| Form <b>990</b>  |
|--|
| (Rev. January 2020)                                    |
| Department of the Treasury<br>Internal Revenue Service |

## EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



| Α                              | For th               | e 2019 calendar year, or tax year beginning and  | ending     | _                             |                             |
|--------------------------------|----------------------|--|------------|-------------------------------|-----------------------------|
| В                              | Check if<br>applicat | le: C Name of organization   |            | D Employer identific          | ation number                |
|                                | Addr<br>chan         | REID SAUNDERS EVANGELISTIC ASSOCIATIO  | N          |                               |                             |
|                                | Nam                  |  |            | 43-196429                     | 91                          |
|                                | Initia<br>retur      |  | Room/suite | E Telephone number            |                             |
|                                | Final                | V PO BOX 4275  |            | 503-581-7                     |                             |
| _                              | termi<br>ated        | City or town, state or province, country, and ZIP or foreign postal code   |            | <b>G</b> Gross receipts \$    | 1,725,677.                  |
|                                |                      | 3 SALEM, OK $37302-0273$   |            | H(a) Is this a group ret      |                             |
|                                | Appl<br>tion<br>pend | F Name and address of principal officer: RETD SAUNDERS   |            | for subordinates?             |                             |
|                                |                      | SAME AS C ABOVE  |            | H(b) Are all subordinates inc |                             |
|                                |                      | tempt status: $X 501(c)(3) = 501(c) ()  (insert no.) = 4947(a)(1)$   | or 527     |                               | ist. (see instructions)     |
|                                |                      | ite: ► WWW • REIDSAUNDERS • ORG<br>f organization: X Corporation Trust Association Other ►                                 | L Voor     | H(c) Group exemption          | State of legal domicile: OF |
|                                | art I                | Summary  |            |                               | State of legal domicile. On |
|                                | 1                    | Briefly describe the organization's mission or most significant activities: RSA  | TS SPR     | EADING THE N                  | ESSAGE OF                   |
| Governance                     | 1.                   | THE CROSS THROUGH HUMANITARIAN AND MISSI   | ONS PR     | OJECTS                        |                             |
| nai                            | 2                    | Check this box   |            |                               | sets.                       |
| ove                            | 3                    | Number of voting members of the governing body (Part VI, line 1a)  |            |                               | 11                          |
| Ğ                              | 4                    | Number of independent voting members of the governing body (Part VI, line 1b)  |            | 11                            |                             |
| s<br>S<br>S                    | 5                    | Total number of individuals employed in calendar year 2019 (Part V, line 2a)   |            |                               | 11                          |
| Activities &                   | 6                    | Total number of volunteers (estimate if necessary)   |            |                               | 58                          |
| Acti                           | 7 a                  | Total unrelated business revenue from Part VIII, column (C), line 12   |            |                               | 0.                          |
| _                              | b                    | Net unrelated business taxable income from Form 990-T, line 39   |            | 7b                            | 0.                          |
|                                |                      |  |            | Prior Year                    | Current Year                |
| ē                              | 8                    | Contributions and grants (Part VIII, line 1h)  |            | 1,242,284.                    | 1,720,002.                  |
| Revenue                        | 9                    | Program service revenue (Part VIII, line 2g)   |            | 0.                            | 0.                          |
| ev<br>Sev                      | 10                   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |            | -739.                         | 0.                          |
| _                              | 11                   |  |            | -11,776.                      | -3,819.                     |
|                                | 12                   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |            | 1,229,769.                    | 1,716,183.                  |
|                                | 13                   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |            | 13,909.                       | 0.                          |
|                                | 14                   | Benefits paid to or for members (Part IX, column (A), line 4)  |            | 0.<br>511,425.                | 486,563.                    |
| ses                            | 15                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |            | <u> </u>                      | 400,505.                    |
| Expenses                       | 16a                  | Professional fundraising fees (Part IX, column (A), line 11e)<br>Total fundraising expenses (Part IX, column (D), line 25) | 72         | 0.                            | 0.                          |
| Ă                              |                      | Other superses (Part IX, column (D), line 25)  | 12.        | 465,646.                      | 629,693.                    |
|                                |                      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |            | 990,980.                      | 1,116,256.                  |
|                                | 18<br>19             | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |            | 238,789.                      | 599,927.                    |
| JC<br>Se                       | 19                   | Revenue less expenses. Subtract line 18 from line 12   |            | ginning of Current Year       | End of Year                 |
| ets (                          | 20                   | Total assets (Part X, line 16)   |            | 1,367,464.                    | 1,991,477.                  |
| Assi                           | 20                   |  |            | 24,212.                       | 23,754.                     |
| Net Assets or<br>Fund Balances | 22                   | Total liabilities (Part X, line 26)<br>Net assets or fund balances. Subtract line 21 from line 20                          |            | 1,343,252.                    | 1,967,723.                  |
|                                |                      |  |            | , , = - = •                   | ,                           |

### Part II | Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign<br>Here | Signature of officer         REID SAUNDERS, PRESIDE         Type or print name and title                      | NT                   |                         | Date   |  |  |  |  |
|--------------|---|----------------------|-------------------------|--|--|--|--|--|
|              | Print/Type preparer's name  | Preparer's signature | Date                    | Check PTIN                                   |  |  |  |  |
| Paid         | JOSHUA MORROW, CPA  |                      |                         | <sup>IT</sup> self-employed <b>P01026428</b> |  |  |  |  |
| Preparer     | Firm's name 🕒 JOHNSON, GLAZE &  |                      | Firm's EIN ▶ 93–0802780 |  |  |  |  |  |
| Use Only     | Firm's address 3085 RIVER ROAD  |                      |                         |  |  |  |  |  |
|              | SALEM, OR 97303   |                      |                         | Phone no. 503 – 390 – 7880                   |  |  |  |  |
| May the IF   | May the IRS discuss this return with the preparer shown above? (see instructions)                             |                      |                         |  |  |  |  |  |
| 932001 01-2  | B32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2019) |                      |                         |  |  |  |  |  |

|          | 990 (2019) REID SAUNDERS EVANGELISTIC ASSOCIATION 43-1964291 Pager 10 Statement of Program Service Accomplishments                           |
|----------|--|
|          |  |
| 4        |  |
| 1        | Briefly describe the organization's mission:<br>RSA IS TAKING THE MESSAGE OF THE CROSS TO THE ENDS OF THE EARTH                              |
|          | THROUGH HUMANITARIAN AID FOR THE NEEDY, BUILDING UP THE BODY OF  |
|          | CHRIST, REACHING COMMUNITIES THROUGH FESTIVALS, UTILIZING TEAMS IN   |
|          | MISSIONS, EQUIPPING FOR EVANGELISM, AND TARGETING UNREACHABLE PEOPLE.  |
| 2        | Did the organization undertake any significant program services during the year which were not listed on the                                 |
| 2        |  |
|          | prior Form 990 or 990-EZ?  |
| 3        | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                 |
| 0        | 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.  |
| 42       | (Code: ) (Expenses \$ 675,159 · including grants of \$ ) (Revenue \$   |
| та       | THE FOLLOWING ARE THE MAJOR OUTREACH EVENTS PERFORMED IN 2019:   |
|          | DOMINICAN REPUBLIC. FROM JANUARY 27 THROUGH FEBRUARY 5, RSA TOOK A TEA   |
|          | OF 20 TO LA VEGA, DOMINICAN REPUBLIC TO CARRY OUT LEADERSHIP TRAININGS   |
|          | SCHOOL ASSEMBLIES, STREET OUTREACHES, MEDICAL CLINICS AND A 3-DAYS   |
|          | FESTIVAL. THE MEDICAL TEAM TREATED 458 PATIENTS WHO RECEIVED FREE  |
|          | MEDICAL CARE AND MEDICINES. RSA PARTNERED WITH 103 CHURCHES FROM LA  |
|          | VEGA WHERE 260 PEOPLE WERE TRAINED BY REID SAUNDERS AND PARTNER  |
|          | EVANGELIST RICHARD HAMLET. THE TEAM DISTRIBUTED CLOTHING TO 300  |
|          | CHILDREN AND 100 APRONS TO WOMEN. THE CHILDREN'S CLOTHING AND APRONS   |
|          | WERE MADE BY VOLUNTEERS WHO MAKE THESE ITEMS FOR RSA TO TAKE ON  |
|          | OUTREACH TRIPS TO BLESS THOSE MINISTERED BY THE ORGANIZATION. THIS   |
|          | INTERNATIONAL OUTREACH HAS BEEN ONE OF THE LARGEST RSA HAS CARRIED OUT   |
| 1b       | (Code: ) (Expenses \$ 7,842. including grants of \$ ) (Revenue \$  |
|          | NEXTSTUDY - AN ONLINE FOLLOW-UP PROGRAM THAT CONNECTS CHURCHES WITH NEW  |
|          | BELIEVERS; HELPS NEW BELIVERS WITH ONGOING EDUCATION; CONVERTS   |
|          | VOLUNTEERS INTO PARTNERS AND DONORS; AND IMPROVES DONOR RELATIONSHIPS  |
|          | AND FUNDRAISING.   |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
| 4c       | (Code:) (Expenses \$including grants of \$) (Revenue \$)   |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          | Other program services (Describe on Schedule O.)   |
| 44       |  |
| 4d       |  |
|          | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4d<br>4e | Total program service expenses ► 683,001.  |
| 4e       | Total program service expenses ► 683,001.<br>Form 990 (  |
| 1e       | Total program service expenses 683,001.  |

Form 990 (2019)

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)?  |      |     |            |
|        | If "Yes," complete Schedule A  | 1    | X   |            |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2    | Х   |            |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |      |     | v          |
|        | 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   |      |     | x          |
| F      | during the tax year? If "Yes," complete Schedule C, Part II  | 4    |     | _ <u>л</u> |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part III</i> | 5    |     | x          |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | 5    |     |            |
| 0      | 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,  | •    |     |            |
| •      | 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   |      |     | v          |
|        | 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  | 44.  |     | x          |
| А      | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c  |     | <u>л</u>   |
| u      | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>  | 11d  |     | x          |
| •      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e  |     | X          |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  | 110  |     |            |
| •      | 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  |      |     |            |
|        | Schedule D, Parts XI and XII   | 12a  |     | x          |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?  |      |     |            |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b  |     | Х          |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13   |     | Х          |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |     | Х          |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |      |     |            |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |      |     |            |
|        | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b  |     | X          |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |      |     | v          |
| 40     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15   |     | X          |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | 10   |     | x          |
| 17     | or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i><br>Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                               | 16   |     |            |
| 17     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 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>   |
| .0     | 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    | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a  |     | Х          |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b  |     |            |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |      |     |            |
|        | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21   |     | Х          |
| 932003 | 01-20-20   | Form | 990 | (2019)     |

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Form **990** (2019)

REI20E01

<sup>3</sup> 2019.04010 REID SAUNDERS EVANGELISTIC

| -    | 000 |        |
|------|-----|--------|
| ⊢orm | 990 | (2019) |

Part IV Checklist of Required Schedules (continued)

|         |   |            | Yes     | N        |
|---------|---|------------|---------|----------|
| 22      | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |            |         | X        |
| 22      | Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i><br>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 22         |         |          |
| 23      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete<br>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   | 20         |         |          |
|         | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  | 24a        |         | 2        |
| h       | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24a<br>24b |         | -        |
|         | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  | 240<br>24c |         |          |
| Ч       | any tax-exempt bonds?<br>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 240<br>24d |         | $\vdash$ |
|         | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 2.14       |         |          |
|         | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |         | 2        |
| b       | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |            |         |          |
|         | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete<br>Schedule L, Part I   | 25b        |         | Σ        |
| 26      | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |            |         |          |
|         | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |            |         |          |
|         | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26         |         | 2        |
| 27      | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |            |         |          |
|         | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   | 07         |         | 2        |
| 00      | entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>   | 27         |         | 4        |
| 28      | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):                          |            |         |          |
|         | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If<br>"Yes," complete Schedule L, Part IV   | 28a        |         | 2        |
|         | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b        |         | 2        |
| С       | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f<br>"Yes," complete Schedule L, Part IV   | 28c        |         | 2        |
| 29      | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29         | X       |          |
| 30      | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>                                  | 30         |         | 2        |
| 31      | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31         |         | 2        |
| 32      | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>  | 32         |         | 2        |
| 33      | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |            |         |          |
| 34      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |         | Σ        |
|         | Part V, line 1  | 34         |         |          |
|         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        |         | 2        |
| b       | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | 051        |         |          |
| <u></u> | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b        |         | -        |
| 36      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?<br>If "Yes," complete Schedule R, Part V, line 2   | 36         |         | 2        |
| 37      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | 37         |         | 2        |
| 38      | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>  | 31         |         | -        |
| Par     | Note: All Form 990 filers are required to complete Schedule O   | 38         | Х       |          |
| 1 01    | Check if Schedule O contains a response or note to any line in this Part V  |            |         |          |
|         |   |            | Yes     | N        |
|         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a   | 2          |         |          |
|         | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b  | 2          |         |          |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |            |         |          |
|         | (gambling) winnings to prize winners?   | 1c         |         | L        |
|         |   | Form       |         |          |
| 90      | 728 786322 REI20E0207 2019.04010 REID SAUNDERS EVANGELISTIC   | RE.        | C 2 0 1 | i        |

| Form 990 | []         |          |               | EVANGELISTIC       |                     |
|----------|------------|----------|---------------|--------------------|---------------------|
| Part V   | Statements | Regardin | g Other IRS F | ilings and Tax Com | oliance (continued) |

|        |   |        |                        |          | Yes | No |
|--------|---|--------|------------------------|----------|-----|----|
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |        |                        |          |     |    |
|        | filed for the calendar year ending with or within the year covered by this return   | 2a     | 11                     |          |     |    |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax return  | ıs?    |                        | 2b       | Х   |    |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |        |                        |          |     |    |
|        | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |        |                        |          |     |    |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C   |        |                        | 3b       |     |    |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other an  |        |                        |          |     | v  |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial ac   | ccou   | nt)?                   | 4a       |     | X  |
| b      | If "Yes," enter the name of the foreign country   |        |                        |          |     |    |
| Fa     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac   |        | ( )                    | 5a       |     | х  |
| b      | <ul> <li>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> </ul> |        |                        |          |     |    |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |        |                        | 5b<br>5c |     | X  |
|        | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |        |                        |          |     |    |
| •••    | any contributions that were not tax deductible as charitable contributions?   |        |                        | 6a       |     | х  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contribution  |        |                        |          |     |    |
|        | 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 serv  | ices ( | provided to the payor? | 7a       | Х   |    |
| b      | 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  | s rec  | uired                  |          |     |    |
|        | to file Form 8282?  |        |                        | 7c       |     | X  |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d     |                        |          |     |    |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |        |                        |          |     | X  |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |        |                        |          |     | X  |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |        |                        |          |     |    |
| h      |   |        |                        |          |     |    |
| 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?   |        |                        |          |     |    |
| 9      | Sponsoring organization mave excess business notaings at any time during the year?  |        |                        |          |     |    |
| э<br>а |   |        |                        |          |     |    |
|        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |        |                        | 9a<br>9b |     |    |
| 10     | Section 501(c)(7) organizations. Enter:   |        |                        |          |     |    |
| а      |   | 10a    |                        |          |     |    |
| b      |   | 10b    |                        |          |     |    |
| 11     | Section 501(c)(12) organizations. Enter:  |        |                        |          |     |    |
|        | ———————————————————————————————————————   | 11a    |                        |          |     |    |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against  |        |                        |          |     |    |
|        |   | 11b    |                        |          |     |    |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1  |        | ?                      | 12a      |     |    |
|        |   | 12b    |                        |          |     |    |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |        |                        | 10-      |     |    |
| а      | Is the organization licensed to issue qualified health plans in more than one state?  | •••••  |                        | 13a      |     |    |
| h      | <b>Note:</b> 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   | 13b    |                        |          |     |    |
| c      |   | 13c    |                        |          |     |    |
|        |   |        | <u> </u>               | 14a      |     | х  |
|        | Did the organization receive any payments for indoor tanning services during the tax year?<br>If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>                                      |        |                        |          |     |    |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner   |        | or                     | 14b      |     |    |
|        | xcess parachute payment(s) during the year?   |        |                        |          |     | Х  |
|        | If "Yes," see instructions and file Form 4720, Schedule N.  |        |                        |          |     |    |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment   | inco   | me?                    | 16       |     | Х  |
|        | If "Yes," complete Form 4720, Schedule O.   |        |                        |          |     |    |

Form **990** (2019)

932005 01-20-20

| Form 990 (2019) | ) |
|-----------------|---|
|-----------------|---|

## REID SAUNDERS EVANGELISTIC ASSOCIATION

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.

