Form 990
(Rev. January 2020)
Department of the Treasury 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 applicat	le: C Name of organization		D Employer identific	ation number
	Addr chan	REID SAUNDERS EVANGELISTIC ASSOCIATIO	N		
	Nam			43-196429	91
	Initia retur		Room/suite	E Telephone number	
	Final	V PO BOX 4275		503-581-7	
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,725,677.
		3 SALEM, OK $37302-0273$		H(a) Is this a group ret	
	Appl tion 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 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 S 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 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. 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) 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 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		238,789.	599,927.
JC 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 Fund Balances	22	Total liabilities (Part X, line 26) 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 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			^{IT} self-employed P01026428				
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 990 (2019)							

	990 (2019) REID SAUNDERS EVANGELISTIC ASSOCIATION 43-1964291 Pager 10 Statement of Program Service Accomplishments
4	
1	Briefly describe the organization's mission: 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 4e	Total program service expenses ► 683,001.
4e	Total program service expenses ► 683,001. 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> 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
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Form **990** (2019)

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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> 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 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 24b		-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240 24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 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 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 "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 "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? 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		
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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	 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b 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 а						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 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	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c		13c				
			<u> </u>	14a		х
	Did the organization receive any payments for indoor tanning services during the tax year? 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)

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Form 990 (2019))
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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
A -	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	1 990	(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) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot	h an	an compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAN HILL 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 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 990 (2019)

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7 2019.04010 REID SAUNDERS EVANGELISTIC

REI20E01

		NDERS EV	7A1	IGI	ELI	I S'	FI	2 2	ASSOCIATION	43-1	964	291	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson) than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS				e ion ed
1b	Subtotal	I	I	I	L	L			161,194.		0.	3	0,0	00.
d	Total from continuation sheets to Part VI 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 No
3	Did the organization list any former officer, 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 and related organizations greater than \$150	0,000? If "Yes,	le co " <i>co</i>	omp <i>mpl</i> e	ensa ete S	atior Sche	n and e <i>dul</i> é	d ot e <i>J f</i>	her compensation from for such individual	the organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business			ONI					(B) Description of s		C	(C 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	990 (2	2019)

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8 2019.04010 REID SAUNDERS EVANGELISTIC REI20E01

			2019) REID SAUNDERS	EVANGEL	ISTIC ASSO	CIATION	43-1964	291 Page 9
Pa	πv	/ 111	Check if Schedule O contains a response	or note to any lir	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b	PP 010				
fts, r An			Fundraising events 1c	77,219.				
i, Gi 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	, ,	1,720,002.			
•				Business Code				
vice	2	a b						
Ser		c						
am		d						
Program Service 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 Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
•		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 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 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 900099	2,855.	2,855.		
oeu	11	a b	MIDCENHAMEOOD KEVENUE	900099	2,055.	4,055.		
Miscellaneous Revenue		с С						
Misc 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 990 (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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	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 Benefits paid to or for members				
4 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 above (List miscellaneous expenses on line 24e. If 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 b	OUTREACH	32,772.	32,772.		50,510
ы С	UTILITIES	10,402.	4,691.	3,946.	1,765
d	MEALS	10,343.	9,397.	503.	443
u e		380.	171.	144.	65
25 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)

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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 12
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	
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(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 nue Service			Attach to Form 990 or l 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 s			ii).		
4		A medical res	search organiz	ation operated in co	onjunction with a hospita	l describe	d in sectic	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 section 170(b)(1)(A) 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 section 509(a)(1) 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 , 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 (i) Name of supp		n about the support (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 Yes	ing document? 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 1 Offix, grants, contributions, and grants, 1 2 Tax revenues levels for the organization include any 'unusual grants, 1 2 Tax revenues levels for the organization include any 'unusual grants, 1 2 Tax revenues levels for the organization include any 'unusual grants, 1 2 Tax revenues levels for the organization include any 'unusual grants, 1 2 Tax revenues levels for the organization include any 'unusual grants, 1 2 Tax revenues levels for the organization include any 'unusual grants, 1 2 Tax revenues levels for the organization include any 'unusual grants, 1 2 Tax revenues levels for the organization include any 'unusual grants, 1 2 Tax revenues levels for the organization by seath person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Samze tes tow texts 2 Section B. Total Support 2 Caleadar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 3 Grass income from interest, dividends, payments received on securities lossing in Part V() 10 Other income from interest, dividends, payments received on securities lossing in Part V() 11 Total support. Attill lines 7 through 10 2 Conse received for metable and botherest 2 Conse received for metable and botherest 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) organization metal and botherest 4 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 1 Tat 1 Say or the said or 2018 (line 6, column (f) divided by line 11, column (f) 1 Tat 9, "facts and-circumstances 'test. The organization did not check tab ox on line 13, red, refer, this box and stop here. The organization did not dheck abox on line 13, red, refer, this box and stop here. The organi	Se	ction A. Public Support						
membership feas received. (Do not include any "unusual grants.") 2 2 Tax revenues levide for the organ- ization's benefit and either paid to or expended on its behalf 1 3 The value of services or facilities fumished by a governmental unit to the organization without charge by each person (oftent than a government) unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1 6 Public support. Schedules there ea 1 8 Coll Schedules and the paid to on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1 6 Public support. Schedules there ea 1 8 Coll Schedules and the schedules and the schedules 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
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		more, and if the organization meets th	ne "facts-and-circu	umstances" test, o	heck this box and	d stop here. 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) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,043,890.	815,017.	1,798,626.	1,242,284.	1,720,002.	6,619,819.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the 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 from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 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) 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, dividends, payments received on securities loans, rents, royalties, 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 activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	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 stop here		· · · · · ·	· · ·	·····		
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 st	op here. 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	>
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Schedule A (Form 990 or 990-EZ) 2019 REID SAUNDERS EVANGELISTIC ASSOCIATION 43-1964291 Page 4

