Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2019

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Open to Public Inspection

Α	For the 2	2019 calenda	ar year, or tax year beginning 05-09, 2019, and	d ending	•	12-31 , 20)19
В	Check if ap	plicable:	C Name of organization		D Employ	yer identifica	tion number
	Address ch	ange	LUKE 14 EXCHANGE INC		83-	4700846	
	Name chan	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph	one number	
X	Initial return	n					
	Final return	/terminated	3616 HARDEN BLVD	163	(86	3)940-38	16
	Amended re	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	
	Application	pending	LAKELAND, FL 33803		Numbe	er 🕨	
G	Accounti	ng Method:	X Cash	Н	Check ►	if the org	anization is not
	Website	_	14EXCHANGE.ORG			attach Sched	
J	Tax-exe	mpt status (check only one) - X 501(c)(3)	or 527	•	990-EZ, or 99	
					,	•	,
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or r	nore, or if tota	assets		
			\$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	50,845
<u> </u>	art I		e, Expenses, and Changes in Net Assets or Fund Balar	nces (see th	e instructio	ns for Part I	
-	u		the organization used Schedule O to respond to any question in the				
	1		s, gifts, grants, and similar amounts received			1	50,845
	2		vice revenue including government fees and contracts			2	30,643
	3	_	dues and assessments			3	
		•				4	
	4		ncome			4	
			, in the second	5a		-	
				5b		_	
		,	, , , , , , , , , , , , , , , , , , , ,			5c	
	6	•	fundraising events:				
4	а		ne from gaming (attach Schedule G if greater than	1			
nge				6a			
Revenue	b	Gross incom	ne from fundraising events (not including \$ of co	ntributions			
æ		from fundrais	sing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000)	6b			
	С	Less: direct	expenses from gaming and fundraising events	6c			
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract			
		line 6c)				6d	
	7a	Gross sales	of inventory, less returns and allowances	7a			
	b	Less: cost of	f goods sold	7b			
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	ue (describe in Schedule O)			8	
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		>	9	50,845
	10		similar amounts paid (list in Schedule O)			10	
	11		d to or for members			11	
	12		er compensation, and employee benefits			12	13,493
Expenses	13		fees and other payments to independent contractors			13	2,361
ë	14		rent, utilities, and maintenance			14	
X	15		lications, postage, and shipping			15	
_	16		ses (describe in Schedule O)			16	6,260
	17		uses. Add lines 10 through 16			17	22,114
_	18		deficit) for the year (Subtract line 17 from line 9)			18	
S.			or fund balances at beginning of year (from line 27, column (A)) (must agree			10	28,731
Net Assets	19					10	
t As	00	-	figure reported on prior year's return)			19	
Š		•	es in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20		▶	21	28,731

83-4700846 F

Part II Balance Sheets (see the instructions for Pa	•				•
Check if the organization used Schedule O t	o respond to any qu	estion in this Part	<u> </u>		X
			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			0		29,416
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			0	24	0
25 Total assets			0	25	29,416
26 Total liabilities (describe in Schedule O)			0	26	685
27 Net assets or fund balances (line 27 of column (B) must			0	27	28,731
Part III Statement of Program Service Accompli	•				Expenses
Check if the organization used Schedule O				(Red	uired for section
What is the organization's primary exempt purpose? COACHIN	NG/MENTORING AB	OUT DISABILIT	1ES	501(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for as measured by expenses. In a clear and concise manner, descripersons benefited, and other relevant information for each program	ribe the services provid		,	orga othe	nizations; optional for rs.)
28 COACHED AND MENTORED VARIOUS COMMUNITI		ND			
INDIVIDUALS ABOUT PEOPLE WITH DISABILI					
(Create C	tia ali idaa fanaisia ana	anta ala sala kana		20-	02.142
(Grants \$) If this amo	ount includes foreign gra	ants, check here .	> 📋	28a	23,143
	ount includes foreign gra	ants, check here .	▶ 📙	29 a	
30					
(Grants \$) If this amo	ount includes foreign gra	ants, check here .	▶ □	30a	
(Grants \$) If this amo	ount includes foreign gra	ants, check here .	▶ 🗌	31a	
32 Total program service expenses (add lines 28a through 3	31a)			32	23,143
Part IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated - see the inst	ructio	ns for Part IV)
Check if the organization used Schedule O to res	pond to any question in	this Part IV	<u> </u>	<u></u>	
	(b) Average	(c) Reportable	(d) Health benefits,		(e) Estimated amount of
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and	e '	other compensation
	devoted to position	(if not paid, enter -0-)	deferred compensation		
MARK DILLON					
PRESIDENT	2.00	C	()	0
JERRY BORTON					
BOARD MEMBER	40.00	C	()	0
DAVE SHOEMAKER					
VICE PRESIDENT	2.00	C	()	0
JOHN STANCIL	2.00				0
TREASURER	2.00	C	(,	0