|            | Check if Schedule O contains a response or note to any line in this Part VI  |                                |           |              | Σ        |
|------------|--|--------------------------------|-----------|--------------|----------|
| Sec        | tion A. Governing Body and Management  |                                |           | -            |          |
|            |  |                                |           | Yes          | N        |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year                                  | 1a 1                           | 1         |              |          |
|            | If there are material differences in voting rights among members of the governing body, or if the governing          |                                |           |              |          |
|            | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                |                                |           |              |          |
| b          | Enter the number of voting members included on line 1a, above, who are independent                                   |                                | 1         |              |          |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship            | nip with any other             |           |              |          |
|            | officer, director, trustee, or key employee?   |                                | 2         |              |          |
| 3          | Did the organization delegate control over management duties customarily performed by or under                       | the direct supervision         |           |              |          |
|            | of officers, directors, trustees, or key employees to a management company or other person?                          |                                | 3         |              |          |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form                    | 990 was filed?                 | 4         |              |          |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's a                 | ssets?                         | 5         |              |          |
| 6          | Did the organization have members or stockholders?   |                                | 6         |              |          |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or                      | appoint one or                 |           |              |          |
|            | more members of the governing body?  |                                | 7a        |              |          |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members,                    |                                |           |              |          |
|            | persons other than the governing body?   |                                | 7b        |              |          |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the y         | ear by the following:          |           |              |          |
| а          | The governing body?  |                                | 8a        | Х            |          |
| b          | Each committee with authority to act on behalf of the governing body?  |                                | 8b        | X            | Γ        |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re             |                                |           |              | Γ        |
|            | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                              |                                | 9         |              |          |
| ec         | tion B. Policies (This Section B requests information about policies not required by the Internal                    | Revenue Code.)                 |           | _            |          |
|            |  |                                |           | Yes          |          |
| 0a         | Did the organization have local chapters, branches, or affiliates?   |                                | 10a       |              |          |
|            | If "Yes," did the organization have written policies and procedures governing the activities of such                 |                                |           |              | Γ        |
|            | and branches to ensure their operations are consistent with the organization's exempt purposes?                      |                                | 10b       |              |          |
| 1a         | Has the organization provided a complete copy of this Form 990 to all members of its governing bo                    |                                | 11a       | Х            | T        |
|            | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                        | , 3                            |           |              | T        |
|            | Did the organization have a written conflict of interest policy? If "No," go to line 13                              |                                | 12a       | x            |          |
|            | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris |                                | 12b       | X            | t        |
|            | Did the organization regularly and consistently monitor and enforce compliance with the policy? If                   |                                |           |              | ┢        |
| Ŭ          | in Schedule O how this was done  |                                | 12c       | x            |          |
| 13         | Did the organization have a written whistleblower policy?  |                                |           | X            | ┢        |
| 4          | Did the organization have a written document retention and destruction policy?                                       |                                | 14        |              | ┢        |
| 5          |  |                                | 14        |              |          |
| 5          | 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                     |                                | 150       | x            |          |
|            | The organization's CEO, Executive Director, or top management official   |                                |           | X            | ┢        |
| D          | Other officers or key employees of the organization  |                                | 15b       |              | $\vdash$ |
| <b>A</b> - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                  |                                |           |              |          |
| ба         | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang            |                                | 10        |              |          |
|            | taxable entity during the year?  |                                | 16a       |              |          |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu              | · ·                            |           |              |          |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org                  | anization's                    |           |              |          |
|            | exempt status with respect to such arrangements?   |                                | 16b       |              |          |
|            | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE                 |                                |           |              |          |
| 7          |  |                                | (2)       | <u> </u>     |          |
| 18         | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,                   | and 990-1 (Section 501(c))     | (3)s only | /) avai      | la       |
|            | for public inspection. Indicate how you made these available. Check all that apply.                                  |                                |           |              |          |
|            |  | in on Schedule O)              |           |              |          |
| 9          | Describe on Schedule O whether (and if so, how) the organization made its governing documents,                       | conflict of interest policy, a | and fina  | ncial        |          |
|            | 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 b                       |                                |           |              |          |
|            | REID SAUNDERS EVANGELISTIC ASSOCIATION - 503-581-  | 7394                           |           |              |          |
|            | PO BOX 4275, SALEM, OR 97302-8275  |                                |           |              | _        |
| 2006       | § 01-20-20   |                                | Form      | 1 <b>990</b> | (2       |
| _          | 6  |                                |           |              |          |
| 90         | 728 786322 REI20E0207 2019.04010 REID SAUNDERS   | EVANGELISTIC                   | RE:       | C201         | E        |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title          | <b>(B)</b><br>Average<br>hours per<br>week                           | box                            | not c<br>, unle       | ss pe   | ition<br>more<br>rson i | than<br>is bot                  | h an   | an compensation                        | <b>(E)</b><br>Reportable<br>compensation<br>from related | <b>(F)</b><br>Estimated<br>amount of<br>other                            |
|--------------------------------|--|--------------------------------|-----------------------|---------|-------------------------|---------------------------------|--------|--|--|--|
|                                | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee            | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)                         | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) DAN HILL<br>CHAIRMAN       | 1.00   | x                              |                       | x       |                         |                                 |        | 0.                                     | 0.   | 0.   |
| (2) STEVE HUDSPETH             | 0.25   |                                |                       |         |                         |                                 |        | 0.                                     | •  | 0.   |
| SECRETARY                      |  | x                              |                       | x       |                         |                                 |        | 0.                                     | Ο.   | 0.   |
| (3) STEVE BLEHM                | 0.25   |                                |                       |         |                         |                                 |        |  |  |  |
| DIRECTOR                       |  | x                              |                       |         |                         |                                 |        | 0.                                     | 0.   | 0.   |
| (4) JUSTIN GREENE              | 0.25   |                                |                       |         |                         |                                 |        |  |  |  |
| DIRECTOR                       |  | X                              |                       |         |                         |                                 |        | 0.                                     | 0.   | 0.   |
| (5) CRAIG HOLT                 | 1.25   |                                |                       |         |                         |                                 |        |  |  |  |
| DIRECTOR                       |  | х                              |                       |         |                         |                                 |        | 0.                                     | 0.   | 0.   |
| (6) LAURA MORETT               | 0.25   |                                |                       |         |                         |                                 |        |  |  |  |
| DIRECTOR                       |  | X                              |                       |         |                         |                                 |        | 0.                                     | 0.   | 0.   |
| (7) MARK REMPEL                | 0.25   | v                              |                       |         |                         |                                 |        |  | 0  | 0  |
| DIRECTOR                       | 0.25   | X                              |                       |         |                         |                                 |        | 0.                                     | 0.   | 0.   |
| (8) CLAY ROBERTSON<br>DIRECTOR | 0.25   | x                              |                       |         |                         |                                 |        | 0.                                     | 0.   | 0.   |
| (9) MIKE SMITH                 | 0.25   |                                |                       |         |                         |                                 |        | 0.                                     | 0.   | 0.   |
| DIRECTOR                       | 0.25   | x                              |                       |         |                         |                                 |        | 0.                                     | Ο.   | 0.   |
| (10) RICH VALETTE              | 0.25   |                                |                       |         |                         |                                 |        |  |  |  |
| DIRECTOR                       |  | x                              |                       |         |                         |                                 |        | 0.                                     | Ο.   | 0.   |
| (11) BRIAN WHITE               | 0.25   |                                |                       |         |                         |                                 |        |  |  |  |
| DIRECTOR                       |  | x                              |                       |         |                         |                                 |        | 0.                                     | Ο.   | 0.   |
| (12) REID SAUNDERS             | 40.00  |                                |                       |         |                         |                                 |        |  |  |  |
| PRESIDENT                      |  |                                |                       | Х       |                         |                                 |        | 70,097.                                | 0.   | 30,000.  |
| (13) DOUG TERPENING            | 40.00  |                                |                       |         |                         |                                 |        |  |  |  |
| EXECUTIVE DIRECTOR             |  |                                |                       | X       |                         |                                 |        | 91,097.                                | 0.   | 0.   |
|                                |  |                                |                       |         |                         |                                 |        |  |  |  |
|                                |  | <u> </u>                       |                       |         |                         |                                 |        |  |  |  |
|                                |  |                                |                       |         |                         |                                 |        |  |  |  |
|                                |  |                                |                       |         |                         |                                 |        |  |  |  |
|                                |  |                                |                       | -       |                         |                                 |        |  |  |  |
|                                |  | 1                              |                       |         |                         |                                 |        |  |  |  |
| 932007 01-20-20                | -  | -                              |                       | -       |                         |                                 |        |  |  | Form <b>990</b> (2019)   |

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7 2019.04010 REID SAUNDERS EVANGELISTIC

**REI20E01** 

|          |   | NDERS EV   | 7A1                            | IGI                   | ELI           | I S'                  | <b>FI</b>                       | 2 2                  | ASSOCIATION                                  | 43-1  | 964   | 291         | Pa                                | age <b>8</b>   |
|----------|---|--|--------------------------------|-----------------------|---------------|-----------------------|---------------------------------|----------------------|--|---|-------|-------------|-----------------------------------|----------------|
| Par      | t VII Section A. Officers, Directors, Trus  |  | ploy                           | ees                   |               |                       | ighe                            | st C                 | Compensated Employe                          | es (continued)  |       |             |                                   |                |
|          | (A)<br>Name and title   | <b>(B)</b><br>Average<br>hours per<br>week                           | box                            | not c<br>, unle       | ss pe         | ition<br>more<br>rson | )<br>than<br>is bot<br>pr/trus  | h an                 | (D)<br>Reportable<br>compensation<br>from    | <b>(E)</b><br>Reportable<br>compensatic<br>from related | on    | an          | (F)<br>timate<br>nount o<br>other |                |
|          |   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer       | Key employee          | Highest compensated<br>employee | Former               | the<br>organization<br>(W-2/1099-MISC)       | organization<br>(W-2/1099-MIS                           |       |             |                                   | e<br>ion<br>ed |
|          |   |  |                                |                       |               |                       |                                 |                      |  |   |       |             |                                   |                |
|          |   |  |                                |                       |               |                       |                                 |                      |  |   |       |             |                                   |                |
|          |   |  |                                |                       |               |                       |                                 |                      |  |   |       |             |                                   |                |
|          |   |  |                                |                       |               |                       |                                 |                      |  |   |       |             |                                   |                |
|          |   |  |                                |                       |               |                       |                                 |                      |  |   |       |             |                                   |                |
|          |   |  |                                |                       |               |                       |                                 |                      |  |   |       |             |                                   |                |
| 1b       | Subtotal  | I  | I                              | I                     | L             | L                     |                                 |                      | 161,194.                                     |   | 0.    | 3           | 0,0                               | 00.            |
| d        | Total from continuation sheets to Part VI<br>Total (add lines 1b and 1c)  |  |                                |                       |               |                       |                                 |                      | 0. 161,194.                                  |   | 0.    | 3           | 0,0                               | 0.00.          |
| 2        | Total number of individuals (including but n compensation from the organization   | ot limited to th   | iose                           | liste                 | ed al         | bove                  | e) wł                           | no r                 | eceived more than \$100                      | 0,000 of reportab                                       | le    |             | Yes                               | 0<br>No        |
| 3        | Did the organization list any <b>former</b> officer,<br>line 1a? <i>If "Yes," complete Schedule J for s</i>                                   |  |                                | -                     | •             | -                     |                                 | ~                    | ghest compensated emp                        | -   |       | 3           | 100                               | X              |
| 4        | For any individual listed on line 1a, is the su<br>and related organizations greater than \$150   | 0,000? If "Yes,  | le co<br>" <i>co</i>           | omp<br><i>mpl</i> e   | ensa<br>ete S | atior<br>Sche         | n and<br>e <i>dul</i> é         | d ot<br>e <i>J f</i> | her compensation from<br>for such individual | the organization  |       | 4           |                                   | X              |
| 5<br>Sec | Did any person listed on line 1a receive or a<br>rendered to the organization? <i>If "Yes," com</i><br>tion <b>B. Independent Contractors</b> | -  |                                |                       |               | -                     |                                 |                      | -  |   |       | 5           |                                   | X              |
| 1        | Complete this table for your five highest co<br>the organization. Report compensation for   |  |                                |                       |               |                       |                                 |                      |  |   | npens | ation f     | rom                               |                |
|          | (A)<br>Name and business  |  |                                | ONI                   |               |                       |                                 |                      | (B)<br>Description of s                      |   | C     | (C<br>Compe |                                   | n              |
|          |   |  |                                |                       |               |                       |                                 |                      |  |   |       |             |                                   |                |
|          |   |  |                                |                       |               |                       |                                 |                      |  |   |       |             |                                   |                |
|          |   |  |                                |                       |               |                       |                                 |                      |  |   |       |             |                                   |                |
| 2        | Total number of independent contractors (i  | ncluding but n   | ot lii                         | mite                  | d to          | tho                   | se li                           | stec                 | d above) who received n                      | nore than   |       |             |                                   |                |
|          | \$100,000 of compensation from the organiz  | zation 🕨   |                                |                       |               | (                     | 0                               |                      |  |   |       | Form        | <b>990</b> (2                     | 2019)          |

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|   |      |        | 2019) REID SAUNDERS   | EVANGEL                 | ISTIC ASSO           | CIATION                                      | 43-1964                 | 291 Page <b>9</b>       |
|---|------|--------|---|-------------------------|----------------------|--|-------------------------|-------------------------|
| Pa  | πv   | / 111  | Check if Schedule O contains a response                                 | or note to any lir      | e in this Part VIII  |  |                         |                         |
|   |      |        |   |                         | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated | (D)<br>Revenue excluded |
| nts<br>nts  | 1    | а      | Federated campaigns 1a  |                         |                      |  |                         |                         |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      |        | Membership dues 1b  | <b>PP</b> 010           |                      |  |                         |                         |
| fts,<br>r An  |      |        | Fundraising events 1c   | 77,219.                 |                      |  |                         |                         |
| i, Gi<br>nila   |      |        | Related organizations1dGovernment grants (contributions)1e              |                         |                      |  |                         |                         |
| Sir   |      |        | All other contributions, gifts, grants, and                             |                         |                      |  |                         |                         |
| but   |      | •      |   | 642,783.                |                      |  |                         |                         |
| d O   |      | g      | Noncash contributions included in lines 1a-1f                           | 101,874.                |                      |  |                         |                         |
| aŭ  |      | h      | Total. Add lines 1a-1f  | ,<br>,                  | 1,720,002.           |  |                         |                         |
| •   |      |        |   | Business Code           |                      |  |                         |                         |
| vice  | 2    | a<br>b |   |                         |                      |  |                         |                         |
| Ser   |      | c      |   |                         |                      |  |                         |                         |
| am  |      | d      |   |                         |                      |  |                         |                         |
| Program Service<br>Revenue                                |      | е      |   |                         |                      |  |                         |                         |
| д.  |      | f      | All other program service revenue                                       |                         |                      |  |                         |                         |
|   | 2    |        | Total. Add lines 2a-2f  |                         |                      |  |                         |                         |
|   | 3    |        | Investment income (including dividends, intere other similar amounts)   |                         |                      |  |                         |                         |
|   | 4    |        | Income from investment of tax-exempt bond p                             |                         |                      |  |                         |                         |
|   | 5    |        | Royalties   | ►                       |                      |  |                         |                         |
|   |      |        | (i) Real  | (ii) Personal           |                      |  |                         |                         |
|   | 6    |        | Gross rents 6a  |                         |                      |  |                         |                         |
|   |      |        | Less: rental expenses 6b<br>Rental income or (loss) 6c                  |                         |                      |  |                         |                         |
|   |      |        | Net rental income or (loss)   |                         |                      |  |                         |                         |
|   | 7    |        | Gross amount from sales of (i) Securities                               | (ii) Other              |                      |  |                         |                         |
|   |      |        | assets other than inventory <b>7a</b>                                   |                         |                      |  |                         |                         |
| •   |      | b      | Less: cost or other basis   |                         |                      |  |                         |                         |
| evenue  |      |        | and sales expenses 7b Gain or (loss) 7c                                 |                         |                      |  |                         |                         |
| Reve  |      |        | Gain or (loss) 7c   |                         |                      |  |                         |                         |
| Other F   | 8    |        | Gross income from fundraising events (not                               |                         |                      |  |                         |                         |
| 0   |      |        | including \$ 77,219. of   |                         |                      |  |                         |                         |
|   |      |        | contributions reported on line 1c). See<br>Part IV, line 18             | 2,820.                  |                      |  |                         |                         |
|   |      | b      | Less: direct expenses 8b  | 9,494.                  |                      |  |                         |                         |
|   |      |        | Net income or (loss) from fundraising events                            | ►                       | -6,674.              |  |                         | -6,674.                 |
|   | 9    | а      | Gross income from gaming activities. See                                |                         |                      |  |                         |                         |
|   |      |        | Part IV, line 19  |                         |                      |  |                         |                         |
|   |      |        | Less: direct expenses 9b<br>Net income or (loss) from gaming activities |                         |                      |  |                         |                         |
|   | 10   |        | Gross sales of inventory, less returns                                  |                         |                      |  |                         |                         |
|   |      |        | and allowances 10a  |                         |                      |  |                         |                         |
|   |      | b      | Less: cost of goods sold 10b  |                         |                      |  |                         |                         |
|   |      | С      | Net income or (loss) from sales of inventory                            | ►                       |                      |  |                         |                         |
| sn  |      | _      | MISCELLANEOUS REVENUE   | Business Code<br>900099 | 2,855.               | 2,855.                                       |                         |                         |
| oeu   | 11   | a<br>b | MIDCENHAMEOOD KEVENUE   | 900099                  | 2,055.               | 4,055.                                       |                         |                         |
| Miscellaneous<br>Revenue                                  |      | с<br>С |   |                         |                      |  |                         |                         |
| Misc<br>R(  |      |        | All other revenue   |                         |                      |  |                         |                         |
| ~   |      |        | Total. Add lines 11a-11d  |                         | 2,855.               |  |                         |                         |
|   | 12   |        | Total revenue. See instructions   | ►                       | 1,716,183.           | 2,855.                                       | 0.                      | -6,674.                 |
| 93200   | 9 01 | -20    | -20   |                         |                      |  |                         | Form <b>990</b> (2019)  |

