

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_\_

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) Word of Life Outreach Ministries	<b>D</b> Employer identification number 95-4232909
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 924 E Avenue Q-5	<b>E</b> Group exemption number (see instructions)
City or town, state or province, country, and ZIP or foreign postal code Palmdale, CA 93550		<b>F</b> <input type="checkbox"/> Check box if an amended return.	
<b>C</b> Book value of all assets at end of year . . . . .		430,183.	
<b>G</b> Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			
<b>H</b> Check if filing only to ► <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . . 1			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ►			
<b>L</b> The books are in care of ► P.O. Box 900206 Palmdale CA 93590 Telephone number ► (661) 810-1043			

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>1</b>	
<b>2</b> Reserved . . . . .	<b>2</b>	
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	
<b>4</b> Charitable contributions (see instructions for limitation rules) . . . . .	<b>4</b>	
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	<b>5</b>	
<b>6</b> Deduction for net operating loss. See instructions . . . . .	<b>6</b>	
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	<b>8</b>	
<b>9</b> Trusts. Section 199A deduction. See instructions . . . . .	<b>9</b>	
<b>10</b> Total deductions. Add lines 8 and 9 . . . . .	<b>10</b>	
<b>11</b> Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	<b>11</b>	0.

**Part II Tax Computation**

<b>1</b> Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) . . . . .	<b>1</b>	0.
<b>2</b> Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . .	<b>2</b>	
<b>3</b> Proxy tax. See instructions . . . . .	<b>3</b>	
<b>4</b> Other tax amounts. See instructions . . . . .	<b>4</b>	
<b>5</b> Alternative minimum tax (trusts only) . . . . .	<b>5</b>	
<b>6</b> Tax on noncompliant facility income. See instructions . . . . .	<b>6</b>	
<b>7</b> Total. Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	0.

For Paperwork Reduction Act Notice, see instructions.

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**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		0.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		0.
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>		
<b>6a</b>	Payments: A 2020 overpayment credited to 2021	<b>6a</b>		
<b>b</b>	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		0.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <b>Refunded</b>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year		
<b>4</b>	Enter available pre-2018 NOL carryovers here. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	President Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	H MICHAEL CHITWOOD		05/04/2022	PTIN P00183998
	Firm's name	Firm's EIN	Phone no.	
	Chitwood & Chitwood	62-0989568	(423) 892-4882	
	Firm's address 5746 Marlin Road Suite 500, Chattanooga, TN 37411			

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2021**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization Word of Life Outreach Ministries	<b>B</b> Employer identification number 95-4232909
<b>C</b> Unrelated business activity code (see instructions) ► 453998	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business ► Display and sale of fireworks to the public

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	47,881.			
<b>b</b> Less returns and allowances		<b>1c</b> 47,881.		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b> 28,049.		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> 19,832.		19,832.
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13</b> <b>Total.</b> Combine lines 3 through 12		<b>13</b> 19,832.	0.	19,832.

<b>Part II</b> Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	9,102.
<b>2</b> Salaries and wages		<b>2</b>	
<b>3</b> Repairs and maintenance		<b>3</b>	
<b>4</b> Bad debts		<b>4</b>	
<b>5</b> Interest (attach statement). See instructions		<b>5</b>	
<b>6</b> Taxes and licenses		<b>6</b>	5,188.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>	
<b>9</b> Depletion		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	
<b>11</b> Employee benefit programs		<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	
<b>14</b> Other deductions (attach statement) See Other Deduction Statement		<b>14</b>	6,312.
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14		<b>15</b>	20,602.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	-770.
<b>17</b> Deduction for net operating loss. See instructions		<b>17</b>	
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	-770.

For Paperwork Reduction Act Notice, see instructions.

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Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold**Enter method of inventory valuation **INVENTORIES AT COST**

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	0.
<b>2</b>	Purchases . . . . .	<b>2</b>	28,049.
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0.
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	28,049.
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0.
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	28,049.
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶				
<b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . ▶				

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross income from or allocable to debt-financed property . . . . .				
<b>3</b> Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement) . . . . .				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . ▶				
<b>9</b> Allocable deductions. Multiply line 3c by line 6				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				
<b>11</b> <b>Total dividends - received deductions</b> included in line 10 . . . . . ▶				



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
1. Name of controlled organization	2. Employer identification number				
(1)					
(2)					
(3)					
(4)					

  

		Nonexempt Controlled Organizations		
		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income
7. Taxable income				
(1)				
(2)				
(3)				
(4)				

  

		10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
Totals		Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

<b>A</b>	<input type="checkbox"/>
<b>B</b>	<input type="checkbox"/>
<b>C</b>	<input type="checkbox"/>
<b>D</b>	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .				