Form 9	990-EZ (2019) LUKE 14 EXCHANGE INC 83-4700	846	F	Page 3
Pa	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. \Box
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		Λ
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		v
26		330		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	20		
07 -	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this retum?	38a		Х
	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed FL			
42 a	The organization's books are in care of ▶ JERRY BORTON Telephone no. ▶ 863-	940-3	816	
	Located at ► 2752 CANYON CREST DRIVE, LAKELAND, FL ZIP + 4 ► 3381			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		х
c	Did the organization receive any payments for indoor tanning services during the year?	44c		x
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	. 40		
u	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-Ja		
J	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7. See instructions	45h		v

d Total nu	umber of other independent contractor	rs each receiving over \$100,000	>		
	•	Note: All section 501(c)(3) organization			
complet	ted Schedule A			<u></u>	Yes No
Under penalties	s of perjury, I declare that I have examined	this return, including accompanying schedu	ules and statements, and to	the best of my knowle	edge and belief, it is
true, correct, ar	nd complete. Declaration of preparer (other	er than officer) is based on all information of	which preparer has any known	owledge.	
	JERRY BORTON				
Sign	Signature of officer			Date	
Here	JERRY BORTON, BOARD I	MEMBER			
	Type or print name and title				
•	Print/Type preparer's name	Preparer's signature	Date	Check X if	PTIN
Paid	Gary D Hughes CPA	Gary D Hughes CPA	09-04-2020	self-employed	P00546405
Preparer	Firm's name ► GDH ACCOUNT	ING SERVICES LLC		Firm's EIN ▶	
Use Only	Firm's address ► PO Box 75				
	Harleysville	e PA 19438		Phone no. 215-	660-4946
May the IRS	discuss this return with the preparer s	hown above? See instructions .)	► X Yes No
EEA					Form 990-EZ (2019)

SCHEDULE A

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.

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer identification number

LUKE 14 EXCHANGE INC 83-4700846 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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. **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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Pa	art II Support Schedule for Organiza	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support			-	'	•	
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10							
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s	ee instructions	;)			12	
	First five years. If the Form 990 is for the or			rd. fourth. or fi	fth tax vear as		c)(3)
	organization, check this box and stop here						
Se	ction C. Computation of Public Support	rt Percentag	e				
	Public support percentage for 2019 (line 6, c			column (f))		14	%
	Public support percentage from 2018 Sched		-			15	%
	33 1/3% support test - 2019. If the organiza						
	box and stop here. The organization qualified						
k	33 1/3% support test - 2018. If the organiza						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019.						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact					-	
	organization			-	=		
ŀ	o 10%-facts-and-circumstances test - 2018.						
•	15 is 10% or more, and if the organization m	-					•
	Explain in Part VI how the organization meet					-	olicly
	supported organization				-	-	
18	Private foundation. If the organization did r						