Part IX Statement of Functional Expenses

REID SAUNDERS EVANGELISTIC ASSOCIATION

|          | Check if Schedule O contains a respons   |   |   |  |                                       |
|----------|--|---|---|--|---------------------------------------|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses              | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations  |   |   |  |                                       |
| •        | and domestic governments. See Part IV, line 21   |   |   |  |                                       |
| 2        | Grants and other assistance to domestic  |   |   |  |                                       |
| ~        | individuals. See Part IV, line 22  |   |   |  |                                       |
| 3        | Grants and other assistance to foreign   |   |   |  |                                       |
|          | organizations, foreign governments, and foreign  |   |   |  |                                       |
| 4        | individuals. See Part IV, lines 15 and 16<br>Benefits paid to or for members   |   |   |  |                                       |
| 4<br>5   | Compensation of current officers, directors,   |   |   |  |                                       |
| 5        | trustees, and key employees  | 191,194.                                  | 85,459.                                   | 73,078.  | 32,657                                |
| 6        | Compensation not included above to disqualified  |   |   |  | 527037                                |
| U        | persons (as defined under section 4958(f)(1)) and  |   |   |  |                                       |
|          | persons described in section 4958(c)(3)(B)   |   |   |  |                                       |
| 7        | Other salaries and wages   | 265,276.                                  | 118,571.                                  | 101,394.   | 45,311                                |
| 8        | Pension plan accruals and contributions (include   | ,   |   |  | ,                                     |
| 5        | section 401(k) and 403(b) employer contributions)  |   |   |  |                                       |
| 9        | Other employee benefits  |   |   |  |                                       |
| 10       | Payroll taxes  | 30,093.                                   | 11,988.                                   | 10,252.  | 7,853                                 |
| 11       | Fees for services (nonemployees):  |   | -   | <u>·</u>   | • -                                   |
| a        |  |   |   |  |                                       |
| b        |  |   |   |  |                                       |
| с        | •  | 4,174.                                    |   | 4,174.   |                                       |
| d        | Lobbying   |   |   |  |                                       |
| е        |  |   |   |  |                                       |
| f        | Investment management fees   |   |   |  |                                       |
| g        |  |   |   |  |                                       |
|          | column (A) amount, list line 11g expenses on Sch 0.)   | 191,356.                                  | 145,216.                                  | 2,617.   | 43,523                                |
| 12       | Advertising and promotion  | 611.                                      | 611.                                      |  |                                       |
| 13       | Office expenses  | 19,791.                                   | 14,551.                                   | 3,523.   | 1,717                                 |
| 14       | Information technology   |   |   |  |                                       |
| 15       | Royalties  |   |   |  |                                       |
| 16       | Occupancy  | 108,415.                                  | 92,291.                                   | 11,140.  | 4,984                                 |
| 17       | Travel   | 177,875.                                  | 161,445.                                  | 1,007.   | 15,423                                |
| 18       | Payments of travel or entertainment expenses   |   |   |  |                                       |
|          | for any federal, state, or local public officials  |   |   |  |                                       |
| 19       | Conferences, conventions, and meetings   | 12,708.                                   | 2,523.                                    | 10,176.  | 9                                     |
| 20       | Interest   |   |   |  |                                       |
| 21       | Payments to affiliates   |   |   |  |                                       |
| 22       | Depreciation, depletion, and amortization  | 16,977.                                   |   | 16,977.  |                                       |
| 23       | Insurance  | 5,371.                                    | 3,315.                                    | 1,652.   | 404                                   |
| 24       | Other expenses. Itemize expenses not covered<br>above (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A) |   |   |  |                                       |
| а        | amount, list line 24e expenses on Schedule 0.) BAD DEBT  | 38,518.                                   |   |  | 38,518                                |
| a<br>b   | OUTREACH   | 32,772.                                   | 32,772.                                   |  | 50,510                                |
| ы<br>С   | UTILITIES  | 10,402.                                   | 4,691.                                    | 3,946.   | 1,765                                 |
| d        | MEALS  | 10,343.                                   | 9,397.                                    | 503.   | 443                                   |
| u<br>e   |  | 380.                                      | 171.                                      | 144.   | 65                                    |
| 25<br>25 | Total functional expenses. Add lines 1 through 24e   | 1,116,256.                                | 683,001.                                  | 240,583.   | 192,672                               |
| 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)   |   |   |  |                                       |

932010 01-20-20

Form **990** (2019)

13090728 786322 REI20E0207

REI20E01

13090728 786322 REI20E0207

33

1,367,464.

33

Part X Balance Sheet

Form 990 (2019)

Assets

\_iabilities

Net Assets or Fund Balances

| Chaot |      |          |              |             |   |
|-------|------|----------|--------------|-------------|---|
|       | REID | SAUNDERS | EVANGELISTIC | ASSOCIATION | 4 |

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

Beginning of year End of year 460,078. 1,198,089. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 705,252. Pledges and grants receivable, net 3 3 831,909. 273. Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 803. 0. 8 Inventories for sale or use 8 2,660. 2,662. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 142,874. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 57,671. 72,012. 85,203. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 1,367,464. 1,991,477. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 18,610. 20,188. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 5,602. 3,566. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 24,212. 23,754. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 253,305. 385,182. Net assets without donor restrictions 27 27 1,089,947. 1,582,541. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗎 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,343,252. 1,967,723. Total net assets or fund balances 32 32

43-1964291 Page 11

(B)

(A)

1,991,477. Form **990** (2019)

Total liabilities and net assets/fund balances ...

| Form | 1 990 (2019) REID SAUNDERS EVANGELISTIC ASSOCIATION  | 43-1        | 964291 | Pag | ge <b>12</b> |
|------|--|-------------|--------|-----|--------------|
| Pa   | rt XI Reconciliation of Net Assets   |             |        |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |             |        |     |              |
|      |  |             |        |     |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1           | 1,716  |     |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2           | 1,110  |     |              |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3           | 599    | 9,9 | 27.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4           | 1,343  | 3,2 | 52.          |
| 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           | 24     | 1,5 | 44.          |
| 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          | 1,967  | 7,7 | 23.          |
| Pa   | rt XII Financial Statements and Reporting  |             |        |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |             |        |     | X            |
|      |  |             |        | Yes | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |             | _      |     |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     |             |        |     |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |             | 2a     | Х   |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe     | d on a      |        |     |              |
|      | separate basis, consolidated basis, or both:   |             |        |     |              |
|      | X 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 separa     | te basis,   |        |     |              |
|      | consolidated basis, or both:   |             |        |     |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |             |        |     |              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the |             |        |     |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |             | 2c     | Х   |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sc   |             |        |     |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S  | ingle Audit |        |     |              |
|      | Act and OMB Circular A-133?  |             | 3a     |     | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |             |        |     |              |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |             |        | 200 |              |

Form **990** (2019)

932012 01-20-20

| SCHEDULE A |  |
|------------|--|
|------------|--|

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

| OMB No. 1545-0047 |
|-------------------|
| 2019              |
| Open to Public    |

|          |           | of the Treasury<br>nue Service      |                   |                                 | Attach to Form 990 or l<br>v/Form990 for instructi             |                       |                     | nformation                      |           | Inspection                 |
|----------|-----------|-------------------------------------|-------------------|---------------------------------|--|-----------------------|---------------------|---------------------------------|-----------|----------------------------|
| Nan      | ne of t   | the organizati                      |                   | 00 to www.ii3.go                |  |                       | ne latest i         |                                 | ver       | identification numbe       |
| Itan     |           | and of gameat                       |                   | SAUNDERS                        | EVANGELISTIC   | ASSO                  | СТАТТ               |                                 | -         | 3-1964291                  |
| Pa       | rt I      | Reason                              |                   |                                 | (All organizations must c                                      |                       |                     |                                 |           |                            |
| The      | organ     |                                     |                   |                                 | (For lines 1 through 12, o                                     |                       |                     |                                 |           |                            |
| 1        | Ľ         |                                     | •                 |                                 | on of churches describe  |                       | ,                   |                                 |           |                            |
| 2        |           |                                     |                   |                                 | (Attach Schedule E (Forr                                       |                       |                     |                                 |           |                            |
| 3        |           |                                     |                   |                                 | anization described in <b>s</b>                                |                       |                     | ii).                            |           |                            |
| 4        |           | A medical res                       | search organiz    | ation operated in co            | onjunction with a hospita                                      | l describe            | d in <b>sectic</b>  | on 170(b)(1)(A)(iii). Ent       | ter t     | he hospital's name,        |
|          |           | city, and stat                      | e:                |                                 |  |                       |                     |                                 |           |                            |
| 5        |           | An organizat                        | on operated fo    | or the benefit of a co          | ollege or university owne                                      | d or opera            | ted by a g          | overnmental unit desc           | cribe     | ed in                      |
|          |           | section 170                         | (b)(1)(A)(iv). (C | Complete Part II.)              |  |                       |                     |                                 |           |                            |
| 6        | $\square$ | A federal, sta                      | ite, or local gov | vernment or govern              | mental unit described in                                       | section 1             | 70(b)(1)(A)         | )(v).                           |           |                            |
| 7        |           | -                                   |                   | •                               | antial part of its support                                     | from a gov            | rernmenta           | l unit or from the gene         | ral p     | public described in        |
| _        |           |                                     |                   | omplete Part II.)               |  |                       |                     |                                 |           |                            |
| 8        | $\square$ | -                                   |                   |                                 | )(1)(A)(vi). (Complete Par                                     |                       | 1                   | un all'ann an this a familian a |           |                            |
| 9        |           |                                     |                   |                                 | d in <b>section 170(b)(1)(A)</b><br>culture (see instructions) |                       |                     |                                 |           |                            |
|          |           | university:                         | or a non-ianu-g   | grant college of agric          |  | . Enter the           | name, cit           | y, and state of the con         | lege      |                            |
| 10       | X         |                                     | on that norma     | Illy receives: (1) mor          | e than 33 1/3% of its su                                       | oport from            | contributi          | ons membershin fees             | s ar      | nd aross receipts from     |
|          |           | -                                   |                   | •                               | ect to certain exceptions                                      | -                     |                     |                                 |           | -                          |
|          |           |                                     |                   | -                               | e (less section 511 tax) fr                                    |                       |                     |                                 |           | -                          |
|          |           |                                     |                   | mplete Part III.)               | ( , , , , , , , , , , , , , , , , , , ,                        |                       |                     | , ,                             |           | ,                          |
| 11       |           |                                     |                   |                                 | sively to test for public sa                                   | afety. See            | section 5           | 09(a)(4).                       |           |                            |
| 12       |           | An organizat                        | ion organized a   | and operated exclus             | sively for the benefit of, t                                   | o perform             | the function        | ons of, or to carry out         | the       | purposes of one or         |
|          |           | more publicly                       | v supported or    | ganizations describ             | ed in <b>section 509(a)(1)</b> c                               | or section            | 509(a)(2).          | See section 509(a)(3)           | ). Cl     | heck the box in            |
|          |           | lines 12a thro                      | ough 12d that     | describes the type              | of supporting organization                                     | on and con            | nplete line         | s 12e, 12f, and 12g.            |           |                            |
| а        |           |                                     |                   |                                 | supervised, or controlled                                      | •                     | -                   |                                 | -         |                            |
|          |           |                                     | •                 |                                 | egularly appoint or elect                                      | a majority            | of the dire         | ctors or trustees of th         | e sı      | upporting                  |
|          |           | 7 7                                 |                   | complete Part IV, S             |  |                       |                     |                                 |           |                            |
| b        |           |                                     |                   |                                 | d or controlled in connec                                      |                       |                     |                                 |           | •                          |
|          |           |                                     | -                 |                                 | ganization vested in the s<br>, Sections A and C.              | same perso            | JIS IIAL C          | untor or manage the s           | supp      | porteu                     |
| с        |           | Γ                                   | .,                | •                               | ng organization operated                                       | in connec             | tion with           | and functionally integ          | rate      | d with                     |
| Ū        |           |                                     | -                 |                                 | s). You must complete  |                       |                     |                                 | alo       | a man,                     |
| d        |           |                                     |                   |                                 | porting organization ope                                       |                       |                     |                                 | aniz      | ation(s)                   |
|          |           |                                     | -                 |                                 | ization generally must sa                                      |                       |                     |                                 |           |                            |
|          |           |                                     |                   |                                 | mplete Part IV, Section  |                       |                     |                                 |           |                            |
| е        |           | Check this                          | box if the orga   | anization received a            | written determination fro                                      | om the IRS            | 6 that it is a      | a Type I, Type II, Type         | : 111     |                            |
|          |           |                                     |                   |                                 | onally integrated support                                      | ting organi           | zation.             |                                 |           |                            |
|          |           |                                     | of supported of   |                                 |  |                       |                     |                                 |           |                            |
| <u> </u> |           | vide the follow<br>(i) Name of supp |                   | n about the support<br>(ii) EIN | ed organization(s). (iii) Type of organization                 | (iv) Is the orga      | anization listed    | (v) Amount of monetar           |           | (vi) Amount of other       |
|          | ,         | organizatior                        |                   |                                 | (described on lines 1-10                                       | in your govern<br>Yes | ing document?<br>No | support (see instruction        | ·         | support (see instructions) |
|          |           |                                     |                   |                                 | above (see instructions))                                      | Tes                   | NO                  |                                 | Ĥ         |                            |
|          |           |                                     |                   |                                 |  |                       |                     |                                 |           |                            |
|          |           |                                     |                   |                                 |  |                       |                     |                                 | +         |                            |
|          |           |                                     |                   |                                 |  |                       |                     |                                 |           |                            |
|          |           |                                     |                   |                                 | 1  |                       |                     |                                 | +         |                            |
|          |           |                                     |                   |                                 |  |                       |                     |                                 |           |                            |
|          |           |                                     |                   |                                 |  |                       |                     |                                 | $\neg$    |                            |
|          |           |                                     |                   |                                 |  |                       |                     |                                 |           |                            |
|          |           |                                     |                   |                                 |  |                       |                     |                                 | T         |                            |
|          |           |                                     |                   |                                 |  |                       |                     |                                 | $\square$ |                            |
| Tota     | al        |                                     |                   |                                 |  |                       |                     |                                 |           |                            |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