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1) Jeryl D Ross	Pastor/President	13.4000%	9,102.
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1			9,102.

**Part XI**   **Supplemental Information** (see instructions)

Additional information from your Sch A - (990-T): Unrelated Business Taxable Income from Unrelated Trade or Business (Display and sale of fireworks to the public)

**Sch A - (990-T): Unrelated Business Taxable Income from Unrelated Trade or Business (Display and sale of fireworks to the public)**

**Part II: Other Deductions**

**Continuation Statement**

Description	Amount
Stand Rental	425.
Fire and Loss Waiver charge	660.
Credit Card Program Agreement	585.
Misc Items	310.
Toilet Rental	137.
Light Rental	474.
Building / Planning Fee	299.
Location Rent	2,300.
Insurance	660.
Professional Fee's	225.
Casual Labor	0.
Food	109.
Fire Extinguisher Rental	75.
Gas for Generator	53.
<b>Total</b>	<b>6,312.</b>

**Federal Depreciation Options****2021**

► Keep for your records

Name as Shown on Return

Word of Life Outreach Ministries

Employer Identification No.

95-4232909

**MACRS Convention**☒ Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2021, and checks the appropriate box below. The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1 ☒ Half-year convention2 ☐ Mid-quarter convention**MACRS Computation**

Use IRS tables for all MACRS property placed in service this year? . . . . . ☐ Yes ☒ No  
Treat all MACRS assets for this activity as qualified Indian reservation property? . . . . . ☐ Yes ☒ No  
Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? . . . ☐ Reg ☐ Ext ☒ No  
Treat all assets acquired after May 4, 2007 as  
qualified Kansas Disaster Zone property? . . . . . ☐ Yes ☐ No  
Was this business located in a Qualified Disaster Area? . . . . . ☐ Yes ☐ No

**Form 990-T Section 179 Information**

1	Taxable income computed without the Section 179 or contribution deduction . .	1	-770.
2	Contribution deduction for purposes of Section 179 limitation . . . . .	2	
3	Taxable income computed for the Section 179 limitation . . . . .	3	-770.
4	Elect to treat Qualified Real Property as "Section 179 Property" . . . . .	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 a	Calculated "Total cost of Section 179 property placed in service" . . . . .	5 a	
b	Additions or subtractions to calculated value . . . . .	b	
6	Section 179 carryover from 2020 to 2021 . . . . .	6	

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**Department of the Treasury  
Internal Revenue Service

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2021**

Name of filer

Word of Life Outreach Ministries

EIN or SSN

95-4232909

Name and title of officer or person subject to tax

Jeryl D Ross, President

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here . . . ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here . . . ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here . . . ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here . . . ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . .	<b>5b</b> _____
<b>6a</b> Form 990-T check here . . . ▶ <input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . .	<b>6b</b> _____ 0.
<b>7a</b> Form 4720 check here . . . ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . .	<b>7b</b> _____
<b>8a</b> Form 5227 check here . . . ▶ <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . .	<b>8b</b> _____
<b>9a</b> Form 5330 check here . . . ▶ <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) . . .	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here ▶ <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . .	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**☐ I authorize \_\_\_\_\_

ERO firm name

to enter my PIN

--	--	--	--	--	--

as my signature

Enter five numbers, but  
do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6	2	8	5	6	0	8	9	5	6	8
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ 05/04/2022

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2021**

**Part I – Identifying Information**

Employer Identification Number . 95-4232909

Name . . . . . Word of Life Outreach Ministries

Doing Business As . . . . . \_\_\_\_\_

Address . . . . . 924 E Avenue Q-5 Room/Suite . \_\_\_\_\_

City . . . . . Palmdale State . . . CA ZIP Code . . . 93550

Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . \_\_\_\_\_

Foreign Code . . . . . \_\_\_\_\_ Foreign Country \_\_\_\_\_

Telephone Number (661) 274-9487 Extension . \_\_\_\_\_ Foreign Phone No. \_\_\_\_\_

