,				
			Net income or (loss) from g								
	10		Gross sales of inventory, le								
			and allowances				1,443,985.				
		b	Less: cost of goods sold				1,460,946.				
			Net income or (loss) from s					-16,961.	-16,961.		
			5. (1005)				Business Code	,	,		
sno	11	1 a									
nec	- '	b									
Miscellaneous Revenue		C									
isce			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instructio					7,863,384.	-16,961.	0.	142,465.
			. J. W. I D. TOTI W. O. O. O. III J. II U. III U.	יוי				, ,	,		, ,

Form 990 (2023) Katy Christian Ministries 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 respon	se or note to any line in t	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,648,586.	4,648,586.		
3	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				
5	Compensation of current officers, directors,				
	trustees, and key employees	99,356.		39,743.	59,613.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,978,052.	1,518,269.	236,265.	223,518.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	82,028.	62,232.	10,064.	9,732. 28,519.
10	Payroll taxes	210,284.	153,908.	27,857.	28,519.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	35,030.		35,030.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4.0.04			
	column (A), amount, list line 11g expenses on Sch 0.)	10,831.	8,837.	1,925.	69. 59.
12	Advertising and promotion	1,352.	171.	1,122.	
13	Office expenses	179,706.	112,609.	29,337.	37,760.
14	Information technology	39,448.	25,431.	11,696.	2,321.
15	Royalties	425 206	407 455	2 062	2 070
16	Occupancy	435,296.	427,455.	3,963.	3,878.
17	Travel	5,488.	5,033.	192.	263.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6 700	60.	F 604	1 106
19	Conferences, conventions, and meetings	6,790. 50,977.	35,717.	5,624. 7,281.	1,106. 7,979.
20	Interest Payments to affiliate	50,977.	33,111.	1,201.	1,313.
21	Payments to affiliates	122,835.	114,215.	4,116.	4,504.
22 23		74,601.	47,284.	24,212.	3,105.
	Other expenses. Itemize expenses not covered	74,001.	17,201.	24,212.	3,103.
24	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 0.)				
а	Loss from cyber attack	340,587.		340,587.	
b	Repairs and maintenance	74,635.	47,165.	26,329.	1,141.
c	Dues and subscriptions	14,200.	6,505.	2,419.	5,276.
d	Staff development	6,046.	2,556.	3,380.	110.
	All other expenses	,	,	•	_
25	Total functional expenses. Add lines 1 through 24e	8,416,128.	7,216,033.	811,142.	388,953.
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)				
_		·	·		Form 990 (2022)

Form 990 (2023)
Part X Balance Sheet

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			885,281.	1	477,522.
	2	Savings and temporary cash investments			354,451.	2	250,000.
	3	Pledges and grants receivable, net			636,039.	3	333,197.
	4	Accounts receivable, net				4	189,755.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e perso	onsL		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			211,716.	8	174,645.
¥	9	5			64,180.	9	48,491.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,057,866.			
	b	Less: accumulated depreciation	2,753,715.	10c	2,664,189.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	717,496.	15	502,970.		
	16	Total assets. Add lines 1 through 15 (must equa	5,622,878.	16	4,640,769.		
	17	Accounts payable and accrued expenses		224,188.	17	203,150.	
	18	Grants payable		18			
	19	Deferred revenue		143,544.	19	1,841.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ons		22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	1,355,384.	23	1,324,963.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	yables [·]	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	554 000		
		of Schedule D			774,293.	25	538,090.
	26	Total liabilities. Add lines 17 through 25			2,497,409.	26	2,068,044.
w		Organizations that follow FASB ASC 958, che	ck here	e X			
če		and complete lines 27, 28, 32, and 33.			2 460 256		2 220 221
alar	27	Net assets without donor restrictions	2,460,256.	27	2,229,321.		
Ä	28	Net assets with donor restrictions	665,213.	28	343,404.		
Ĕ		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ĕ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Ä	31	Retained earnings, endowment, accumulated in			2 125 460	31	2 572 725
Š	32	Total net assets or fund balances		3,125,469.	32	2,572,725.	
	33	Total liabilities and net assets/fund balances			5,622,878.	33	4,640,769.