## Schedule A (Form 990 or 990 EZ) 2019 REID SAUNDERS EVANGELISTIC ASSOCIATION 43-1964291 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Caleadar year (or fixed year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total<br>1 Offix, grants, contributions, and grants, 1<br>2 Tax revenues levels for the organization<br>include any 'unusual grants, 1<br>2 Tax revenues levels for the organization<br>include any 'unusual grants, 1<br>2 Tax revenues levels for the organization<br>include any 'unusual grants, 1<br>2 Tax revenues levels for the organization<br>include any 'unusual grants, 1<br>2 Tax revenues levels for the organization<br>include any 'unusual grants, 1<br>2 Tax revenues levels for the organization<br>include any 'unusual grants, 1<br>2 Tax revenues levels for the organization<br>include any 'unusual grants, 1<br>2 Tax revenues levels for the organization<br>include any 'unusual grants, 1<br>2 Tax revenues levels for the organization<br>by seath person (other than a<br>governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)<br>6 Public support, Samze tes tow texts<br>2 Section B. Total Support<br>2 Caleadar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total<br>7 Amounts from line 4<br>3 Grass income from interest,<br>dividends, payments received on<br>securities lossing in Part V()<br>10 Other income from interest,<br>dividends, payments received on<br>securities lossing in Part V()<br>11 Total support. Attill lines 7 through 10<br>2 Conse received for metable and botherest<br>2 Conse received for metable and botherest<br>3 First the years. If the Form 90 is for the organization in first, second, third, touth, or fifth tax years as sectors 5010(c)(s)<br>organization metal and botherest<br>4 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)<br>1 Tat 1 Say or the said or 2018 (line 6, column (f) divided by line 11, column (f)<br>1 Tat 9, "facts and-circumstances 'test. The organization did not check tab ox on line 13, red, refer, this box and<br>stop here. The organization did not dheck abox on line 13, red, refer, this box and<br>stop here. The organi | Se   | ction A. Public Support  |                             |                      |                         |                            |                     |            |
|--|------|--|-----------------------------|----------------------|-------------------------|----------------------------|---------------------|------------|
| membership feas received. (Do not<br>include any "unusual grants.")       2         2       Tax revenues levide for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf       1         3       The value of services or facilities<br>fumished by a governmental unit to<br>the organization without charge<br>by each person (oftent than a<br>government) unit or publicly<br>supported organization included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       1         6       Public support. Schedules there ea       1         8       Coll Schedules and the paid to<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       1         6       Public support. Schedules there ea       1         8       Coll Schedules and the schedules and the schedules<br>and income from similar sources.       1         9       Net income from similar sources.       1 </td <td>Cale</td> <td>ndar year (or fiscal year beginning in) 🕨</td> <td>(a) 2015</td> <td>(b) 2016</td> <td>(c) 2017</td> <td>(d) 2018</td> <td>(e) 2019</td> <td>(f) Total</td>   | Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2015                    | (b) 2016             | (c) 2017                | (d) 2018                   | (e) 2019            | (f) Total  |
| include any "unusual grants.")       2         2       Tax revenues levied for the organization is behalf         3       Tax revenues levied on its behalf         3       Text and exervices or facilities furnished by a governmental unit to the organization without charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)         6       Public support 0, deviating in IN         (a) 2015       (b) 2016         6       Public support 0, deviating in IN         7       Amount shown on line 11, column (f)         6       Public support 0, deviating in IN         7       Amount shown on line 4         Section B. Total Support         Celedar year (or fised year beginning in IN)         (a) 2015       (b) 2016         (c) 2017       (c) 2019         (d) dends, supments received on securities lowings and income from interest, dividends, payments received on securities lowings and the organization is form interest, dividend by any organization in the support 0, deviating and the organization in the support 0, deviating and the organization is form the sale of capital sassts (Explain in Part VI).         10       Other income 20 and include gain or loss from the sale of capital sassts (Explain in Part VI).       12         12 <t< td=""><td>1</td><td>Gifts, grants, contributions, and</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  | 1    | Gifts, grants, contributions, and  |                             |                      |                         |                            |                     |            |
| 2 Tar versus levid for the organization is behalf in an expended on its behalf in an expended on its behalf in the value of services or facilities it unisked by a governmental unit to the organization without charge it of table subports it of table subportsubports it of table subports it of table subports it of table sub   |      | membership fees received. (Do not  |                             |                      |                         |                            |                     |            |
| training benefit and either paid to or expendence on its behalf  |      | include any "unusual grants.")   |                             |                      |                         |                            |                     |            |
| are expended on its behalf The value of services or facilities turnished by a government unit to the organization without charge The portion of total contributions by seach person (other than a government) unit or public government al unit or public government and the exceeded 25% of the amount shown on line 11, column (f) Public support. Butter the stem time 4  Section B. Total Support Government al unit or public government and the exceeded 25% of the amount shown on line 11, column (f) Amounts from line 4  Government and the exceeded 25% of the amount shown on line 11, column (f) Amounts from line 4  Government and the exceeded 25% of the amount shown on line 14, column (f) Amounts from line 4  Government and the exceeded 25% of the amount shown on line 4  Government and the exceeded 25% of the amount shown on line 4  Government and the exceeded 25% of the amount shown on line 4  Government and line for similar sources  Government and the exceeded 25% of the amount shown on line 4  Government and the exceeded 25% of the amount shown on line 4  Government from initerest, and income from intrests, and income from intrests, and income from intrests, and income from similar sources  Government the sale of capital assets (Explain in Part V)  Correst coexistics, whether or not the business is regularly carried on Correst from related business activities, whether or not the business is regularly carried on Correst from related business activities, whether or not the business is regularly carried on Correst from related business activities, whether or not the business is regularly carried on Correst from related business activities, whether or not the business is regularly carried on Correst from related business activities, whether or not the business is regularly carried on Correst from related business activities, whether or not the business is regularly carried on Correst from related business actities apport percentage for 20   | 2    | Tax revenues levied for the organ-   |                             |                      |                         |                            |                     |            |
| 3 The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge<br>5 The portion of total contributions<br>by each person (other than a<br>governmental unit or public)<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (i)       Image: Column Co   |      | ization's benefit and either paid to   |                             |                      |                         |                            |                     |            |
| time organization without charge       4       1stal. Add lines 1 through 3       4       4         5       Total. Add lines 1 through 3       4       4       4         5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 24% of the amount shown on line 11, column (f)       4       4       4         6       Public support. Businet line 5 tom line 4.       4       4       4         3       Gross income from interst.       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4       4       4       4       4       4       4         8       Gross income from interst.       (d) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4       4       4       4       4       4       4         8       Gross income from interest.       (d) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4       5       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1<   |      | or expended on its behalf  |                             |                      |                         |                            |                     |            |
| the organization without charge       4       Total. Add lines 1 through 3         4       Total. Add lines 1 through 3       4         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)       4         6       Public support. Subtact line 5 from line 4       4         Section B. Total Support       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       A mounts from line 4.       4       4       4       4       4       4         8       Gross income from linerest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources and income from unrelated business activities, whether or not the business is regularly carried on and the sale of capital assets (Explain in Part Vi)       12       12         10       Other income, Do not include gain or loss from the sale of capital assets (Explain for Part VI)       12       14       9         14       Public support Add lines 7 through 10       12       15       16       16         15       First five yeers. If the Form 90% is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       9       14       9   | 3    | The value of services or facilities  |                             |                      |                         |                            |                     |            |
| 4       Total. Add lines 1 through 3   |      | furnished by a governmental unit to  |                             |                      |                         |                            |                     |            |
| 5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f)       Image: Column (f)         6       Public support. Subset times from line 4.       Image: Column (f)       Image: Column (f)         7       Amounts from line 11, column (f)       Image: Column (f)       Image: Column (f)       Image: Column (f)         8       Gross income from linterest, dividends, payments received on securities loans, rents, royallies, and rincome from similar sources in securities loans, rents, royallies, and rincome from unrelated business activities, whether or not the business is regularly carried on income. Do not include gain or loss from the sale of capital assets (Explain in Part V).       Image: Column (f)       Image: Column (f)         11       Total support. Add lines 7 through 10       Image: Column (f)       Image: Column (f)       Image: Column (f)         12       Gross income the able of capital assets (Explain in Part V).       Image: Column (f)       Image: Column (f)       Image: Column (f)         11       Total support. Add lines 7 through 10       Image: Column (f)       Image: Column (f)       Image: Column (f)         12       Corse inceripts from related activities, etc. (see instructions)       Image: Column (f)       Image: Column (f)       Image: Column (f)         13       First five years. If the Foron 2019 (five Column (f)       Image: Column (f)  |      | the organization without charge  |                             |                      |                         |                            |                     |            |
| 5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f)       Image: Column (f)         6       Public support. Subset times from line 4.       Image: Column (f)       Image: Column (f)         7       Amounts from line 11, column (f)       Image: Column (f)       Image: Column (f)       Image: Column (f)         8       Gross income from linterest, dividends, payments received on securities loans, rents, royallies, and rincome from similar sources in securities loans, rents, royallies, and rincome from unrelated business activities, whether or not the business is regularly carried on income. Do not include gain or loss from the sale of capital assets (Explain in Part V).       Image: Column (f)       Image: Column (f)         11       Total support. Add lines 7 through 10       Image: Column (f)       Image: Column (f)       Image: Column (f)         12       Gross income the able of capital assets (Explain in Part V).       Image: Column (f)       Image: Column (f)       Image: Column (f)         11       Total support. Add lines 7 through 10       Image: Column (f)       Image: Column (f)       Image: Column (f)         12       Corse inceripts from related activities, etc. (see instructions)       Image: Column (f)       Image: Column (f)       Image: Column (f)         13       First five years. If the Foron 2019 (five Column (f)       Image: Column (f)  | 4    | Total. Add lines 1 through 3   |                             |                      |                         |                            |                     |            |
| governmental unit or publicly<br>supported organization included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       i       i         6 Public support. Subret time 5 tom line 4.       i       i         Section B. Total Support       i       i         Calendar year (or fiscal year beginning in) ►       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7 Amounts from line 4       i       i       i       i       i       i         8 Gross income from interest,<br>dividends, payments received on<br>securities clans, rents, royalties,<br>and income from similar sources       i       i       i       i       i         9 Net income from unrelated business<br>activities, whether on not the<br>business is regularly carried on<br>or loss from the sale of capital<br>assets (Explain in Part VI).       i   |      | -  |                             |                      |                         |                            |                     |            |
| supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       Image: State of the<br>amount shown on line 11,<br>column (f)         6       Public support: Subtract line 6 is toom line 4.         Section B. Total Support<br>3 Amounts from line 4       Image: State of the<br>amount shown on line 1.         7       Amounts from line 4.         8       Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royatlies,<br>and income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>or loas from the sale of capital<br>assets (Explain in Part VI)         10       Other income. Do not include gain<br>or loas from the sale of capital<br>assets (Explain in Part VI)         11       Total support. Add lines 7 through 10         12       Gross income from similar sources<br>activities, whether or not the<br>pusiness is regularly carried on<br>or loas from the sale of capital<br>assets (Explain in Part VI)         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here         56       Gross income from earlies as a publicly support Percentage         14       %         15       Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)       14         16       Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)       14         16       Ba3 1/3% support tes  |      | by each person (other than a   |                             |                      |                         |                            |                     |            |
| on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii  |      | governmental unit or publicly  |                             |                      |                         |                            |                     |            |
| amount shown on line 11,<br>column (f)   |      | supported organization) included   |                             |                      |                         |                            |                     |            |
| column (f)       6       Public support. Subtract time 5 term line 4.         Section B. Total Support       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7 Amounts from line 4       a       a       a       a       a       a       a         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       a <td></td> <td>on line 1 that exceeds 2% of the</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |      | on line 1 that exceeds 2% of the   |                             |                      |                         |                            |                     |            |
| 6       Public support. Subtract time 6 from line 4.         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶         (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4   |      | amount shown on line 11,   |                             |                      |                         |                            |                     |            |
| 6       Public support. Subtract line 5 from line 4.         Section B. Total Support         Calendar year (or fiscal year beginning in)       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4   |      | column (f)   |                             |                      |                         |                            |                     |            |
| Section B. Total Support         Calendar year (or fiscal year beginning in)         7       Amounts from line 4         8       Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources         9       Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on         10       Cther income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)         11       Total support. Add lines 7 through 10         22       Gross receipts from related activities, etc. (see instructions)         12       Gross receipts from related activities, etc. (see instructions)         12       Gross receipts from related activities, etc. (see instructions)         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here         24       Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))       14       %         15       wybiles as a publicly support degranization qualifies as a publicly support organization       >       >         16a 33 1/3% support test - 2018. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box<br>and stop here. The organization qualifies as a publicly supported organization       >       >         17a       10% -facts-and-circ   | 6    |  |                             |                      |                         |                            |                     |            |
| 7       Amounts from line 4         8       Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royatties,<br>and income from similar sources         9       Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>or loss from the sale of capital<br>assets (Explain in Part VI.)         10       Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc. (see instructions)         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage from 2018 Schedule A, Part II, line 14         15       Public support tercentage from 2018 Schedule A, Part II, line 14         16       33 1/3% support test - 2018. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box<br>and stop here. The organization qualifies as a publicly supported organization         17       10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,<br>and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization<br>meets the "facts-and-circumstances test - 2018. If the organization<br>meets the "facts-and-circumstances te   |      |  |                             | •                    |                         |                            |                     |            |
| 7       Amounts from line 4         8       Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royatties,<br>and income from similar sources         9       Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>or loss from the sale of capital<br>assets (Explain in Part VI.)         10       Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc. (see instructions)         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))       14         15       Public support percentage form 2018 Schedule A, Part II, line 14       9         16a 33 1/3% support test - 2018. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box<br>and stop here. The organization qualifies as a publicly supported organization       1         17a 10% - facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,<br>and if the organization qualifies as a publicly supported organization       1         17a 10% - facts-and-circumstances test - 2018. If the organization<br>meets  | Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2015                    | (b) 2016             | (c) 2017                | (d) 2018                   | (e) 2019            | (f) Total  |
| 8       Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources       9         9       Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on       10         10       Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  | 7    | Amounts from line 4  |                             |                      |                         |                            |                     |            |
| securities loans, rents, royalties,<br>and income from similar sources<br>9 Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>10 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)<br>11 Total support. Add lines 7 through 10<br>12 Gross receipts from related activities, etc. (see instructions)<br>12 Gross receipts from related activities, etc. (see instructions)<br>12 Gross receipts from related activities, etc. (see instructions)<br>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here<br>Section C. Computation of Public Support Percentage<br>14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))<br>15 Public support percentage for 2019 Schedule A, Part II, line 14<br>15 %<br>16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and<br>stop here. The organization qualifies as a publicly supported organization<br>b 33 1/3% support test - 2019. If the organization did not check a box on line 13, en 16a, and line 15 is 33 1/3% or more, check this box<br>and stop here. The organization qualifies as a publicly supported organization<br>b 33 1/3% support test - 2019. If the organization did not check a box on line 13, fla, or 16b, and line 14 is 10% or more,<br>and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization<br>meets the "facts-and-circumstances" test. The organization dual not check a box on line 13, fla, fla, fla, fla, fla, fla, fla, fla  |      |  |                             |                      |                         |                            |                     |            |
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| and income from similar sources  |      |  |                             |                      |                         |                            |                     |            |
| <ul> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li> <li>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 through 10</li> <li>12 Gross receipts from related activities, etc. (see instructions)</li> <li>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</li> <li>Section C. Computation of Public Support Percentage</li> <li>14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).</li> <li>15 Public support percentage for 2019 Schedule A, Part II, line 14.</li> <li>15 %</li> <li>16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.</li> <li>17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" t</li></ul>   |      |  |                             |                      |                         |                            |                     |            |
| business is regularly carried on   | 9    |  |                             |                      |                         |                            |                     |            |
| business is regularly carried on   |      |  |                             |                      |                         |                            |                     |            |
| 10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       Image: transmission of the sale of capital assets (Explain in Part VI.)         11       Total support. Add lines 7 through 10       Image: transmission of the sale of capital assets (Explain in Part VI.)         12       Gross receipts from related activities, etc. (see instructions)       Image: transmission of the sole organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         0 organization, check this box and stop here       Image: transmission of Public Support Percentage         14       Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))       Image: transmission of the organization of Public Support Percentage         16       33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: transmission organization         17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: transmission qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organizatio  |      |  |                             |                      |                         |                            |                     |            |
| or loss from the sale of capital<br>assets (Explain in Part VI.)<br>11 Total support. Add lines 7 through 10<br>12 Gross receipts from related activities, etc. (see instructions)<br>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here<br>Section C. Computation of Public Support Percentage<br>14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))<br>14 9%<br>15 Public support percentage for 2018 Schedule A, Part II, line 14<br>15 %<br>16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and<br>stop here. The organization qualifies as a publicly supported organization<br>b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box<br>and stop here. The organization qualifies as a publicly supported organization<br>17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, fi6a, or 16b, and line 14 is 10% or more,<br>and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization<br>b 10% -facts-and-circumstances test - 2018. If the organization qualifies as a publicly supported organization<br>b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,<br>and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization<br>b 10% -facts-and-circumstances test - 2018. If the organization qualifies as a publicly supported organization<br>b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization<br>b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization<br>b 10% -facts-and-circumstances" test. The organization   | 10   | • • •  |                             |                      |                         |                            |                     |            |
| assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  14 9  15 Public support percentage for 2018 Schedule A, Part II, line 14  16 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2018. If the organization did not check a box on line 13, f6a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2018. If the organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2018. If the organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2018. If the organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2018. If the organi   |      | , and the second s |                             |                      |                         |                            |                     |            |
| 11 Total support. Add lines 7 through 10   12 Gross receipts from related activities, etc. (see instructions)   13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here   Section C. Computation of Public Support Percentage   14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))   14 96   15 Public support percentage from 2018 Schedule A, Part II, line 14   16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization   b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization  |      |  |                             |                      |                         |                            |                     |            |
| 12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))       14         15 Public support percentage from 2018 Schedule A, Part II, line 14       15         16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <ul> <li>17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization         b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicl</li></ul>  | 11   |  |                             |                      |                         |                            |                     |            |
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| organization, check this box and stop here       Image: Section C. Computation of Public Support Percentage         14       Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))       14       %         15       Public support percentage from 2018 Schedule A, Part II, line 14       15       %         16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Column (f)       Image: Column (f)         b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Column (f)       Image: Column (f)         17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported organization       Image: Column (f)       Image: Column (f)         b 10% -facts-and-circumstances test - 2018. If the organization dualifies as a publicly supported organization       Image: Column (f)       Image: Column (f)         b 10% -facts-and-circumstances test - 2018. If the organization dualifies as a publicly supported organization       Image: Column (f)       Image: Column (f)         b 10%  |      | •  | ·                           | ,                    |                         |                            | on 501(c)(3)        |            |
| <ul> <li>Section C. Computation of Public Support Percentage</li> <li>Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))</li> <li>Public support percentage from 2018 Schedule A, Part II, line 14</li> <li>Public support percentage from 2018 Schedule A, Part II, line 14</li> <li>If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>If the organization qualifies as a publicly supported organization</li> <li>If the organization qualifies as a publicly supported organization</li> <li>If a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organiza</li></ul>   |      | organization, check this box and stop  | here                        |                      |                         | -                          |                     |            |
| 15       Public support percentage from 2018 Schedule A, Part II, line 14       15       %         16a       33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       >         b       33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       >         17a       10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  | Se   | ction C. Computation of Publ   | ic Support Pe               | ercentage            |                         |                            |                     |            |
| <ul> <li>16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>  | 14   | Public support percentage for 2019 (I  | ine 6, column (f) c         | livided by line 11,  | column (f))             |                            | 14                  | %          |
| <ul> <li>stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>   | 15   | Public support percentage from 2018  | Schedule A, Parl            | t II, line 14        |                         |                            | 15                  | %          |
| <ul> <li>b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>  | 16a  | 1 33 1/3% support test - 2019. If the c  | organization did n          | ot check the box o   | on line 13, and line    | e 14 is 33 1/3% or i       | more, check this    | box and    |
| and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test + 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test + 2018. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances + 2018. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances + 2018. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances + 2018. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances + 2018. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances + 2018. If the organization qualifies + 2018. If the organization + 2018. If the organizatio   |      | stop here. The organization qualifies  | as a publicly supp          | oorted organizatio   | n                       |                            |                     |            |
| <ul> <li>17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li></ul>  | b    | 33 1/3% support test - 2018. If the c  | organization did n          | ot check a box on    | line 13 or 16a, an      | d line 15 is 33 1/3%       | 6 or more, check    | this box   |
| and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization   |      | and stop here. The organization qual   | ifies as a publicly         | supported organiz    | zation                  |                            |                     |            |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  | 17a  | 10% -facts-and-circumstances tes   | <b>t - 2019.</b> If the org | ganization did not   | check a box on lir      | ne 13, 16a, or 16b,        | and line 14 is 10   | % or more, |
| <ul> <li>b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>  |      | and if the organization meets the "fac   | ts-and-circumstar           | nces" test, check    | his box and <b>stop</b> | here. Explain in Pa        | art VI how the org  | anization  |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization   |      | meets the "facts-and-circumstances"  | test. The organiza          | ation qualifies as a | publicly supporte       | ed organization            |                     |            |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization   | b    | 10% -facts-and-circumstances tes   | <b>t - 2018.</b> If the org | ganization did not   | check a box on lir      | ne 13, 16a, 16b, or        | 17a, and line 15    | is 10% or  |
|  |      | more, and if the organization meets th   | ne "facts-and-circu         | umstances" test, o   | heck this box and       | d <b>stop here.</b> Explai | n in Part VI how t  | he _       |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  |      | organization meets the "facts-and-circ   | cumstances" test.           | The organization     | qualifies as a pub      | licly supported org        | anization           |            |
|  | 18   | Private foundation. If the organizatio   | n did not check a           | box on line 13, 16   | 6a, 16b, 17a, or 17     | 7b, check this box         | and see instruction | ons 🕨      |