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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Schedule A (Form 990 or 990-EZ) 2019

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Yes

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2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Schedule A (Form 990 or 990-EZ) 2019 REID SAUNDERS EVANGELISTIC ASSOCIATION 43-1964291 Page 5

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 Part VI 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> Part VI.	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
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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 (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 (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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).

Schedule A (Form 990 or 990-EZ) 2019

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43-1964291 Page 7 Schedule A (Form 990 or 990 EZ) 2019 REID SAUNDERS EVANGELISTIC ASSOCIATION

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)	
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j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, 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 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 Breaks from 2016 c Excess from 2017	h	Applied to 2019 distributable amount			
4 Distributions for 2019 from Section D, 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 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 >	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 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	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		o <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 Revenue Service	Go to www.irs.gov/Form99	Attach to Form 990. 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. (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 ⊿		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

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31

2019.04010 REID SAUNDERS EVANGELISTIC

		UNDERS EVA						13-19			age 2
Pa	rt III Organizations Maintaining C		-		-				ts (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 f	Distributions during the year						<u>1e</u> 1f				
י 29	Ending balance 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)	j = =:: =	
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 basis (investr		. ,	t or other (other)		ccumulate preciation	d	(d) 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

13090728 786322 REI20E0207

Schedule	D (F	- orm 990) 2019	R	EID	SAUNDERS	EVANGELISTIC	ASSOCIATION	43-1964291	Page 3
				A	-					

Part VII	Investments - Other Securities.
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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

932053 10-02-19

edule D (Form 990) 2019 REID SAUNDERS EVANGELISTIC AS	SSOCIATION	43-	1964291	Page 4
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	XII 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 2a through 2d			2e	
3	Subtract line 2e from line 1			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 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (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 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 1	irn.
Pa 1 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 1	irn.
Par 1 2 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 1	irn.
Par 1 2 a 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 2a	Vith Expenses per	Retu 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 4a and 4b			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.

932054 10-02-19

34 13090728 786322 REI20E0207 2019.04010 REID SAUNDERS EVANGELISTIC **REI20E01**

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 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.							
 Indicate whether th a Mail solicitat 		sed funds thr				Check all that apply overnment grants	-		
	email solicitations	6				nment grants			
c Phone solici			g 🔛 Special	fundra	aising	events			
d In-person so 2 a 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 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 or entity (fund			(ii) Activity	(iii) fundr have c or cor	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser	(vi) Amount paid to (or retained by) 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

932081 09-11-19

35 13090728 786322 REI20E0207 2019.04010 REID SAUNDERS EVANGELISTIC REI20E01

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 CONNECT BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
r E	1	Gross revenue				
ses	2	Cash prizes				
Ulrect Expenses	3	Noncash prizes				
ᅴ						
	4	Rent/facility costs				
DIrec.	4 5	Rent/facility costs Other direct expenses				
nrec	5		└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
Ulrec	5	Other direct expenses	No	No	No	
	5	Other direct expenses	No	No No	<u>No</u> No	
- 9 a	5 6 7 8 Ent Is t	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No States?	─ No	
9 a	5 6 7 8 Ent Is t	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No States?	─ No	
9 a b	5 6 7 8 Ent Is t If " 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	

13090728 786322 REI20E0207 2019.04010 REID SAUNDERS EVANGELISTIC REI20E01

Chedule G (Form 990 or 990-EZ) 2019 REID SAUNDERS EVANGELISTIC ASSOCIATION	43-1964291 Page
Does the organization conduct gaming activities with nonmembers?	
12 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 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 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 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.	
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) Supplemental Info	REID SAUNDERS	EVANGELISTIC	ASSOCIATION	43-1964291	Page 4
Part IV	Supplemental Info	rmation (continued)				
932084 04-01-	.19			Sci	nedule G (Form 990 or	990-EZ)
			38			

13090728 786322 REI20E0207 2019.04010 REID SAUNDERS EVANGELISTIC REI20E01

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							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de 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 2
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.

	Sabadula	M (Form 990) 2019

13

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 2
Name of the organization 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.

13090728 786322 REI20E0207

43

2019.04010 REID SAUNDERS EVANGELISTIC REI20E01

Name of the organization 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.	

44

(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 due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 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 ELISTIC ASSOCIATIO			12
 If the of If this box I re the 	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 and atta NOVEI anization's	emption Number (GEN) I uch a list with the names and TINs of MBER 16, 2020 , to file s return for: d ending	f this is fo all memb	r the whole hers the extension or an	
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 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		–	
	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 8868 (Rev. 1-2020)

13090728 786322 REI20E0207