

** PUBLIC DISCLOSURE COPY ** 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Inspection

A F	or the	2023 calendar year, or tax year beginning and e	ending				
B c	heck if pplicable	C Name of organization REID SAUNDERS EVANGELISTIC		D Employer identific	cation number		
	Addres	ASSOCIATION INC					
	Name change			43-196429	91		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	E Telephone number			
	Final return/ termin	P.O. BOX 4275		503-581-			
	termin ated		G Gross receipts \$ H(a) Is this a group re	G Gross receipts \$ 2,512,704.			
	_return _Applic _tion			for subordinates? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	—		
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 52		list. See instructions		
	Vebsit			H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: OR		
	rt I	Summary					
)e		Briefly describe the organization's mission or most significant activities: $$ RSA $$ I $$ THE CROSS THROUGH HUMANITARIAN AND MISSION			MESSAGE OF		
Governance					oto .		
err				1 . 1	ets. 10		
છું		Number of voting members of the governing body (Fart VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			10		
∞ಶ		Total number of individuals employed in calendar year 2023 (Part V, line 1a)			14		
Activities		Total number of volunteers (estimate if necessary)			38		
		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		,		Prior Year	Current Year		
ø.	8	Contributions and grants (Part VIII, line 1h)	[1,460,526.	2,497,946.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,591.	14,722.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-15,612.	-14,230.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,450,505.	2,498,438.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,053.	3,517.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		821,097.	1,199,893.		
Sus.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 516,20		505 405	T.40.066		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		587,127.	749,866.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,414,277.	1,953,276.		
, v	19	Revenue less expenses. Subtract line 18 from line 12		36,228. eginning of Current Year	545,162.		
Net Assets or Fund Balances	00	Tabel accords (Dark V. Para 40)	-	3,548,323.	End of Year 3,998,147.		
Sse Bala	20	Total assets (Part X, line 16)		108,195.	68,950.		
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		3,440,128.	3,929,197.		
	rt II	Signature Block		3,440,1200	3,323,137.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	nents, and to the best of my	knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			oago ama zonon, mio		
Sigr	1	Signature of officer		Date			
Her		DOUG TERPENING, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		LARRY E. GRANT, CPA		11/15/24 self-employe	P00145717		
Prep	arer	Firm's name REDW LLC		Firm's EIN 8	5-0203431		
Use	Only	Firm's address 475 COTTAGE STREET NE, SUITE 200 SALEM, OR 97301		Phone no 50	3.581.7788		
May	the IF	RS discuss this return with the preparer shown above? See instructions		11 110110 110.50	X Yes No		
u y		and a second state of the property of the second state of the seco					

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	RSA IS TAKING THE MESSAGE OF JESUS CHRIST, THROUGH VARIOUS TYPES OF
	OUTREACH & MEDIA, THROUGHOUT THE WORLD. WE WORK WITH, THROUGH, AND FOR
	THE LOCAL CHURCH. THE LASTING IMPACT COMES FROM FOLLOW-UP, TRAINING
	THE CHURCH PRIOR TO OUTREACH, AND UNITY BUILT WITH THE CHURCH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$59,567. including grants of \$) (Revenue \$)
	SATELLITE TV RSA PARTNERED WITH SATELLITE TV STATIONS IN INDIA AND
	PAKISTAN TO BROADCAST EVANGELISTIC MESSAGES THROUGHOUT THE YEAR. WE
	REACHED 161,332 THROUGH THESE PROGRAMS AND 84,924 MADE DECISIONS FOR
	CHRIST.
4b	(Code:) (Expenses \$127,596 • including grants of \$) (Revenue \$)
	PAKISTAN THROUGH TWO NIGHTS OF FESTIVALS AND AN OUTREACH AT A NEEDY
	VILLAGE, WE REACHED 50,000 PEOPLE, AND 9,320 MADE DECISIONS FOR CHRIST.
4c	(Code:) (Expenses \$170 , 283) (Revenue \$)
	VIETNAM WE ONCE AGAIN PARTNERED WITH THE CHURCH LEADERS IN HANOI TO
	HOLD AN OUTDOOR CHRISTMAS FESTIVAL WHERE WE REACHED 14,000 WITH THE
	GOSPEL AND 3,000 MADE DECISIONS FOR CHRIST.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 316,621. including grants of \$ 3,517.) (Revenue \$ 36.)
<u>4e</u>	Total program service expenses 674,067.
	Form 990 (2023)

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Form 990 (2023) ASSOCIATION INC 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	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		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			.,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			\ _{3,7}
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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REID SAUNDERS EVANGELISTIC

| Part IV | Checklist of Required Schedules | (continued)

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	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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		X
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			1,7
	"Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in noncash 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			_V
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		1
34		34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	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?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
22200	1 10 01 00	Form	990	(2023)

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X 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 O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 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? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes." see the instructions and file Form 4720. Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069