Pai	TXI 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	7,86		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,41		
3	Revenue less expenses. Subtract line 2 from line 1	3	-55		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,12	5,4	<u>69.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,57	2,7	<u> 25.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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 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 Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	·	3b	X	
			Form	990 ((2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Katy Christian Ministries

Employer identification number

76-0157123 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

(Form 990) 2023 Katy Christian Ministries 76-0157 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4417391.	7257247.	7825879.	6986158.	7737880.	34224555.
2	Tax revenues levied for the organ-						
	ization'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	4417391.	7257247.	7825879.	6986158.	7737880.	34224555.
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)						24224555
	Public support. Subtract line 5 from line 4.						34224555.
		(-) 0040	(I-) 0000	(-) 0004	(-1) 0000	(-) 0000	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2019 4417391.	(b) 2020 7257247.	(c) 2021 7825879.	(d) 2022 6986158.	(e) 2023 7737880	(f) Total 34224555.
	Amounts from line 4	441/391.	1231241.	1023013.	0300130.	7737000.	34224333.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	9,849.	4,638.	22,083.	6,626.	0.	43,196.
۵	Net income from unrelated business	3,043.	±,050.	22,005.	0,020.	<u> </u>	43,1301
9	activities, whether or not the						
	business is regularly carried on	722.	5,888.	3,597.	15,458.	17,532.	43,197.
10	Other income. Do not include gain	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,000	3,33,4	23,1331	27,70021	10/10/1
	or loss from the sale of capital						
	assets (Explain in Part VI.)			38,727.			38,727.
11	Total support. Add lines 7 through 10						34349675.
	Gross receipts from related activities,	etc. (see instruction	ns)				,189,961.
	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stop	-					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	vided by line 11, o	olumn (f))		14	99.64 %
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	99.17 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s

Schedule A (Form 990) 2023 Katy Christian Ministries | 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization'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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(0) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Var	NI.
	Yes	No
1		
2		
3a		
3b		
3c		
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 10b	. 000	0000
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	dule A (Form 990) 2023 Katy Christian Ministries 76	-015712	3 Pa	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	110		
	71 11 5 5		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	rs, ed		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	tion 217th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	tions).		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	see instruction	′	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O I.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Га	T V Type III Non-Functionally integrated 509(a)(5) Support	ng Organi	Zalions	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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-function	ally integrated	Type III supporting orga	unization (see

Schedule A (Form 990) 2023

instructions).

Scne	dule A (Form 990) 2023 Racy CITESCE	III MIIIISCIIES			O-UIS/IZS Page /				
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sec	ection D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1					
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	;	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which	the organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount		1	10					
		(i)	/ii\		/iii)				

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Part V	Part IV, Sec	tion A, l IV, Secti	ines 1, 2, on D, line	3b, 3c, 4 es 2 and 3	lb, 4c, 5a 3; Part IV	a, 6, 9a, 9 /, Section	b, 9c, 11a E, lines 1	a, 11b, a c, 2a, 2	and 11c b, 3a, a	; Part IV, nd 3b; Pa	Section art V, line	B, lines ` 1; Part `	1 and 2; V, Sectic	Part IV, Son B, line 1	ection C,
	Section D, I (See instruc	ines 5, 6 tions.)	6, and 8; a	and Part \	V, Sectio	on E, lines	2, 5, and	l 6. Also	comple	te this p	art for ar	y additic	onal infor	mation.	
Sched	dule A, E	Part	II,	Line	10,	Expla	anati	on f	or C	ther	Inc	ome:			
Insui	rance pro	oceed	ls												
	Amount:		38,7	27.											
	IIIIO GIIO I	<u> </u>	3071												

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Katy Christian Ministries

76-0157123

Organization type (check one):

Filers of: Section:

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						
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one go the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.						
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one go the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering (b) instead of the contributor name and address), II, and III.						
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively be, etc., contributions totaling \$5,000 or more during the year\$						
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must						

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

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

Katy Christian Ministries

76-0157123

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,301,482.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$311,664 .	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		\$391,776.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 222,038.	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		\$ 180,837.	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
6		\$159,917 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Katy Christian Ministries

76-0157123

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 337,648.	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
8		\$359,413.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Katy Christian Ministries

76-0157123

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Food inventory		
		\$3,301,482.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Food inventory		
		\$391,776.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** Katy Christian Ministries 76-0157123 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Katy Christian Ministries

Employer identification number 76-0157123

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribut	ion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquire	red after July 25, 2006, an	d not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or ter	minated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enfo	rcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	•	. , , , , ,	
	and section 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fi	nancial statements th	at describes the
D -	organization's accounting for conservation easements.	Aut Historical Topos	Oth C	Similar Assats
Pa	t III Organizations Maintaining Collections of		sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finan-			
b	If the organization elected, as permitted under FASB ASC 958	·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990 Part X			\$

Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,012,273.		1,012,273.
b Buildings		1,473,953.	52,104.	1,421,849.
c Leasehold improvements		154,049.	55,005.	99,044.
d Equipment		417,591.	286,568.	131,023.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal	2,664,189.			