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	ction A. Public Support				•	,	
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					50,84	50,845
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5					50,84	5 50,845
	Amounts included on lines 1, 2, and 3					30,01	30,010
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						50,845
Sec	ction B. Total Support	,				ı	32,020
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6					50,84	<u> </u>
10a	Gross income from interest, dividends,					-	
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	(o			50,84	50,845
14	First five years. If the Form 990 is for the or	rganization's fi	rst, second, thi	rd, fourth, or fit	fth tax year as	a section 501	
	organization, check this box and stop here						_
Sec	ction C. Computation of Public Suppo	rt Percentag	je				
	Public support percentage for 2019 (line 8, c			column (f)) .		15	100.00 %
16	Public support percentage from 2018 Sched	ule A, Part III,	line 15			16	0.00 %
	ction D. Computation of Investment In						
17	Investment income percentage for 2019 (line	10c, column	(f), divided by I	line 13, column	n (f))	17	0.00 %
18	Investment income percentage from 2018 S		•			18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz					than 33 1/3%	6, and line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	-	_	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	-	•	•		

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

	V.	
	Yes	No
1		
2		
_		
3a		
3b		
3с		
40		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
J.3		
9с		
10a		
iva		
10b		
A (Form 990	or 990-E	Z) 2019

Pai	τιν	Supporting Organizations (continuea)			
				Yes	No
		e organization accepted a gift or contribution from any of the following persons?			
а	-	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		the governing body of a supported organization?	11a		
		y member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B.	Type I Supporting Organizations			
1	Did the	directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•		ly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	r? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	-	led the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		rations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	_		1		
2		organization operate for the benefit of any supported organization other than the supported			
	-	cation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		ised, or controlled the supporting organization.	2		
Sec	tion C.	Type II Supporting Organizations			
				Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		agement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion D.	All Type III Supporting Organizations			
				Yes	No
1		organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ration's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		cation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		iny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		cation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	son of the relationship described in (2), did the organization's supported organizations have a			
	•	ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)).
а		e organization satisfied the Activities Test. Complete line 2 below.			
b		e organization is the parent of each of its supported organizations. Complete line 3 below.			·
C		e organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
2		es Test. Answer (a) and (b) below.		Yes	No
а		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
	-	ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined	0-		
L		ese activities constituted substantially all of its activities.	2a		
a		activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these	24		
_		es but for the organization's involvement.	2b		
3		of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		organization have the power to regularly appoint or elect a majority of the officers, directors, or	25		
L		s of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
a		organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	บเ แร ริเ	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explai	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Section	ns A through E.
500	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
<u> </u>	non A - Adjusted Net Income		(A) Filor real	(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		
	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	,		
	ctors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see

EEA Schedule A (Form 990 or 990-EZ) 2019

Par	t v Type III Non-Functionally integrated 509(a)(3) Supporting Organia	zations (continuea)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.	3		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
1	and 4c.			
8	Breakdown of line 7:			
_	Evenes from 2015			
	Evenes from 2016			
С	Excess from 2017			

d Excess from 2018 e Excess from 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

LUKE 14 EXCHANGE INC

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

83-4700846

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LUKE 14 EXCHANGE INC

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

83-4700846

Employer identification number

1. Description of other expenses (P			
ESCRIPTION	AMOUNT		
ADVERTISING & MARKETING	874		
DUCATION AND TRAINING	1,115		
ANK & CREDIT CARD FEES	516		
FFICE SUPPLIES AND SOFTWARE	657		
RAVEL	2,239		
PEAKING EXPENSES	710		
ENTORING	23		
UNDRAISING	43		
ICENSES	10		
EALS 2. Description of total liabilities	73 (Part II, line 26)		
2. Description of total liabilities	(Part II, line 26)	END OF YEAR	
2. Description of total liabilities	(Part II, line 26)	END OF YEAR 685	
2. Description of total liabilities	(Part II, line 26) BEGINNING OF YEAR		
2. Description of total liabilities	(Part II, line 26) BEGINNING OF YEAR		
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