Schedule A (Form 990 or 990-EZ) 2019

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## Schedule A (Form 990 or 990-EZ) 2019 REID SAUNDERS EVANGELISTIC ASSOCIATION 43-1964291 Page 3 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   | ction A. Public Support  |                           |                           |                         |                   |                      |                 |
|-------|--|---------------------------|---------------------------|-------------------------|-------------------|----------------------|-----------------|
| Cale  | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015           | <b>(b)</b> 2016           | (c) 2017                | (d) 2018          | (e) 2019             | (f) Total       |
| 1     | Gifts, grants, contributions, and  |                           |                           |                         |                   |                      |                 |
|       | membership fees received. (Do not  |                           |                           |                         |                   |                      |                 |
|       | include any "unusual grants.")   | 1,043,890.                | 815,017.                  | 1,798,626.              | 1,242,284.        | 1,720,002.           | 6,619,819.      |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                           |                           |                         |                   | 2,855.               | 2,855.          |
| 3     | Gross receipts from activities that  |                           |                           |                         |                   |                      |                 |
|       | are not an unrelated trade or bus-   |                           |                           |                         |                   |                      |                 |
|       | iness 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  |                           |                           |                         |                   |                      |                 |
| Ŭ     | furnished by a governmental unit to  |                           |                           |                         |                   |                      |                 |
|       | the organization without charge  |                           |                           |                         |                   |                      |                 |
| 6     | Total. Add lines 1 through 5   | 1,043,890.                | 815,017.                  | 1,798,626.              | 1,242,284.        | 1,722,857.           | 6,622,674.      |
|       | Amounts included on lines 1, 2, and  | , , -                     | / -                       | , , -                   | , , ,             | , , .                | , , .           |
|       | 3 received from disgualified persons   |                           |                           |                         |                   | 61,740.              | 61,740.         |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                           |                           |                         |                   |                      | 0.              |
| c     | Add lines 7a and 7b  |                           |                           |                         |                   | 61,740.              | 61,740.         |
|       | Public support. (Subtract line 7c from line 6.)  |                           |                           |                         |                   |                      | 6,560,934.      |
| Sec   | ction B. Total Support   |                           |                           |                         |                   |                      |                 |
| Cale  | ndar year (or fiscal year beginning in) 🕨  | (a) 2015                  | <b>(b)</b> 2016           | (c) 2017                | (d) 2018          | (e) 2019             | (f) Total       |
| 9     | Amounts from line 6  | 1,043,890.                | 815,017.                  | 1,798,626.              | 1,242,284.        | 1,722,857.           | 6,622,674.      |
| 10a   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                           |                           |                         |                   |                      | i               |
| b     | Unrelated business taxable income  |                           |                           |                         |                   |                      |                 |
|       | (less section 511 taxes) from businesses acquired after June 30, 1975  |                           |                           |                         |                   |                      |                 |
| c     | Add lines 10a and 10b  |                           |                           |                         |                   |                      |                 |
|       | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                           |                           |                         |                   |                      |                 |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  | 10,453.                   | 7,585.                    | 9,506.                  | 3,431.            |                      | 30,975.         |
| 13    | Total support. (Add lines 9, 10c, 11, and 12.)   | 1,054,343.                | 822,602.                  | 1,808,132.              | 1,245,715.        | 1,722,857.           | 6,653,649.      |
| 14    | First five years. If the Form 990 is for   | the organization's        | first, second, third      | d, fourth, or fifth tax | vear as a section | n 501(c)(3) organiza | ation,          |
|       | check this box and <b>stop here</b>  |                           | · · · · · ·               | · · ·                   | ·····             |                      |                 |
| Sec   | ction C. Computation of Publi  | ic Support Per            | rcentage                  |                         |                   |                      |                 |
| 15    | Public support percentage for 2019 (li   | ine 8, column (f), d      | ivided by line 13, c      | olumn (f))              |                   | 15                   | 98.61 %         |
| 16    | Public support percentage from 2018  | Schedule A, Part          | III, line 15              |                         |                   | 16                   | 99.44 %         |
|       | ction D. Computation of Inves  |                           |                           |                         |                   |                      |                 |
| 17    | Investment income percentage for 20  | 19 (line 10c, colun       | nn (f), divided by lir    | ne 13, column (f)) .    |                   | 17                   | .00 %           |
| 18    | Investment income percentage from 2  | 2018 Schedule A, I        | Part III, line 17         |                         |                   | 18                   | .00 %           |
| 19a   | 33 1/3% support tests - 2019. If the   | organization did n        |                           |                         |                   | 3 1/3% , and line 1  |                 |
|       | more than 33 1/3%, check this box ar   | nd stop here. The         | organization qualif       | ies as a publicly su    | pported organiza  | tion                 | ► X             |
| b     | 33 1/3% support tests - 2018. If the   | organization did n        | ot check a box on         | line 14 or line 19a,    | and line 16 is mo | ore than 33 1/3%, a  | ind             |
|       | line 18 is not more than 33 1/3%, che  | ck this box and <b>st</b> | <b>op here.</b> The organ | nization qualifies as   | a publicly suppo  | rted organization    |                 |
| 20    | Private foundation. If the organization  | n did not check a         | box on line 14, 19a       | a, or 19b, check thi    | s box and see ins | structions           | <b>&gt;</b>     |
| 93202 | 23 09-25-19  |                           |                           |                         | Sche              | edule A (Form 990    | or 990-EZ) 2019 |
|       |  |                           |                           | 15                      |                   |                      |                 |

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## 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

- 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* (*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?
- 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 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.)

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Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

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| 1 4   | 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 in (b) and (c)                                    |           |          |      |
|       | below, the governing body of a supported organization?  | 11a       |          |      |
|       | A family member of a person described in (a) above?   | 11b       |          |      |
| -     | A 35% 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   |           |          |      |
|       |   |           | Yes      | No   |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to   |           |          |      |
|       | regularly appoint or elect at least a majority of the organization's 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 supported organization,   |           |          |      |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                                       |           |          |      |
|       | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1         |          |      |
| 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 <b>Part VI</b> how control                            |           |          |      |
|       | or management of the supporting organization was vested in the same persons that controlled or managed  |           |          |      |
|       | the supported organization(s).  | 1         |          |      |
| Sec   | tion D. All Type III Supporting Organizations   |           |          |      |
| 000   |   |           | Yes      | No   |
| 4     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                                  |           | 163      |      |
| 1     |   |           |          |      |
|       | 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 in (2), 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     | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)                  | )-        |          |      |
| а     | The organization satisfied the Activities Test. Complete line 2 below.  |           |          |      |
| b     | The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |          |      |
| с     | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins                            | tructions | s).      |      |
| 2     | Activities Test. Answer (a) and (b) 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? If "Yes," then in 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 in (a) 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 (a) and (b) below.  |           |          |      |
| a     | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                                     |           |          |      |
| a     | trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>  | 3a        |          |      |
| b     | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each                             | Ja        |          |      |
| U     |   | 3b        |          |      |
| 00000 | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 09-25-19 Schedule A (Form S |           | יד ב .0  | 2010 |
| 33202 | 5 09-25-19 Schedule A (Form 9   | 55 01 35  | /J ·L L) | 2013 |
|       | <b>—</b> <i>i</i>   |           |          |      |