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			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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 0.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		37						
	officer, director, trustee, or key employee?	2		_X_						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		37						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		X X						
5										
6	Did the organization have members or stockholders?	6		<u>X</u>						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		v						
	more members of the governing body?	7a		<u> </u>						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		Х						
•	persons other than the governing body?	7b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	X							
_	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X							
b		OD								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х						
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21						
	tion 211 choice (This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed OR									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	LAURA BLACKBURN - 503-581-7394									
	211 OLD LANKFORD RD, NORTH WILKESBORO, NC 28659									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization					nper	sate			(F)	
(A)	(B)			Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week	 						from the	from related organizations	other compensation
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	96 Or	stee			sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		уве	Highest compensated employee		1099-NEC)	10001120,	and related
	below	idual	ution	 	Key employee	est cc oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) REID SAUNDERS	40.00									
PRESIDENT				X				130,694.	0.	55,800.
(2) DOUG TERPENING	40.00									
EXECUTIVE DIRECTOR				Х				147,625.	0.	15,053.
(3) DAN HILL	4.00									
CHAIRMAN		Х		Х				0.	0.	0.
(4) SCOTT MANSUR	1.00	ļ								
SECRETARY		Х		X				0.	0.	0.
(5) BRIAN WHITE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) RICH VALETTE	1.00	ļ								
DIRECTOR	 	Х						0.	0.	0.
(7) STEVE TATONE	4.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(8) MIKE SMITH	1.00	.,							0	
DIRECTOR	1 00	Х						0.	0.	0.
(9) MIKE PATE	1.00	. ,							0	_
DIRECTOR (10) MIKE HUDSPETH	1 00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(11) CRAIG HOLT	4.00	^						0.	0.	· ·
DIRECTOR	4.00	Х						0.	0.	0.
(12) MARK HANKE	1.00								0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
<u> </u>		25							0.	<u>.</u>
		1								
	1									
		1								
	1									
		1								
		1								
		1								

Page 8

Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C				
(A)	(B)	(C)					(D)	(E)	(F		
Name and title	(do not chec		neck r	sition k more than one			Reportable	Reportable	Estim		
	hours per	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amou		
	week			a a a		1 1		from	from related	oth	
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC	comper from	
	related	or d	ee tee			sated		(W-2/1099-MISC/	1099-NEC)	organiz	
	organizations	ruste	l trus		99,	mpen		1099-NEC)	1033-1120)	and re	
	below	dual t	Institutional trustee	_	nploy	st col	<u> </u>	10001120)		organiz	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				
						\vdash					
4b Cubtatal								278,319.		70,	853.
1b Subtotal								0.		0.	0.0.
c Total from continuation sheets to Part VI								278,319.			853.
d Total (add lines 1b and 1c)										<u> </u>	033.
compensation from the organization	ot illilited to th	ose	IISLE	u au	ove	;) WIII	J 16	ceived more than \$100,	ooo or reportable		2
compensation from the organization										Ye	
3 Did the organization list any former officer,	director trust	oo k	'AV A	mnl	OVA	e or	hia	hest compensated empl	ovee on		
line 1a? If "Yes," complete Schedule J for si										3	Х
4 For any individual listed on line 1a, is the su								ner compensation from t		.	
and related organizations greater than \$150										4 X	
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com	•				•			5		5	Х
Section B. Independent Contractors	DICIC OCHEODIC	, U K	<i>J</i> 30	CIT	<i>)</i> (//3	OH .					
Complete this table for your five highest contains the second secon	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of compe	nsation from	
the organization. Report compensation for	-	-							· ·		
(A)								(B)		(C)	
Name and business	address							Description of s	ervices	Compensa	tion
CD REDDING											
2837 22ND ST SE #155, SAL	EM, OR	97	30	2				CONSTRUCTION		1,317,	<u>534.</u>
							_				
2 Total number of independent contractors (in	_	ot lin	nited	l to t	_		ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	zation				1	L				22	^
										Form 99 0	J (2023)

REID SAUNDERS EVANGELISTIC ASSOCIATION INC 43-1964291 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 156,222. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,341,724. similar amounts not included above ... 1f 442,813. g Noncash contributions included in lines 1a-1f 2,497,946. h Total. Add lines 1a-1f **Business Code** 2 a Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 14,722. 14,722. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 156,222. of contributions reported on line 1c). See Part IV, line 18 14,266. **b** Less: direct expenses -14,266. -14,266. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b

36.

36.

Business Code

10a

332009 12-21-23

c Net income or (loss) from gaming activities
 10 a Gross sales of inventory, less returns

c Net income or (loss) from sales of inventory

36.