Schedule D (Form 990) 2023

Part VII	Investments - Other Securities Complete if the organization answered "Yes" of	n Form 000 Port IV line	11b See Form 000 Dort V line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-vear market value
	al derivatives	(-)	(0)	,
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (I	o) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (I Part IX	b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
Partix	Complete if the organization answered "Yes" or	n Form 000 Dort IV line	11d Con Form 000 Port V line 15	
		Description	TTG. See FOITH 990, Part A, IIIIe 15.	(b) Book value
ω Di	ght of use assets	Description .		502,970.
	giit of use assets			302,370•
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, col.	(B))		502,970.
Part X	Other Liabilities	<u>,-n</u>		•
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	eral income taxes			
(2) Op	erating lease liabilitie	s		538,090.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				===
Total. (Colu	mn (b) must equal Form 990, Part X, line 25, col.	(B))		538,090.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

1 Total revenue, gains, and other support per audited financial statements .			T 000
		1	7,863,384
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d		0
e Add lines 2a through 2d			7 062 204
3 Subtract line 2e from line 1		3	7,863,384
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			0
c Add lines 4a and 4b			7 062 204
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12. Part XII Reconciliation of Expenses per Audited Financial Sta	tomente With Evnen	5	7,863,384
	-	ses per neturi	l
Complete if the organization answered "Yes" on Form 990, Part IV, lir		Τ.Τ	0 /16 100
1 Total expenses and losses per audited financial statements		1	8,416,128
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			0
e Add lines 2a through 2d			8,416,128
3 Subtract line 2e from line 1		3	0,410,120
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4.1		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)		4.	0
c Add lines 4a and 4b		4c	0.416.120
5 7 1 1 2 2 1 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2		-	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information Trovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and	4; Part IV, lines 1b and 2b; F		8 , 416 , 128 .
Part XIII Supplemental Information	4; Part IV, lines 1b and 2b; F		
Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b and 2b; F		,
Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b and 2b; F		,
Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b and 2b; F		
Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b and 2b; F		,
Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b and 2b; F		,
Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b and 2b; F		
Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b and 2b; F		,

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Katy Ch	ristian Ministries				76-0157	123
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I		
Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total	<u> </u>					
List all states in which the organization or licensing.	on is registered or licensed to solicit c			or has been notified	it is exempt from re	gistration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr		, '		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				Golf	None	(add col. (a) through
			Gala	Tournament		
			(event type)	(event type)	(total number)	col. (c))
ne				. ,,,,		
Revenue	1	Gross receipts	186,099.	105,206.		291,305.
	2	Less: Contributions	106,197.	74,234.		180,431.
	3	Gross income (line 1 minus line 2)	79,902.	30,972.		110,874.
	4	Cash prizes				
40	5	Noncash prizes		762.		762.
Direct Expenses	6	Rent/facility costs	21,272.	10,370.		31,642.
	7	Food and beverages		2,000.		2,000.
			1 200			1 200
	8	Entertainment		11 666		1,200. 57,738.
	9	Other direct expenses		11,666.		
	10					93,342.
Da	11 irt l	Net income summary. Subtract line 10 from I				17,532.
Pa	ILLI		answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	a > Dellate to Constant		I . n =
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billyo/progressive billyo		coi. (a) trirough coi. (c)
3eV						
_	1	Gross revenue				
		-				
S	2	Cash prizes				
SUS(
χb	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
٦	_	OH E				
_	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	L No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>		
9	En	ter the state(s) in which the organization condu	ucts gaming activities: _			
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
		Yes," explain:				
	_					
			<u> </u>			