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## Schedule A (Form 990 or 990-EZ) 2019 REID SAUNDERS EVANGELISTIC ASSOCIATION 43-1964291 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | tion A - Adjusted Net Income   |            | (A) Prior Year             | (B) Current Year<br>(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 | tion B - Minimum Asset Amount  |            | (A) Prior Year             | (B) Current Year<br>(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 <b>Part VI</b> ):                                |            |                            |                                |
| 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 1-1/2% 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 .035.   | 6          |                            |                                |
| 7    | Recoveries of prior-year distributions   | 7          |                            |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8          |                            |                                |
| Sect | 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          |                            |                                |
| 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-functional | lv integra | ted Type III supporting or | anization (see                 |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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| Section D- Distributions         Current Year           1         Amounts paid to supported organizations to accomplish exempt purposes of supported organizations.         Image: Comparization is accomplish exempt purposes of supported organizations.           3         Administrative expenses paid to accomplish exempt purposes of supported organizations.         Image: Comparization is accomplish exempt purposes of supported organizations.           4         Amounts paid to acquire exempts assats.         Image: Comparization is accomplish exempt purposes.           6         Chert distributions, discrime its may find.         Image: Comparization is responsive provide distributions.           7         Tetal amount distributions. Add lines 1 through 6.         Image: Comparization is responsive provide distributions.           9         Distribution for 2019 from Section C, line 6         Image: Comparization is responsive provide distributions.           1         Distributions.         Excess Distributions         Image: Comparization is responsive provide distributions.           1         Distributions.         Excess Distributions.         Image: Comparization is responsive provide distributions.           1         Distributions.         Excess Distributions.         Image: Comparization is responsive provide distributions.           1         Distributions.         Excess Distributions.         Image: Comparization is responsive provide distributions.           1         <  | Par   | rt V   Type III Non-Functionally Integrated 509                      | (a)(3) Supporting Org         | anizations (continued) |               |
|--|-------|--|-------------------------------|------------------------|---------------|
| 2       Anounts pict to perform activity that directly furthers exempt purposes of supported organizations.         4       Amounts paid to accomplish exempt purposes of supported organizations.         4       Amounts paid to accomplish exempt purposes of supported organizations.         5       Qualified staids emounts (prior IRS approval required).         6       Other distributions (discribe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organization is responsive (provide data in Part VI). See instructions.         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         9       (f)       (fi)         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount       (f)         9       Inderdistributions, if any, for years prior to 2019 (reason-able cause required explain in Part VI). See instructions.       Image: Second State Stat  | Secti | ion D - Distributions  |                               |                        | Current Year  |
| arganizations, in excess of income from activity         3       Administrative expenses paid to accomplish exempt purposes of supported organizations         4       Amounts paid to acquire exempt purposes of supported organizations         6       Qualified stastice amounts (prior IRS approval required)         0       Other distributions (discribe in Part VI). See instructions.         7       Total annual distributions (additions for which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions of atomitry examptored organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Line 8 amount for 2019 from Section C, line 6         10       Line 1 annual distributions (isee instructions)         11       Distributable amount for 2019 from Section C, line 6         12       Underdistributions, if any, to z019 (reason-<br>able cause required explain in Part VI). See instructions.         14       Distributable amount for 2019 (reason-<br>able cause required explain in Part VI). See instructions.         15       Excess distributions carryover, if any, to z019         16       From 2015         17       Error 2018         16       Total of lines 3a through e         17       Error 2018         18       Applied to 2019 distributable amount f         19       Appl  | 1     | Amounts paid to supported organizations to accomplish exe            | empt purposes                 |                        |               |
| 3       Administrative expenses paid to accomplish exempt purposes of supported organizations         4       Anounits paid to acquire exempt use assets         5       Qualified estable amount (ginor 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 organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distribution Allocations (see instructions)       Excess Distributions         9       Distribution for 2019 from Section C, line 6       (i)         10       Line 8 amount for 2019 from Section C, line 6       (ii)         2       Underdistributions, if any, for years prior to 2019 (reason-able cause required: explain in Part VI). See instructions.       able cause required: explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019       atten 2       atten 2         4       From 2016       atten 2       atten 2         6       From 2016       atten 2       atten 2         7       Form 2016       atten 2       atten 2         9  | 2     | Amounts paid to perform activity that directly furthers exemption    | ot purposes of supported      |                        |               |
| 4       Amounts paid to acquire exempt use assets       0         5       Qualified set aside amounts (prior IRS approval required)       0         7       Total annual distributions (accounts)       1         8       Distributions (accounts)       1         9       Distributions (accounts)       1         10       Distributions (accounts)       1         11       Distributions (accounts)       1         <  |       | organizations, in excess of income from activity                     |                               |                        |               |
| 6       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 organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distribution Allocations (see instructions)       (i)         10       Line 8 amount divided by line 9 amount         11       Distributions (annual for 2019 from Section C, line 6         2       Underdistributions (arry or years prior to 2019 (resson-<br>able cause required - explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019         a From 2015       0         c From 2016       0         d From 2017       0         e From 2018       0         f Total of lines 3a through e       0         g Applied to underdistributions of prior years       0         h Applied to 2019 distributable amount       0         1       Carryover from 2014 nd a binom 3d.         4       Distributions for 2019 symbolic (see instructions)         j. Remainder, Subtract l   | 3     | Administrative expenses paid to accomplish exempt purpos             | es of supported organizatior  | าร                     |               |
| 6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations (see instructions)         9       Distributions and the part VI. See instructions.         9       Distributions (as on the part VI). See instructions.         1       Distributions (any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019         a       From 2014         b       From 2015         c       From 2016         d       From 2016         d       Distributions of prior years         h       Applied to 2019 distributions of prior years         b       Applied to 201  | 4     | Amounts paid to acquire exempt-use assets                            |                               |                        |               |
| 7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (for vide details in Part V). See instructions.         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         11       Distributable amount for 2019 from Section C, line 6         2       Underdistributions, if any, for years prior to 2019 (reason-able cause required -explain in Part V). See instructions.         3       Excess distributions carryover, if any, to 2019         a From 2016       Environmentation of prior years         b From 2015       Environmentations of prior years         1       Applied to underdistributions of prior years         1       Applied to 2019 distributable amount         1       Carryover from 2014 not applied (see instructions)         1       Remainder, subtract lines 3g, 3h, and 3h from 3t.         4       Distributable amount         c Remaining underdistributions   | 5     | Qualified set-aside amounts (prior IRS approval required)            |                               |                        |               |
| 8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       9         9       Distributions (See Instructions)       0         10       Line 8 amount divided by line 9 amount       0)         11       Distributable amount for 2019 from Section C, line 6       0         12       Underdistributions       0)       0)         13       Distributable amount or 2019 from Section C, line 6       0         14       Underdistributions, if any, for years prior to 2019 (reason-<br>able cause required- explain in Part VI). See instructions.       0         14       Excess distributions carryover, if any, to 2019       0       0         15       From 2016       0       0         16       From 2016       0       0         17       Form 2018       0       0         16       From 2018       0       0         17       Form 2016       0       0         16       Form 2016       0       0         17       Form 2016       0       0         16       Form 2017       0       0         17       Form 2016       0       0       0         17       Form 2017  | 6     | Other distributions (describe in <b>Part VI</b> ). See instructions. |                               |                        |               |
| (provide details in Part VI). See instructions.         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         (i)       (ii)         Section E - Distribution Allocations (see instructions)       Excess Distributions<br>Pre-2019       (iii)         1       Distributable amount for 2019 from Section C, line 6       Image: Comparison of the comparison  | 7     | Total annual distributions. Add lines 1 through 6.                   |                               |                        |               |
| 9       Distributable amount for 2019 from Section C, line 6       (i)       (ii)       (iii)       (iii)       (iii)       (iii)       (iii)       (iii)       Distributable amount for 2019 from Section C, line 6       (i)       Inderdistributions       Pre-2019       (ii)       Distributable amount for 2019 from Section C, line 6       (ii)       (iii)       Distributable amount for 2019 from Section C, line 6       (iii)       (iii)       Distributable amount for 2019 from Section C, line 6       (iii)       (iii)       Distributable amount for 2019 from Section C, line 6       (iii)       (iii)       Distributable amount for 2019 from Section C, line 6       (iii)       (iii)       Distributable amount for 2019 from Section C, line 6       (iii)       (iii)       Distributable amount for 2019 from Section C, line 6       (iii)       (iii)       Distributable amount for 2019 from Section C, line 6       (iii)       (iii)       (iii)       (iii)       (iii)       (iii)       (iii)       (iii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiiii)       (iiiiiiiii)       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii   | 8     | Distributions to attentive supported organizations to which t        | he organization is responsive | e                      |               |
| 10       Line 8 amount divided by line 9 amount       (i)       (ii)       (iii)       (iii)       Distributions         Section E - Distribution Allocations (see instructions)       Excess Distributions       (iii)       (iii)       Distributable         1       Distributable amount for 2019 from Section C, line 6       Image: Section E - Distributions (if y or years prior to 2019 (reasonable cause required - applain in Part VI). See instructions.       Image: Section E - Distributable amount for 2019         2       Excess distributions carryover, if any, to 2019       Image: Section E - Distributable amount for 2019       Image: Section E - Distributable amount for 2019         3       Excess distributions carryover, if any, to 2019       Image: Section E - Distributable amount for 2019       Image: Section E - Distributable amount for 2019         4       From 2015       Image: Section E - Distributable amount for 2019 of section D, line 7:       Image: Section E - Distributable amount for 2019 from Section D, line 7:       Image: Section E - Distributable amount for 2019 from Section D, line 7:       Image: Section E - Distributable amount for 2019 from Section D, line 7:       Image: Section E - Distributable amount for 2019 from Section D, line 7:       Image: Section E - For result greater than zero, explain in Part VI. See instructions.         5       Remaining underdistributions of prior years       Image: Section E - For result greater than zero, explain in Part VI. See instructions.       Image: Section E - Distributable amount for 2019. If any Section E - Fo   |       | (provide details in <b>Part VI</b> ). See instructions.              | -                             |                        |               |
| 10       Line 8 amount divided by line 9 amount       (i)       (ii)       (iii)       (iii)       Distributions         Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions       Distributable       Amount for 2019         1       Distributable amount for 2019 from Section C, line 6       Image: Comparison of 2019       Image: Comparison of 2019       Image: Comparison of 2019         2       Underdistributions, (any, for years prior to 2019 (reason-able cause required-explain in Part VI). See instructions.       Image: Comparison of 2019       Image: Comparison of 2019         3       Excess distributions carryover, if any, to 2019       Image: Comparison of 2019       Image: Comparison of 2019         4       From 2015       Image: Comparison of 2019       Image: Comparison of 2019       Image: Comparison of 2019         5       From 2016       Image: Comparison of 2019       Image: Comparison of 2019       Image: Comparison of 2019         6       From 2018       Image: Comparison of 2019       Image: Comparison of 2019       Image: Comparison of 2019         1       Carryover from 2014 not applied (see instructions)       Image: Comparison of 2019       Image: Compari   | 9     | Distributable amount for 2019 from Section C, line 6                 |                               |                        |               |
| (i)         (ii)         (iii)         (iii)         (iii)         (iii)         (iii)         (iii)         (iii)         Distributable<br>Amount for 2019         (iii)         (iii)         (iii)         Distributable<br>Amount for 2019         Distributable<br>Amount for 2019         Distributable<br>Amount for 2019 form Section for years         Distributable<br>Applied to underdistributions of prior years         Distributable<br>Applied to 2019 distributable amount  | 10    | · · · · · · · · · · · · · · · · · · ·                                |                               |                        |               |
| Section E - Distribution Allocations (see instructions)         Excess Distributions         Underdistributions<br>Pre-2019         Distributable<br>Amount for 2019           1         Distributions, if any, for years prior to 2019 (reason-<br>able cause required- explain in Part VI). See instructions.         Image: Comparison of Comp  |       | ,<br>,   | (i)                           | (ii)                   | (iii)         |
| 2       Underdistributions, if any, for years prior to 2019 (reason-<br>able cause required- explain in <b>Part VI</b> ). See instructions.         3       Excess distributions carryover, if any, to 2019         4       From 2014         5       From 2015         c       From 2016         d       From 2017         e       From 2018         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2019 distributable amount         i       Carryover from 2014 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2019 from Section D,<br>line 7:         i       S         a       Applied to underdistributions of prior years         b       Applied to underdistributions for 2019. Just and the from 4.         5       Remaining underdist   | Secti | ion E - Distribution Allocations (see instructions)                  |                               | Underdistributions     | Distributable |
| able cause required- explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019         a From 2014  |       | Distributable amount for 2019 from Section C, line 6                 |                               |                        |               |
| 3       Excess distributions carryover, if any, to 2019         a       From 2014         b       From 2015         c       From 2016         d       From 2017         e       From 2018         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to underdistributable amount         i       Carryover from 2014 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2019 from Section D, line 7:         §       S         a       Applied to 2019 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for 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.       Part VI. See instructions.         7       Excess fisht/butions carryover to 2020. Add lines 3j         and 4c.       B   | 2     | Underdistributions, if any, for years prior to 2019 (reason-         |                               |                        |               |
| a From 2014         b From 2015         c From 2016         d From 2017         e From 2018         f Total of lines 3a through e         g Applied to underdistributions of prior years         h Applied to 2019 distributable amount         i Caryover from 2014 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4 Distributions for 2019 from Section D,<br>line 7:         iine 7:         s         a Applied to underdistributions of prior years         b Applied to 2019 distributable amount         c Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4 Distributions for 2019 from Section D,<br>line 7:         s         a Applied to underdistributions of prior years         b Applied to 2019 distributable amount         c Remaining underdistributions for years prior to 2019, if         any. Subtract lines 3g and 4a from Ine 2. For result greater         than arero, 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         and 4c.         8 Breakdown of line 7:         a Excess fro  |       | able cause required- explain in Part VI). See instructions.          |                               |                        |               |
| b       From 2015         c       From 2016         d       From 2017         e       From 2018         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2019 distributable amount         i       Carryover from 2014 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributable amount         ine 7:       \$         a       Applied to underdistributions of prior years         b       Applied to underdistributions of prior years         b       Applied to 2019 distributable amount         c       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         tha arero, 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.       Part VI. See instructions.         7       Excess firm 2015       Excess from 2015         8       Breakdown of line 7:       Excess from 2016       Excess from 2016  | 3     | Excess distributions carryover, if any, to 2019                      |                               |                        |               |
| c       From 2016       Image: Constraint of the cons          | а     | From 2014  |                               |                        |               |
| d From 2017       image: state in the state | b     | From 2015  |                               |                        |               |
| e From 2018       image: straight of the straight of t | с     | From 2016  |                               |                        |               |
| f Total of lines 3a through e  | d     | From 2017  |                               |                        |               |
| g Applied to underdistributions of prior years       i         h Applied to 2019 distributable amount       i         i Carryover from 2014 not applied (see instructions)       i         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       i         4 Distributions for 2019 from Section D,<br>line 7:       \$         a Applied to underdistributions of prior years       i         b Applied to 2019 distributable amount       i         c Remainder. Subtract lines 4a and 4b from 4.       i         5 Remaining underdistributions for years prior to 2019, if<br>any. Subtract lines 3g and 4a from line 2. For result greater<br>than zero, explain in Part VI. See instructions.       i         6 Remaining underdistributions for 2019. Subtract lines 3h<br>and 4b from line 1. For result greater than zero, explain in<br>Part VI. See instructions.       i         7 Excess distributions carryover to 2020. Add lines 3j<br>and 4c.       i         8 Breakdown of line 7:       i         a Excess from 2015       i         b Excess from 2015       i         c Excess from 2016       i   | е     | From 2018  |                               |                        |               |
| h Applied to 2019 distributable amount         i Carryover from 2014 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4 Distributions for 2019 from Section D,<br>line 7:         s         a Applied to underdistributions of prior years         b Applied to 2019 distributable amount         c Remainder. Subtract lines 4a and 4b from 4.         5 Remaining underdistributions for years prior to 2019, if<br>any. Subtract lines 3g and 4a from line 2. For result greater<br>than zero, explain in Part VI. See instructions.         6 Remaining underdistributions for 2019. Subtract lines 3h<br>and 4b from line 1. For result greater than zero, explain in<br>Part VI. See instructions.         7 Excess distributions carryover to 2020. Add lines 3j<br>and 4c.         8 Breakdown of line 7:         a Excess from 2015         b Excess from 2016         c Excess from 2017   | f     | Total of lines 3a through e  |                               |                        |               |
| i Carryover from 2014 not applied (see instructions)       i         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       i         4 Distributions for 2019 from Section D,<br>line 7:       \$         a Applied to underdistributions of prior years       i         b Applied to 2019 distributable amount       i         c Remainder. Subtract lines 4a and 4b from 4.       i         5 Remaining underdistributions for years prior to 2019, if<br>any. Subtract lines 3g and 4a from line 2. For result greater<br>than zero, explain in <b>Part VI.</b> See instructions.       i         6 Remaining underdistributions for 2019. Subtract lines 3h<br>and 4b from line 1. For result greater than zero, explain in<br><b>Part VI.</b> See instructions.       i         7 Excess distributions carryover to 2020. Add lines 3j<br>and 4c.       and 4c.       i         8 Breakdown of line 7:       i       i         a Excess from 2015       i       i         b Excess from 2016       i       i  | g     | Applied to underdistributions of prior years                         |                               |                        |               |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4 Distributions for 2019 from Section D,<br>line 7:         a Applied to underdistributions of prior years         b Applied to 2019 distributable amount         c Remainder. Subtract lines 4a and 4b from 4.         5 Remaining underdistributions for years prior to 2019, if<br>any. Subtract lines 3g and 4a from line 2. For result greater<br>than zero, explain in Part VI. See instructions.         6 Remaining underdistributions for 2019. Subtract lines 3h<br>and 4b from line 1. For result greater than zero, explain in<br>Part VI. See instructions.         7 Excess distributions carryover to 2020. Add lines 3j<br>and 4c.         8 Breakdown of line 7:         a Excess from 2015         b Breaks from 2016         c Excess from 2017   | h     | Applied to 2019 distributable amount                                 |                               |                        |               |
| 4       Distributions for 2019 from Section D,<br>line 7:       \$         a       Applied to underdistributions of prior years       >         b       Applied to 2019 distributable amount       >         c       Remainder. Subtract lines 4a and 4b from 4.       >         5       Remaining underdistributions for years prior to 2019, if<br>any. Subtract lines 3g and 4a from line 2. For result greater<br>than zero, explain in Part VI. See instructions.       >         6       Remaining underdistributions for 2019. Subtract lines 3h<br>and 4b from line 1. For result greater than zero, explain in<br>Part VI. See instructions.       >         7       Excess distributions carryover to 2020. Add lines 3j<br>and 4c.       >         8       Breakdown of line 7:       >         a       Excess from 2015       >         b       Excess from 2016       >         c       Excess from 2017       >  | i     | Carryover from 2014 not applied (see instructions)                   |                               |                        |               |
| line 7:       \$         a Applied to underdistributions of prior years          b Applied to 2019 distributable amount          c Remainder. Subtract lines 4a and 4b from 4.          5 Remaining underdistributions for years prior to 2019, if<br>any. Subtract lines 3g and 4a from line 2. For result greater<br>than zero, explain in Part VI. See instructions.          6 Remaining underdistributions for 2019. Subtract lines 3h<br>and 4b from line 1. For result greater than zero, explain in<br>Part VI. See instructions.          7 Excess distributions carryover to 2020. Add lines 3j<br>and 4c.           8 Breakdown of line 7:           a Excess from 2015           b Excess from 2016           c Excess from 2017   | j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                               |                        |               |
| a Applied to underdistributions of prior years   | 4     | Distributions for 2019 from Section D,                               |                               |                        |               |
| b Applied to 2019 distributable amount   |       | line 7: \$   |                               |                        |               |
| c       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       any. Subtract lines 3g and 4a from line 2. For result greater         than zero, explain in Part VI. See instructions.       6         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         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017  | а     | Applied to underdistributions of prior years                         |                               |                        |               |
| 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         and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017  | b     | Applied to 2019 distributable amount                                 |                               |                        |               |
| any. Subtract lines 3g and 4a from line 2. For result greater         than zero, explain in Part VI. See instructions.         6         7         Part VI. See instructions.         7         Excess distributions carryover to 2020. Add lines 3j         and 4c.         8         Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017   | с     | Remainder. Subtract lines 4a and 4b from 4.                          |                               |                        |               |
| than zero, explain in Part VI. See instructions.       6         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       6         7       Excess distributions carryover to 2020. Add lines 3j and 4c.       6         8       Breakdown of line 7:       6         a       Excess from 2015       6         b       Excess from 2016       6         c       Excess from 2017       6   | 5     | Remaining underdistributions for years prior to 2019, if             |                               |                        |               |
| than zero, explain in Part VI. See instructions.       6         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       6         7       Excess distributions carryover to 2020. Add lines 3j and 4c.       6         8       Breakdown of line 7:       6         a       Excess from 2015       6         b       Excess from 2016       6         c       Excess from 2017       6   |       | any. Subtract lines 3g and 4a from line 2. For result greater        |                               |                        |               |
| 6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.       Part VI. See instructions.         8       Breakdown of line 7:       Part VI.         a       Excess from 2015       Part VI.         b       Excess from 2016       Part VI.         c       Excess from 2017       Part VI.  |       |  |                               |                        |               |
| 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 and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017   | 6     | Remaining underdistributions for 2019. Subtract lines 3h             |                               |                        |               |
| Part VI. See instructions.       Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017   |       | -  |                               |                        |               |
| 7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017   |       | <b>o</b> <i>i i</i>  |                               |                        |               |
| and 4c.       and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017  | 7     |  |                               |                        |               |
| 8         Breakdown of line 7:             a         Excess from 2015             b         Excess from 2016             c         Excess from 2017  |       |  |                               |                        |               |
| a Excess from 2015         and an  | 8     |  |                               |                        |               |
| b         Excess from 2016   |       |  |                               |                        |               |
| c Excess from 2017   |       |  |                               |                        |               |
|  |       |  |                               |                        |               |
|  |       |  |                               |                        |               |
| e Excess from 2019   |       |  |                               |                        |               |

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

SCHEDULE D

(Form 990)

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.



|        | ment of the Treasury<br>Revenue Service | Go to www.irs.gov/Form99                    | Attach to Form 990.<br>90 for instructions and the latest informat | ion.              | Inspectio         |         |
|--------|---|---|--|-------------------|-------------------|---------|
|        | e of the organizati                     | on  |  | Employer          | identification    |         |
|        |   |   | GELISTIC ASSOCIATION   |                   | 3-19642           |         |
| Pa     |   | -   | d Funds or Other Similar Funds o                                   | or Accounts.      | Complete if the   | 9       |
|        | organizatio                             | n answered "Yes" on Form 990, Part IV, lin  | e 6.<br>(a) Donor advised funds                                    | (b) Eurodo on     | d other accour    | ato .   |
|        | Tatalarantaratar                        |   | (a) Donor advised funds  | (b) Funds an      | u other accour    | 115     |
| 1      |   | nd of year                                  |  |                   |                   |         |
| 2      |   | f contributions to (during year)            |  |                   |                   |         |
| 3<br>⊿ |   | f grants from (during year)                 |  |                   |                   |         |
| 4      |   | t end of year                               | writing that the assets held in donor advised                      | fundo             |                   |         |
| 5      | -                                       |   | -  |                   | Yes               |         |
| 6      |   |   | exclusive legal control?   |                   |                   |         |
| 6      |   |   | or donor advisor, or for any other purpose co                      |                   |                   |         |
|        | impermissible priv                      |   |  | Ū                 | Yes               | 🗌 No    |
| Pa     |   |   | ganization answered "Yes" on Form 990, Pa                          |                   |                   |         |
| 1      |   | servation easements held by the organizati  |  |                   |                   |         |
| •      |   | of land for public use (for example, recrea | · · · · · · · · · · · · · · · · · · ·                              | historically impo | rtant land area   |         |
|        |   | f natural habitat                           | Preservation of a  |                   |                   |         |
|        |   | n of open space                             |  |                   | ondotaro          |         |
| 2      |   |   | ied conservation contribution in the form of                       | a conservation e  | easement on th    | ne last |
| _      | day of the tax year                     |   |  |                   | at the End of the |         |
| а      |   |   |  | 2a                |                   |         |
| b      |   |   |  |                   |                   |         |
| с      |   |   | ucture included in (a)   |                   |                   |         |
| d      |   |   | after 7/25/06, and not on a historic structure                     |                   |                   |         |
|        | listed in the Natior                    | nal Register                                |  | 2d                |                   |         |
| 3      |   |   | leased, extinguished, or terminated by the o                       |                   | ng the tax        |         |
|        | year 🕨                                  |   |  |                   |                   |         |
| 4      | Number of states                        | where property subject to conservation ea   | sement is located 🕨  |                   |                   |         |
| 5      | Does the organiza                       | tion have a written policy regarding the pe | riodic monitoring, inspection, handling of                         |                   |                   |         |
|        |   | orcement of the conservation easements i    |  |                   |                   | No No   |
| 6      | Staff and voluntee                      | er hours devoted to monitoring, inspecting, | handling of violations, and enforcing conser                       | rvation easemen   | ts during the y   | ear     |
|        | ►                                       |   |  |                   |                   |         |
| 7      | Amount of expens                        | es incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation                    | n easements du    | iring the year    |         |
|        | ▶\$                                     |   |  |                   |                   |         |
| 8      |   |   | ve satisfy the requirements of section 170(h)                      | (4)(B)(i)         |                   |         |
|        | and section 170(h                       |   |  |                   | . └── Yes         | L No    |
| 9      |   | •   | on easements in its revenue and expense s                          |                   |                   |         |
|        |   |   | note to the organization's financial statemen                      | ts that describes | s the             |         |
| Da     |   | ounting for conservation easements.         | f Art, Historical Treasures, or Oth                                | or Similar A      | eente             |         |
| 1 4    |   | f the organization answered "Yes" on Form   |  |                   | 33613.            |         |
| 12     |   | -   | 68, not to report in its revenue statement and                     | halance sheet     | worke             |         |
| iu     |   |   | blic exhibition, education, or research in furt                    |                   |                   |         |
|        | -                                       | · ·   | ncial statements that describes these items.                       | •                 | -                 |         |
| b      |   |   | 8, to report in its revenue statement and ba                       |                   | ks of             |         |
| 5      | -                                       | -   | exhibition, education, or research in further                      |                   |                   |         |
|        |   | ing amounts relating to these items:        |  |                   |                   |         |
|        | -                                       |   |  | ▶ \$              |                   |         |
|        |   |   |  |                   |                   |         |
| 2      |   |   | asures, or other similar assets for financial g                    |                   |                   |         |
| -      | -                                       | unts required to be reported under FASB A   | · · · · · · · · · · · · · · · · · · ·                              |                   |                   |         |
| а      | -                                       |   |  | ▶ \$              |                   |         |
|        |   |   |  |                   |                   |         |

b Assets included in Form 990, Part X

| LHA    | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
|--------|--|
| 932051 | 10-02-19   |