Fax . . . . . \_\_\_\_\_ E-Mail Address . . aliceross56@yahoo.com

☐ **Eligible for hurricane tax relief legislation benefits, check here**

**Part II – Type of Return**

**IMPORTANT**

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

- |  |   |
|--|---|
| <input type="checkbox"/> Form 990-EZ <b>only</b>           | <input type="checkbox"/> Form 990-EZ <b>and</b> Form 990-T            |
| <input type="checkbox"/> Form 990 <b>only</b>              | <input type="checkbox"/> Form 990 <b>and</b> Form 990-T               |
| <input type="checkbox"/> Form 990-PF <b>only</b>           | <input type="checkbox"/> Form 990-PF <b>and</b> Form 990-T            |
| <input checked="" type="checkbox"/> Form 990-T <b>only</b> | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) |

☐ **QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

**Part III – Type of Organization**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number)                     | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust                              | ____ (subsection number)                         | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust                          |  | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust                              |  | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust                              |  | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Other _____ (describe)                    | Corporation/Association <input type="checkbox"/> | <input type="checkbox"/> 527 Organization   |
|  | Or Trust . . . . . <input type="checkbox"/>      | <input type="checkbox"/> 501(c) Association |

**Part IV – Tax Year and Filing Information**

- ☒ Calendar year
- ☐ Fiscal year — Ending month . . . \_\_\_\_\_
- ☐ Short year — Beginning date . . \_\_\_\_\_ Ending date . . . \_\_\_\_\_
- ☐ Change of Accounting Period \_\_\_\_\_
- ☒ Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)



**Part V – 2021 Estimated Taxes Paid**

☐ Check this box if the organization is a private foundation

Form 990-T

Form 990-PF

Amount of 2020 overpayment credited to 2021 estimated tax . . . . .

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/15/21				
2nd Quarter Payment	06/15/21				
3rd Quarter Payment	09/15/21				
4th Quarter Payment	12/15/21				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**Part VI - Taxpayer Signature Information**

Officer's Name . . . . . Jeryl D Ross

Officer's SSN . . . . . 562-90-4795 Officer's Title . . . . . President

**Part VII – Electronic Filing Information**

**IMPORTANT:** Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

**QuickZoom** to the Electronic Filing Information Worksheet . . . . . ▶

**Electronic Filing:**

- ☐ File the federal 990, 990-EZ, 990-PF, or 990-N **return** electronically
- ☒ File the federal 990-T **return** electronically
- ☐ File the state(s) electronically

\* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

☐ File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- ☒ Sign this return electronically using the Practitioner PIN
- ☐ ERO entered PIN

Officer's PIN (enter any 5 numbers) . . . 29091

Date PIN entered . . . . . 05/04/2022

**Electronic Filing of Extensions:**

- ☐ Check this box to file **Form 8868** (application for extension of time to file return) electronically
- ☐ Check this box to file **Form 8868** for **990-T** electronically

**QuickZoom** to the Form 8868 Electronic Filing Information Worksheet. . . . . ▶

**Electronic Filing of Amended Return:**

- ☐ File the federal 990, 990-EZ or 990-PF **amended return** electronically  
☐ File the federal 990-T **amended return** electronically  
☐ File the state(s) **amended return** electronically  
 \* Select the state(s) amended return to file electronically.

State(s) *

- ☐ File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-PF Return</b> balance due (EF Only)?              |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-PF Extension</b> Form 8868 balance due (EF Only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-PF Amended</b> balance due (EF Only)?             |
|                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Return</b> balance due? (EF Only)               |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Extension</b> Form 8868 balance due? (EF Only)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Amended</b> balance due? (EF Only)              |

**Bank Information**

Check to confirm transferred account information (which appears in green) is correct . . . ☐

Name of Financial Institution (optional) . . .

Check the appropriate box . . . ☐ Checking ☐ Savings

Routing number . . .

Account number . . .

**Form 990-PF Payment Information**

Enter the Form 990-PF payment date . . .

Balance due amount from this Form 990-PF return . . .