Sch	edule G (Form 990) 2023 Katy Christian Ministries 76-	015712	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Manualatan, distributions		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
ě		Yes	No
h	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	103	
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III. lines 9), 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , ,
	·		
_			
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Schedule G	i (Form 990)	Katy Christian	Ministries	76-0157123	Page 4
Part IV	Supplemental Infor	Katy Christian mation _(continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Katy Chri	stian Min	istries					76-0157123
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part l	V, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	(6) Made and as		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-		e line 1 table	<u> </u>			

Schedule I (Form 990) 2023 Katy Christian	Ministri	es			76-0157123	Page 2
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed	ls. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	n assistance
Food	17872	0.	3,637,264.	FMV	Food	
Rent/Utilities	2653	760,517.	0.			
Social services	3250	197,561.	0.			
Education and school supplies	1392	31,567.	0.			
added on and beneet supplies	1932	31,307.				
Direct assistance and transportation	173	21,677.	0.			
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.		
Part I, Line 2:						
KCM staff monitor and record the p	ooundage c	of food red	ceived and	disbursed		
daily.						
KCM monitors the organization's re	estricted	funds by r	program for	proper		
disbursements for client direct as	ssistance.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	Katy Christi	an Min:	istries			76-0	157	123	
Pa	rt I Types of Property				•				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	non	(d) Method of de Icash contribu		_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		1,564,136.	FMV				
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	7	3,582,574.	FMV				
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (Auction items)	X	126	50,075.	Sale	procee	ds		
26	Other (Raffle items)	X	14	3,995.	FMV				
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, tha	at it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	tions?		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is chec	cked,				

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

Schedule M (Form 990) 2023

describe in Part II.

Schedule N	M (Form 990) 2023 Katy Christian Ministries	76-0157123	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination this part for any additional information.	and whether the organizatio nation of both. Also comple	n te

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Katy Christian Ministries

Employer identification number 76-0157123

Form 990, Part III, Line 1, Description of Organization Mission:

Katy Christian Ministries (KCM) is a social service non-profit that
serves the Katy/West Houston area. KCM's Social Service Department
offers emergency financial assistance, a Food Pantry, a Crisis Center
that houses the Domestic Abuse Center and the Sexual Assault Center, a
Counseling Program that provides professional counseling for victims of
Domestic Abuse or Sexual Abuse, a Resale Store and a Donation Center.

To address the needs of families and individuals who are in temporary
crisis and need assistance. KCM helps families and individuals develop
a life plan that helps families avoid homelessness, become
self-sufficient, and increase stability. KCM services are offered to
everyone in our community regardless of religious background or
affiliation. We do not require participation in any religious
activities to receive our services.

Form 990, Part VI, Section A, line 5:

KCM was the victim of a cyber-attack in which thieves accessed bank accounts and transferred \$935,985 to different international accounts. KCM recovered \$593,922 from the bank and through insurance, resulting in a net loss of \$340,587. KCM's IT Department has implemented new policies and procedures, including staff training, password management software, and two-factor authentication. KCM has also enhanced its network security with enterprise-class cloud firewalls, SD WAN, and a SOC (Security Operations Center). Most importantly, KCM now operates in a zero-trust environment, ensuring that every application and device must be approved to access our

network.

Schedule O (Form 990) 2023 Page 2

Name of the organization

Katy Christian Ministries

Employer identification number 76-0157123

Form 990, Part VI, Section B, line 11b:

Form 990 is reviewed by the Executive Director and provided to the board before filing.

Form 990, Part VI, Section B, Line 12c:

The Conflict of Interest Policy governs the activity of the board and staff of KCM. Questions about the policy are directed to the Executive Director (ED). All board members and staff must be aware of this policy to identify conflicts of interest and situations that may result in the appearance of a conflict and to disclose those situations/conflicts or potential conflicts in writing to the employee's supervisor, the ED, and the President of the Board. For each conflict or potential conflict of interest disclosed, the entire BOD or ED or the President of the Board will determine whether the organization should: 1. take no action or 2. disclose the situation more broadly and invite discussion/resolution by the entire board of what action to take or 3. refrain from taking action or otherwise avoid the conflict.

Form 990, Part VI, Section B, Line 15a:

The Board of Directors determines and approves the compensation of the

Executive Director. Salary surveys and outside consultants assist in

determining salary amounts.

Form 990, Part VI, Section C, Line 19:

Documents are available upon request at KCM premises.