Schedule D (Form 990) 2019

**REI20E01** 

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2019.04010 REID SAUNDERS EVANGELISTIC

|         |   | UNDERS EVA                      |              |             |                       |            |                         | 13-19        |                   |                  | age <b>2</b> |
|---------|---|---------------------------------|--------------|-------------|-----------------------|------------|-------------------------|--------------|-------------------|------------------|--------------|
| Pa      | rt III   Organizations Maintaining C                          |                                 | -            |             | -                     |            |                         |              | <b>ts</b> (contii | nued)            |              |
| 3       | Using the organization's acquisition, access                  | ion, and other record           | ds, check    | any of the  | e following that      | at make s  | significant             | use of its   |                   |                  |              |
|         | collection items (check all that apply):                      |                                 |              |             |                       |            |                         |              |                   |                  |              |
| а       | Public exhibition   | c                               |              |             | change progra         |            |                         |              |                   |                  |              |
| b       | Scholarly research  | e                               | • 🗆 0        | ther        |                       |            |                         |              |                   |                  |              |
| С       | Preservation for future generations                           |                                 |              |             |                       |            |                         |              |                   |                  |              |
| 4       | Provide a description of the organization's c                 |                                 |              |             |                       |            |                         | se in Par    | t XIII.           |                  |              |
| 5       | During the year, did the organization solicit of              |                                 |              |             |                       |            |                         |              | 7                 |                  | 7            |
| De      | to be sold to raise funds rather than to be m                 |                                 |              |             |                       |            |                         | <u></u>      | Yes               |                  | No           |
| Pa      | t IV Escrow and Custodial Arran                               |                                 | ete if the c | organizatio | on answered           | "Yes" on   | Form 990                | , Part IV,   | line 9, oi        |                  |              |
|         | reported an amount on Form 990, Pa                            |                                 |              |             |                       |            |                         |              |                   |                  |              |
| 1a      | Is the organization an agent, trustee, custod                 |                                 |              |             |                       |            |                         |              | 7.2               |                  | ٦.,          |
|         | on Form 990, Part X?  |                                 |              |             |                       |            |                         | L            | Yes               |                  | No           |
| b       | If "Yes," explain the arrangement in Part XIII                | and complete the fo             | blowing ta   | ble:        |                       |            |                         |              | •                 |                  |              |
| _       |   |                                 |              |             |                       |            |                         |              | Amoun             | τ                |              |
|         | Beginning balance   |                                 |              |             |                       |            |                         |              |                   |                  |              |
|         | Additions during the year                                     |                                 |              |             |                       |            |                         |              |                   |                  |              |
| e<br>f  | Distributions during the year                                 |                                 |              |             |                       |            | <u>1e</u><br>1f         |              |                   |                  |              |
| י<br>29 | Ending balance<br>Did the organization include an amount on F |                                 |              |             |                       |            |                         |              | Yes               |                  | No           |
|         | If "Yes," explain the arrangement in Part XIII                |                                 |              |             |                       |            |                         | ······ ـــــ |                   |                  | ]            |
| _       | rt V Endowment Funds. Complete                                |                                 |              |             |                       |            |                         |              |                   |                  |              |
|         |   | (a) Current year                |              | or year     | (c) Two yea           |            |                         | ears back    | (e) Fou           | r vears          | back         |
| 1a      | Beginning of year balance                                     |                                 | (2) ! !!     | or you.     | (0) **** ) ***        |            | ()                      |              | (0)               | <b>j</b> = =:: = |              |
| b       | Contributions   |                                 |              |             |                       |            |                         |              |                   |                  |              |
| c       | Net investment earnings, gains, and losses                    |                                 |              |             |                       |            |                         |              |                   |                  |              |
| d       | Grants or scholarships  |                                 |              |             |                       |            |                         |              |                   |                  |              |
| е       | Other expenditures for facilities                             |                                 |              |             |                       |            |                         |              |                   |                  |              |
|         | and programs  |                                 |              |             |                       |            |                         |              |                   |                  |              |
| f       | Administrative expenses                                       |                                 |              |             |                       |            |                         |              |                   |                  |              |
| g       | End of year balance   |                                 |              |             |                       |            |                         |              |                   |                  |              |
| 2       | Provide the estimated percentage of the cur                   | rent year end baland            | ce (line 1g  | , column (  | a)) held as:          | •          |                         |              |                   |                  |              |
| а       | Board designated or quasi-endowment                           |                                 | %            |             |                       |            |                         |              |                   |                  |              |
| b       | Permanent endowment   | %                               |              |             |                       |            |                         |              |                   |                  |              |
| с       | Term endowment  | %                               |              |             |                       |            |                         |              |                   |                  |              |
|         | The percentages on lines 2a, 2b, and 2c sho                   | buld equal 100%.                |              |             |                       |            |                         |              |                   |                  |              |
| 3a      | Are there endowment funds not in the posse                    | ession of the organiz           | ation that   | are held a  | and administe         | ered for t | he organiz              | ation        |                   |                  |              |
|         | by:   |                                 |              |             |                       |            |                         |              |                   | Yes              | No           |
|         | (i) Unrelated organizations                                   |                                 |              |             |                       |            |                         |              | 3a(i)             |                  |              |
|         | (ii) Related organizations                                    |                                 |              |             |                       |            |                         |              |                   |                  |              |
| b       | If "Yes" on line 3a(ii), are the related organization         | ations listed as requi          | red on Sc    | hedule R?   | ?                     |            |                         |              | 3b                |                  |              |
| 4       | Describe in Part XIII the intended uses of the                |                                 | owment fu    | ınds.       |                       |            |                         |              |                   |                  |              |
| Pa      | rt VI Land, Buildings, and Equipm                             |                                 |              |             |                       |            |                         |              |                   |                  |              |
|         | Complete if the organization answere                          | ed "Yes" on Form 99             | 0, Part IV,  | line 11a.   | See Form 990          |            |                         |              |                   |                  |              |
|         | Description of property                                       | (a) Cost or o<br>basis (investr |              | . ,         | t or other<br>(other) |            | ccumulate<br>preciation | d            | ( <b>d)</b> Boo   | k valu           | e            |
| 1a      | Land  |                                 |              |             |                       |            |                         |              |                   |                  |              |
|         | Buildings   |                                 |              | 5           | 51,958.               |            |                         |              | 5                 | 1,9              | 58.          |
| с       | Leasehold improvements  |                                 |              |             |                       |            |                         |              | <i>,</i>          |                  |              |
| d       | Equipment   |                                 |              |             | 32,794.               |            | 20,53                   |              |                   | 2,2              |              |
|         | Other   |                                 |              |             | 58,122.               |            | 37,13                   | 35.          |                   | 0,9              |              |
| Tota    | I. Add lines 1a through 1e. (Column (d) must e                | equal Form 990, Part            | X, colum     | n (B), line | 10c.)                 |            |                         |              | 8                 | 5,2              | 03.          |

Schedule D (Form 990) 2019

932052 10-02-19

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| Schedule | D (F | -<br>orm 990 | ) 2019 | R | EID | SAUNDERS | EVANGELISTIC | ASSOCIATION | 43-1964291 | Page <b>3</b> |
|----------|------|--------------|--------|---|-----|----------|--------------|-------------|------------|---------------|
|          |      |              |        | A | -   |          |              |             |            |               |

| Part VII | Investments - Other Securities. |
|----------|---------------------------------|
|----------|---------------------------------|

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely held equity interests                                    |                |   |
| (3) Other  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨   |                |   |

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  |                |
| Part X Other Liabilities.   |                |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2 | 5.             |

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 (a)

 (2)
 (b)

 (3)
 (c)

 (4)
 (c)

 (5)
 (c)

 (6)
 (c)

 (7)
 (c)

 (8)
 (c)

 (9)
 (c)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 (c)

2. 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...

**REI20E01** 

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| edule D (Form 990) 2019 REID SAUNDERS EVANGELISTIC AS                       | SSOCIATION  | 43-   | 1964291   | Page <b>4</b>   |
|---|---|---|---|---|
| rt XI Reconciliation of Revenue per Audited Financial Statements            | With Revenue per Re   | eturr   | າ.  |   |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. |   |   |   |   |
| Total revenue, gains, and other support per audited financial statements    |   | 1   |   |   |
| Amounts included on line 1 but not on Form 990, Part VIII, line 12:         |   |   |   |   |
| Net unrealized gains (losses) on investments                                | la  |   |   |   |
| Donated services and use of facilities 21                                   | ?b  |   |   |   |
| Recoveries of prior year grants 2d  | 2c  |   |   |   |
| Other (Describe in Part XIII.) 20   | 2d  |   |   |   |
| Add lines 2a through 2d   |   | 2e  |   |   |
| r   | <b>XII</b> Reconciliation of Revenue per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements         Amounts included on line 1 but not on Form 990, Part VIII, line 12:         Net unrealized gains (losses) on investments         Donated services and use of facilities         Recoveries of prior year grants         Other (Describe in Part XIII.) | t XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Re         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements         Amounts included on line 1 but not on Form 990, Part VIII, line 12:         Net unrealized gains (losses) on investments         Donated services and use of facilities         Recoveries of prior year grants         Other (Describe in Part XIII.) | t XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         Total revenue, gains, and other support per audited financial statements       1         Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a         Net unrealized gains (losses) on investments       2b         Donated services and use of facilities       2c         Other (Describe in Part XIII.)       2d | Image: Net unrealized gains (losses) on investments       2a       1         Donated services and use of facilities       2b       2b         Recoveries of prior year grants       2c       2d |

|                         |  |             |                   |           | 4    |
|-------------------------|--|-------------|-------------------|-----------|------|
| е                       | Add lines <b>2a</b> through <b>2d</b>  |             |                   | 2e        |      |
| 3                       | Subtract line <b>2e</b> from line <b>1</b>   |             |                   | 3         |      |
| 4                       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |             |                   |           |      |
| а                       | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a          |                   |           |      |
| b                       | Other (Describe in Part XIII.)   | 4b          |                   |           |      |
| С                       | Add lines <b>4a</b> and <b>4b</b>  |             |                   | 4c        |      |
| 5                       | Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)  |             |                   | 5         |      |
|                         |  |             |                   |           |      |
|                         | rt XII Reconciliation of Expenses per Audited Financial Statement  |             |                   | Retu      | irn. |
|                         |  |             |                   | Retu      | irn. |
|                         | rt XII Reconciliation of Expenses per Audited Financial Statemer   | nts V       | Vith Expenses per | Retu<br>1 | irn. |
|                         | Reconciliation of Expenses per Audited Financial Statement           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   | nts V       | Vith Expenses per | Retu<br>1 | irn. |
| Pa<br>1<br>2            | Reconciliation of Expenses per Audited Financial Statemen           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements   | nts V       | Vith Expenses per | Retu<br>1 | irn. |
| Par<br>1<br>2<br>a      | rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:                                   | nts V       | Vith Expenses per | Retu<br>1 | irn. |
| Par<br>1<br>2<br>a<br>b | Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities | nts V<br>2a | Vith Expenses per | Retu<br>1 | irn. |

| U. |  | 20 |  |    | 1 |
|----|--|----|--|----|---|
| d  | Other (Describe in Part XIII.)   |    |  |    |   |
| е  | Add lines 2a through 2d  |    |  | 2e |   |
| 3  | Subtract line 2e from line 1   | 3  |  |    |   |
| 4  | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |  |    |   |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b 4a              |    |  |    |   |
| b  | Other (Describe in Part XIII.)   | 4b |  |    |   |
| С  | Add lines <b>4a</b> and <b>4b</b>  |    |  | 4c |   |
| 5  | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    |  | 5  |   |
| Pa | rt XIII Supplemental Information.  |    |  |    |   |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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| SCHEDULE G  | Suppleme            | ntal Infor     | mation Regarding                            | Fun                                | drais   | ing or Gaming                            | Acti    | vities                                      | OMB No. 1545-0047                                       |
|---|---------------------|----------------|---|------------------------------------|---------|--|---------|---|---|
| (Form 990 or 990-EZ)  | Complete if the     | , or if the    | 2019  |                                    |         |  |         |   |   |
| Department of the Treasury  | C                   | -              | entered more than \$1<br>Attach to Form 990 |                                    |         |  |         |   | Open to Public  |
| Internal Revenue Service  |                     |                | gov/Form990 for instr                       |                                    |         |  | ion.    |   | Inspection  |
| Name of the organization  |                     | UNDERS         | EVANGELISTI                                 | CA                                 | SSO     | CTATTON                                  |         | Employer id                                 | lentification number                                    |
| Part I Fundrais   |                     |                | the organization answe                      |                                    |         |  | line 1  |   |   |
| required to   | complete this par   | t.             |   |                                    |         |  |         |   |   |
| <ol> <li>Indicate whether th</li> <li>a Mail solicitat</li> </ol> |                     | sed funds thr  |   |                                    |         | Check all that apply<br>overnment grants | -       |   |   |
|   | email solicitations | 6              |   |                                    |         | nment grants                             |         |   |   |
| c Phone solici  |                     |                | g 🔛 Special                                 | fundra                             | aising  | events                                   |         |   |   |
| d In-person so<br><b>2 a</b> Did the organization                 |                     | or oral agreer | nent with anv individua                     | (inclue                            | dina o  | fficers. directors. tru                  | stees   | . or  |   |
|   |                     |                | ity in connection with p                    |                                    |         |  |         | ΄ 🗌 Υε                                      | es 🗌 No   |
| <b>b</b> If "Yes," list the 10 compensated at le                  |                     |                | tities (fundraisers) pursu                  | uant to                            | agree   | ements under which                       | the fu  | undraiser is to                             | be  |
|   |                     | organization   | l.  | l                                  |         |  |         | • • • •                                     | -   |
| (i) Name and addres<br>or entity (fund                            |                     |                | (ii) Activity                               | (iii)<br>fundr<br>have c<br>or cor | trol of | (iv) Gross receipts from activity        | tò (o   | Amount paid<br>or retained by<br>fundraiser | (vi) Amount paid<br>to (or retained by)<br>organization |
|   |                     |                |   | contributions?                     |         | -  | lis     | ted in col. (i)                             | organization  |
|   |                     |                |   | Yes                                | No      |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
| Total   |                     |                |   |                                    |         |  |         |   |   |
| 3 List all states in whi  |                     |                |   |                                    | oution  | s or has been notified                   | d it is | exempt from                                 | registration  |
| or licensing.   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
|   |                     |                |   |                                    |         |  |         |   |   |
| LHA For Paperwork Re  | eduction Act Not    | ice, see the   | Instructions for Form                       | 990 or                             | 990-    | EZ.                                      | Sche    | dule G (Form                                | 990 or 990-EZ) 2019                                     |
|   |                     |                |   |                                    |         |  |         |   |   |

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Schedule G (Form 990 or 990-EZ) 2019 REID SAUNDERS EVANGELISTIC ASSOCIATION 43-1964291 Page 2

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.F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

| I               |  | of fundraising event contributions and g     | (a) Event #1<br>CONNECT<br>BENEFIT  | (b) Event #2                                     | (c) Other events NONE | (d) Total events<br>(add col. (a) through          |
|-----------------|--|--|---|--|-----------------------|--|
| e               |  |  | (event type)  | (event type)                                     | (total number)        | - col. (c))  |
| Hevenue         | 1  | Gross receipts                               | 80,039.   |  |                       | 80,039.  |
|                 | 2  | Less: Contributions                          | 77,219.   |  |                       | 77,219.  |
|                 | 3  | Gross income (line 1 minus line 2)           | 2,820.  |  |                       | 2,820.   |
|                 | 4  | Cash prizes                                  | 80.   |  |                       | 80.  |
| <i>"</i>        | 5  | Noncash prizes                               |   |  |                       |  |
| pense           | 6  | Rent/facility costs                          | 1,650.  |  |                       | 1,650.   |
| Uirect Expenses | 7  | Food and beverages                           | 2,759.  |  |                       | 2,759.   |
| <u></u>         | 8  | Entertainment                                |   |  |                       |  |
|                 | 9  | Other direct expenses                        |   |  |                       | 5,005.   |
|                 | 10   | Direct expense summary. Add lines 4 throug   |   | LL   | •                     | 9,494.   |
|                 |  | Net income summary. Subtract line 10 from    | ( )   |  |                       | -6,674   |
|                 |  |  | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming      | (d) Total gaming (add<br>col. (a) through col. (c) |
| r<br>E          | 1  | Gross revenue                                |   |  |                       |  |
| ses             | 2  | Cash prizes                                  |   |  |                       |  |
| Ulrect Expenses | 3  | Noncash prizes                               |   |  |                       |  |
| ᅴ               |  |  |   |  |                       |  |
|                 | 4  | Rent/facility costs                          |   |  |                       |  |
| DIrec.          | 4<br>5   | Rent/facility costs<br>Other direct expenses |   |  |                       |  |
| nrec            | 5  |  | └── Yes %<br>└── No   | └── Yes %<br>└── No                              | └── Yes %<br>└── No   |  |
| Ulrec           | 5  | Other direct expenses                        | No  | No   | No                    |  |
|                 | 5  | Other direct expenses                        | <b>No</b>   | No No  | <u>No</u> No          |  |
| -<br>9<br>a     | 5<br>6<br>7<br>8<br>Ent<br>Is t                | Other direct expenses                        | h 5 in column (d)<br>7 from line 1, column (d)<br>ucts gaming activities: _<br>uctivities in each of these  | No States?                                       | ─ No                  |  |
| 9<br>a          | 5<br>6<br>7<br>8<br>Ent<br>Is t                | Other direct expenses                        | h 5 in column (d)<br>7 from line 1, column (d)<br>ucts gaming activities: _<br>uctivities in each of these  | No States?                                       | ─ No                  |  |
| 9<br>a<br>b     | 5<br>6<br>7<br>8<br>Ent<br>Is t<br>If " <br>We | Other direct expenses                        | No     No     Solumn (d)     Solumn (d)     Solution     Trom line 1, column (d)     ucts gaming activities: uctivities in each of these evoked, suspended, or to | No     states? erminated during the tax y        | No                    |  |