Enter an amount to withdraw tax payment . . .

If partial payment is made, the remaining balance due . . .

Enter the Form 990-PF Extension payment date . . .

Balance due amount from this 990-PF Extension . . .

Payment date for amended Form 990-PF returns . . .

Balance due amount for amended Form 990-PF return . . .

**Form 990-T Payment Information**

Enter the Form 990-T payment date . . .

Balance due amount from this 990-T return . . .

Enter the Form 990-T Extension payment date . . .

Balance due amount from this 990-T Extension . . .

Enter the amended Form 990-T payment date . . .

Balance due amount from Form 990-T amended . . .

Date 990-T Exempt Organization Return was EFiled . . .

Date 990-T Exempt Organization Return was accepted . . .

Date 990-T Exempt Organization Extension was EFiled . . .

Date 990-T Exempt Organization Extension was accepted . . .

Date 990-T Exempt Organization Amended Return was EFiled . . .

Date 990-T Exempt Organization Amended Return was accepted . . .

**Part IX – Information for Client Letter**

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date . . .			

Letter Salutation . . Pastor Ross

**Part X – Return Preparer**

Enter preparer code from Firm/Preparer Info (See Help) . . . HMC

**QuickZoom** to Firm/Preparer Info . . .

**QuickZoom** to Form 990-EZ, Pages 1 through 4 . . .

**QuickZoom** to Form 990, Page 1 . . .

**QuickZoom** to Form 990-PF, Page 1. . . . .▶ \_\_\_\_\_  
**QuickZoom** to Form 990-T, Page 1 . . . . .▶ \_\_\_\_\_  
**QuickZoom** to Form 990-N, e-PostCard . . . . .▶ \_\_\_\_\_  
  
**QuickZoom** to Client Status. . . . .▶ \_\_\_\_\_

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DO NOT MAIL

**IRS e-file Authentication Statement****2021**

► Keep for your records

Name(s) Shown on Return

Word of Life Outreach Ministries

Employer ID No.

95-4232909

**A – Practitioner PIN Authorization****QuickZoom** to the Federal Information Worksheet to enter PIN information . . . . . ►

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN . . . . . ☒ X  
ERO entered Officer's PIN . . . . . ☐**B – Signature of Electronic Return Originator****ERO Declaration:**

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**I am signing this Tax Return by entering my PIN below.**ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 628560 Self-Select PIN 89568**C – Signature of Officer****Perjury Statement:**

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2021 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure:**

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Electronic Funds Withdrawal Consent (if applicable):**

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

**I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.**

Officer's PIN . . . . . 29091

Date . . . . . 05/04/2022

- Keep for your records

Name(s) shown on return  
Word of Life Outreach Ministries

Identifying number  
95-4232909

Check this box to force state only filing for all states selected to be filed electronically

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return. . . . . ▶ 628560

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . .

ERO Name			ERO Electronic Filers Identification Number (EFIN)	
Chitwood & Chitwood			628560	
ERO Address			ERO Employer Identification Number	
5746 Marlin Road Suite 500			62-0989568	
City	State	ZIP Code	ERO Social Security Number or PTIN	
Chattanooga	TN	37411		
Country				

Firm Name			Preparer Social Security Number or PTIN	
Chitwood & Chitwood			P00183998	
Preparer Name			Employer Identification Number	
H MICHAEL CHITWOOD			62-0989568	
Address			Phone Number	Fax Number
5746 Marlin Road Suite 500			(423) 892-4882	(423) 855-4243
City	State	ZIP Code		
Chattanooga	TN	37411		
Country	Preparer E-mail Address			
	chitwoods@chitwoods.com			

Enter the payment date to withdraw tax payment . . . . . ▶ \_\_\_\_\_  
 Amount you are paying with the amended return . . . . . ▶ \_\_\_\_\_

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Check this box to file another <b>federal</b> amended return electronically                       |
| <input type="checkbox"/> | Check this box to file another <b>990-T</b> amended return electronically                         |
| <input type="checkbox"/> | File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically |
| <input type="checkbox"/> | Check this box to file another <b>state and/or city</b> amended return electronically             |

\* Select the state and/or city amended return(s) to file electronically.

[illegible]

## Name Control, enter here to override default . . . . . WORD