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| Chedule G (Form 990 or 990-EZ) 2019 REID SAUNDERS EVANGELISTIC ASSOCIATION  | 43-1964291 Page                 |
|---|---------------------------------|
| Does the organization conduct gaming activities with nonmembers?  |                                 |
| <b>12</b> 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 🛄 N                         |
| 3 Indicate the percentage of gaming activity conducted in:  | 1 1                             |
| a The organization's facility   | 13a                             |
| <b>b</b> An outside facility  | 13b                             |
| I4 Enter the name and address of the person who prepares the organization's gaming/special events books and record              | rds:                            |
| Name  |                                 |
| Address   |                                 |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?                | Yes N                           |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo                             | punt                            |
| of gaming revenue retained by the third party ▶\$   |                                 |
| c If "Yes," enter name and address of the third party:  |                                 |
| Name  |                                 |
| Address   |                                 |
| 6 Gaming manager information:   |                                 |
| Name  |                                 |
|   |                                 |
| Gaming manager compensation 🕨 \$  |                                 |
|   |                                 |
| Director/officer Employee Independent contractor  |                                 |
| 17 Mandatory distributions:   |                                 |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to                     |                                 |
| retain the state gaming license?  | 🗌 Yes 🗌 N                       |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent    |                                 |
| organization's own exempt activities during the tax year 🕨 \$   |                                 |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)                   | ; and Part III, lines 9, 9b, 10 |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                                |                                 |
|   |                                 |
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| 32083 09-11-19 Schedule 37  | G (Form 990 or 990-EZ) 20       |
| 90728 786322 REI20E0207 2019.04010 REID SAUNDERS EVANGEL  | ISTIC REI20E0                   |
|   |                                 |

|               | (Form 990 or 990-EZ)<br>Supplemental Info | REID SAUNDERS       | EVANGELISTIC | ASSOCIATION | 43-1964291            | Page <b>4</b> |
|---------------|---|---------------------|--------------|-------------|-----------------------|---------------|
| Part IV       | Supplemental Info                         | rmation (continued) |              |             |                       |               |
|               |   |                     |              |             |                       |               |
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| 932084 04-01- | .19                                       |                     |              | Sci         | nedule G (Form 990 or | 990-EZ)       |
|               |   |                     | 38           |             |                       |               |

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#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

20

Employer identification number

43-1964291

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open to Public Inspection

**|9** 

| Name of the organization |
|--------------------------|
|--------------------------|

►

## REID SAUNDERS EVANGELISTIC ASSOCIATION

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

| Pai | rt I Types of Property   |                                      |   |   |   |     |     |    |
|-----|--|--------------------------------------|---|---|---|-----|-----|----|
|     |  | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | <b>(c)</b><br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu |     | •   | s  |
| 1   | Art - Works of art   |                                      |   |   |   |     |     |    |
| 2   | Art - Historical treasures                                     |                                      |   |   |   |     |     |    |
| 3   | Art - Fractional interests                                     |                                      |   |   |   |     |     |    |
| 4   | Books and publications   |                                      |   |   |   |     |     |    |
| 5   | Clothing and household goods                                   |                                      |   |   |   |     |     |    |
| 6   | Cars and other vehicles  |                                      |   |   |   |     |     |    |
| 7   | Boats and planes   |                                      |   |   |   |     |     |    |
| 8   | Intellectual property  |                                      |   |   |   |     |     |    |
| 9   | Securities - Publicly traded                                   | X                                    | 1   | 101,548.  | TRADING PRI                             | CE  |     |    |
| 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 $_{\dots}$         |                                      |   |   |   |     |     |    |
| 15  | Real estate - Residential                                      |                                      |   |   |   |     |     |    |
| 16  | Real estate - Commercial                                       |                                      |   |   |   |     |     |    |
| 17  | Real estate - Other  |                                      |   |   |   |     |     |    |
| 18  | Collectibles   |                                      |   |   |   |     |     |    |
| 19  | Food inventory   |                                      |   |   |   |     |     |    |
| 20  | Drugs and medical supplies                                     |                                      |   |   |   |     |     |    |
| 21  | Taxidermy  |                                      |   |   |   |     |     |    |
| 22  | Historical artifacts   |                                      |   |   |   |     |     |    |
| 23  | Scientific specimens   |                                      |   |   |   |     |     |    |
| 24  | Archeological artifacts  |                                      |   |   |   |     |     |    |
| 25  | Other ()   |                                      |   |   |   |     |     |    |
| 26  | Other ( )  |                                      |   |   |   |     |     |    |
| 27  | Other ( )  |                                      |   |   |   |     |     |    |
| 28  | Other  ()  |                                      |   |   |   |     |     |    |
| 29  | Number of Forms 8283 received by the organ                     |                                      |   |   |   |     |     |    |
|     | for which the organization completed Form 82                   | 283, Part IV,                        | Donee Acknowled   | gement 29   |   |     |     |    |
|     |  |                                      |   |   |   |     | Yes | No |
| 30a | During the year, did the organization receive b                |                                      |   |   |   |     |     |    |
|     | must hold for at least three years from the dat                |                                      | ,   |   |   |     |     |    |
|     | exempt purposes for the entire holding period                  | ?                                    |   |   |   | 30a |     | X  |
|     | If "Yes," describe the arrangement in Part II.                 |                                      |   |   |   |     |     | 37 |
| 31  | Does the organization have a gift acceptance                   |                                      |   |   | tions?                                  | 31  |     | X  |
| 32a | Does the organization hire or use third parties contributions? |                                      | -   |   |   | 32a |     | x  |
| þ   | If "Yes." describe in Part II.                                 |                                      |   |   |   |     |     |    |

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2019

932141 09-27-19

13090728 786322 REI20E0207

| Schedule M (Form 990) 2019 |           |                   |                            |                             |                                | Page <b>2</b> |
|----------------------------|-----------|-------------------|----------------------------|-----------------------------|--------------------------------|---------------|
| Part II Supplement         | al Inform | ation. Provide th | ne information required by | Part I, lines 30b, 32b, and | 1 33, and whether the organiza | ition         |

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| <br> | <br>     |                   |
|------|----------|-------------------|
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|      | Sabadula | M (Form 990) 2019 |

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SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.



**REI20E01** 

43-1964291

REID SAUNDERS EVANGELISTIC ASSOCIATION

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SINCE RSA STARTED IN 2002 WITH MORE THAN 80,000 REACHED AND MORE THAN

20,000 DECISIONS TO FOLLOW JESUS.

VIETNAM. RSA WAS INVITED BY THE LARGEST EVANGELICAL PASTORS ASSOCIATION TO GO TO HO CHI MINH CITY, VIETNAM TO PARTICIPATE AT A CHRISTMAS EVENT, TO HOLD MEDICAL CLINICS AND TO VISIT AN ORPHANAGE, A SCHOOL FOR THE DEATH AND BLIND AND TO VISIT A REHAB CENTER. A TEAM OF 18 PARTICIPATED IN THESE OUTREACHES FROM DECEMBER 1-12. THEY GAVE CLOTHING TO 825 CHILDREN AND HELD AN EVENT FOR WOMEN WHERE 100 APRONS WERE GIVEN AS CHRISTMAS GIFTS. THE MEDICAL TEAM SAW 76 PATIENTS, WHO RECEIVED FREE MEDICAL CARE AND MEDICINES. RSA WAS BLESSED TO HAVE WORKED WITH 100 CHURCHES THAT WERE INVOLVED IN PUTTING TOGETHER THE TWO NIGHTS OF CHRISTMAS EVENTS WHERE 39,000 PEOPLE ATTENDED AND 2,050 MADE A DECISION TO FOLLOW CHRIST.

SPAIN. RSA PARTNERED WITH EVANGELISTS TIM ROBNETT AND CHRIS KINSTON TO TAKE A TEAM OF 20 TO SPAIN. THE TEAM WORKED IN FOUR CITIES IN SOUTHERN SPAIN FROM JUNE 24 - JULY 2. DURING THIS OUTREACH, THE TEAM WAS ABLE TO DISTRIBUTE 300 PIECES OF CLOTHING, GAVE 60 APRONS TO WOMEN, HELD FOUR TRAINED 20 COUNSELORS AND HELD FOUR SMALL FESTIVALS. MEAL EVENTS, IN THE TEAM REACHED 3,000 PEOPLE AND 227 GAVE THEIR LIVES TO TOTAL, CHRIST. THE NEW BELIEVERS HAVE BEEN GIVEN FOLLOW-UP AND FIVE NEW CHURCHES HAVE STARTED AS A RESULT OF THESE NEW BELIEVERS NEEDING A PLACE TO CONGREGATE.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

13090728 786322 REI20E0207

| Schedule O (Form 990 or 990-EZ) (2019)                             | Page <b>2</b>                             |
|--|---|
| Name of the organization<br>REID SAUNDERS EVANGELISTIC ASSOCIATION | Employer identification number 43-1964291 |
| PERU. RSA ORGANIZED AN OUTREACH FOR EVANGELISTS KEITH COO          | K AND BOB LENZ                            |
| TO PUCALLPA, PERU. THE TEAM OF 36 WAS THERE FROM JULY 25           | - AUGUST 4. OF                            |
| THE 50 CHURCHES INVOLVED, 250 CHURCH MEMBERS WERE TRAINED          | IN EVANGELISM                             |
| AND COUNSELING. THE TEAM VISITED VERY IMPOVERISH COMMUNIT          | IES WHERE 600                             |
| CHILDREN RECEIVED CLOTHING. THE MEDICAL TEAM PROVIDED CAR          | E FOR 1,015                               |
| PEOPLE AND 275 OF THEM GAVE THEIR LIVES TO JESUS. MORE TH          | AN 13,000                                 |
| ATTENDED THE 2-DAYS FESTIVAL, AND 3,000 DECIDED TO FOLLOW          | JESUS.                                    |
|  |   |
| PHILIPPINES. A TEAM OF NINE TRAVELED TO THE PHILIPPINES M          | ARCH 1-12 TO                              |
| HOLD SCHOOL ASSEMBLIES, VISIT ORPHANAGES AND PARTICIPATE           | IN A 3-DAYS                               |
| FESTIVAL IN THE CITY OF ORMOC ON THE ISLAND OF LEYTE. THI          | RTY LOCAL                                 |
| CHURCHES WERE INVOLVED IN THE PLANNING OF THIS OUTREACH A          | ND 145 WERE                               |
| TRAINED TO SHARE THE GOSPEL AND BE COUNSELORS AT THE FEST          | IVAL. THIS IS                             |
|  | DE COSDEI                                 |

THE LARGEST OUTREACH TO SCHOOLS RSA HAS HELD. THE TEAM MADE GOSPEL PRESENTATIONS AT 25 SCHOOLS IN ONE WEEK. EVANGELISTS BOB LENZ AND PJ MEDURI WERE INVITED TO JOIN REID SAUNDERS TO PREACH THE GOSPEL AT THE 3-DAYS FESTIVAL. THE TOTAL ATTENDANCE AT THE FESTIVAL SURPASSED 52,000 AND MORE THAN 15,000 GAVE THEIR LIVES TO JESUS.

SPIRIT WEST COAST FESTIVAL. REID HAD THE HONOR OF BEING ONE OF THE SPEAKERS AT THE SPIRIT WEST COAST FESTIVAL HELD IN CALIFORNIA THE WEEKEND OF JUNE 7 & 8. THERE WERE 11,500 PEOPLE IN ATTENDANCE AND OF THOSE 2,800 GAVE THEIR LIVES TO CHRIST.

RUSSIA. RSA WAS INVITED TO GO TO MOSCOW AND ST. PETERSBURG BY A LOCAL MISSIONARY TO CARRY OUT LEADERSHIP TRAININGS AND TO HOLD EIGHT MEAL EVENTS. THE OVERALL ATTENDANCE WAS 325 AND 50 PEOPLE DECIDED TO GIVE THEIR LIVES TO CHRIST. 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 42

2019.04010 REID SAUNDERS EVANGELISTIC REI20E01

Name of the organization

REID SAUNDERS EVANGELISTIC ASSOCIATION

Page 2

LATVIA, EESTONIA, AND BELARUS. RSA STARTED LEADERSHIP TRAININGS IN

THESE COUNTRIES TO BEGIN CONTINUED ACTIVITIES RELATED TO FUTURE TEAM

TRIPS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FROM 990 IS GIVEN TO BOARD MEMBERS FOR REVIEW BEFORE THE RETURN IS

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY ASKS QUESTIONS REGARDING CONFLICT OF INTEREST AT ITS BOARD MEETINGS. IN ADDITION, A BOARD MEMBER IS REQUIRED TO DISCLOSE A CONFLICT IF THAT MEMBER BELIEVES ONE EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD COMPENSATION COMMITTEE RESEARCHES COMPARABLE COMPENSATION. THE

EXECUTIVE APPRAISAL COMMITTEE REVIEWS PERFORMANCE. SALARY RECOMMENDATIONS

ARE MADE AND BOARD APPROVES RECOMMENDATION.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FEES AND LICENSES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

#### TOTAL EXPENSES

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

4,683.

2,174.

6,857.

Ο.

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2019.04010 REID SAUNDERS EVANGELISTIC REI20E01

| Name of the organization<br>REID SAUNDERS EVANGELISTIC ASSOCIATION | Employer identification number 43-1964291 |
|--|---|
|  |   |
| PROFESSIONAL FEES:   |   |
| PROGRAM SERVICE EXPENSES   | 140,533                                   |
| MANAGEMENT AND GENERAL EXPENSES                                    | 443                                       |
| FUNDRAISING EXPENSES   | 43,523                                    |
| TOTAL EXPENSES   | 184,499                                   |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A             | 191,356                                   |
| PART XII LINE 2C   |   |
| THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBI           | LITY FOR                                  |
| OVERSIGHT OF THE COMPILATION AND SELECTION OF AN INDEPEN           | DENT                                      |
| ACCOUNTANT.  |   |
|  |   |
|  |   |

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(Rev. January 2020)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or   | Name of exempt organization or other filer, see instructions.         Tax  |   |   |                          |   | on number (TIN)                         |
|---|--|---|---|--------------------------|---|---|
| print   | REID SAUNDERS EVANGELISTIC   |   | 43-1964291  |                          |   |   |
| File by the<br>due date for<br>filing your<br>return. See             | Number, street, and room or suite no. If a P.O. box, s<br>PO BOX 4275  |   |   |                          | 10 19   |   |
| instructions.   | City, town or post office, state, and ZIP code. For a for SALEM, OR 97302-8275   | oreign add                                    | lress, see instructions.  |                          |   |   |
| Enter the   | Return Code for the return that this application is for (fil   | le a separa                                   | te application for each return)   |                          |   |   |
| Applicati   | on   | Return  | Application   |                          |   | Return                                  |
| ls For  |  | Code  | Is For  |                          |   | Code                                    |
| Form 990  | ) or Form 990-EZ   | 01  | Form 990-T (corporation)  |                          |   | 07                                      |
| Form 990  | )-BL   | 02  | Form 1041-A   |                          |   | 08                                      |
| Form 472  | 20 (individual)  | 03  | Form 4720 (other than individual)   |                          |   | 09                                      |
| Form 990  | )-PF   | 04  | Form 5227   |                          |   | 10                                      |
| Form 990  | 0-T (sec. 401(a) or 408(a) trust)  | 05  | Form 6069   |                          |   | 11                                      |
| Form 990  | )-T (trust other than above)   | 06  | Form 8870<br>ELISTIC ASSOCIATIO   |                          |   | 12                                      |
| <ul> <li>If the of</li> <li>If this box </li> <li>I re the</li> </ul> | hone No. ►       503-581-7394         organization does not have an office or place of busines         is for a Group Return, enter the organization's four digit         If it is for part of the group, check this box ►         quest an automatic 6-month extension of time until         organization named above. The extension is for the org         X       calendar year 2019         or         tax year beginning         ne tax year entered in line 1 is for less than 12 months, or         Change in accounting period | Group Exe<br>and atta<br>NOVEI<br>anization's | emption Number (GEN) I<br>uch a list with the names and TINs of<br>MBER 16, 2020 , to file<br>s return for:<br>d ending | f this is fo<br>all memb | r the whole<br>hers the extension or an |   |
|   | nis application is for Forms 990-BL, 990-PF, 990-T, 4720<br>v nonrefundable credits. See instructions.   | , or 6069,                                    | enter the tentative tax, less   | 3a                       | \$  | 0.                                      |
|   | his application is for Forms 990-PF, 990-T, 4720, or 6069  | ), enter an                                   | v refundable credits and  |                          | <b>–</b>  |   |
|   | imated tax payments made. Include any prior year over  |   |   | Зb                       | \$  | 0.                                      |
|   | ance due. Subtract line 3b from line 3a. Include your pa   |   |   |                          |   |   |
| usi   | ng EFTPS (Electronic Federal Tax Payment System). Se   | e instructio                                  | ons.  | 3c                       | \$  | 0.                                      |
| instructio  | If you are going to make an electronic funds withdrawal ns.  |   | •   | 453-EO a                 |   | 79-EO for payment<br>8868 (Rev. 1-2020) |

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