Part IX | Statement of Functional Expenses

_	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	<u>L</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	2 24 5	2 24 5		
	and domestic governments. See Part IV, line 21	3,017.	3,017.		
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	F00	F00		
	individuals. See Part IV, lines 15 and 16	500.	500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	206 272	E2 61E	146 446	106 211
_	trustees, and key employees	306,372.	53,615.	146,446.	106,311
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	711,810.	124,567.	340,245.	246,998
7	Other salaries and wages	/11,010.	124,307.	340,243.	240,990
8	Pension plan accruals and contributions (include	15 //1	2 702	7 201	E 2E0
_	section 401(k) and 403(b) employer contributions)	15,441. 89,094.	2,702. 15,591.	7,381.	5,358 30,916
9	Other employee benefits	77,176.	13,391.		26,780
0	Payroll taxes	//,1/0.	13,506.	36,890.	20,780
11	Fees for services (nonemployees):				
a	· · · · · · · · · · · · · · · · · · ·	1 250		1 250	
b		1,250. 42,635.		1,250.	
	Accounting	42,033.		42,635.	
d	Lobbying				
е	, F				
f	Investment management fees			+	
g	,	100 200	20 272	41 202	20 452
	column (A), amount, list line 11g expenses on Sch 0.)	100,208.	30,373.	41,383.	28,452 1,079
12	Advertising and promotion		0 163	25 940	18,765
13	Office expenses	54,077. 21,788.	9,463. 3,813.	25,849.	7,560
14	Information technology	21,700.	3,013.	10,415.	7,300
15	Royalties	49,564.		49,564.	
16	Occupancy	176,492.	141,684.	8,702.	26,106
17	Travel	1/0,494.	141,004.	0,702.	20,100
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	576.	101.	275.	200
19	Conferences, conventions, and meetings	570.	101.	2/3.	200
20	Interest				
21	Payments to affiliates	1 405	843.	562.	
22	Depreciation, depletion, and amortization	1,405. 9,897.	1,732.	4,731.	2 /2/
23	Insurance Other expanses Itemize expanses not severed	3,031.	1,/34.	4,/31.	3,434
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),				
_	amount, list line 24e expenses on Schedule 0.) OUTREACH	271,199.	271,199.		
a b	TITTING	11,546.	<u> </u>		11,546
	MEAT C	4,498.	787.	2,150.	1,540
Ç	MD 3 TAITAIC C DUITH ODMINIM	3,279.	574.	1,567.	1,138
d		373.	3/4•	373.	1,130
	All other expenses	1,953,276.	674,067.	763,005.	516,204
2 <u>5</u>	Joint costs. Complete this line only if the organization	1,233,410•	0/4,00/•	,05,005.	310,204
26	, , ,				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Part 2	^	Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	673,440.	1	1,430,236		
	2	Savings and temporary cash investments			1,598,389.	2	309,311
	3	Pledges and grants receivable, net		3			
		Accounts receivable, net			128,356.	4	144,856
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial c	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
က္ ၂	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ 1	9	B			2,771.	9	6,460
1	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	305,845.			
	b	Less: accumulated depreciation	10b	19,256.	287,994.	10c	286,589
1	1	Investments - publicly traded securities			11		
1:	2	Investments - other securities. See Part IV, lin	e 11		714,505.	12	66,906
1	3	Investments - program-related. See Part IV, lir			13		
1.	4	Intangible assets			14		
1	5	Other assets. See Part IV, line 11			142,868.	15	1,753,789
1	6	Total assets. Add lines 1 through 15 (must e	qual line 3	33)	3,548,323.	16	3,998,147
1	7	Accounts payable and accrued expenses	69,747.	17	57,481		
1	8	Grants payable		18			
1	9	Deferred revenue			19		
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
္က 2	2	Loans and other payables to any current or fo	rmer offic	er, director,			
		trustee, key employee, creator or founder, sul	ostantial o	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		22	
- 2	23	Secured mortgages and notes payable to unr				23	
2	24	Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X	22 442		44 460
		of Schedule D			38,448.	25	11,469
2	6	Total liabilities. Add lines 17 through 25			108,195.	26	68,950
<u>"</u>		Organizations that follow FASB ASC 958, c	heck her	e X			
<u>ĕ</u>		and complete lines 27, 28, 32, and 33.		Į.	1 600 150		1 505 210
[2	27				1,609,172.	27	1,707,319
2	28	Net assets with donor restrictions	1,830,956.	28	2,221,878		
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
_		and complete lines 29 through 33.		Į.			
ဌ 2	9	Capital stock or trust principal, or current fund				29	
eg 3	0	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated			2 442 422	31	2 000 405
		Total net assets or fund balances			3,440,128.	32	3,929,197
3	3	Total liabilities and net assets/fund balances			3,548,323.	33	3,998,147

Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,49</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	1	,95				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>5,1</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,44	0,1	28.	
5	Net unrealized gains (losses) on investments	5		-1	4,5	05.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8		-4	0,0	88.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	1,5	00.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
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 reviewed	on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b				2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	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	audit.					
	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 Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		-	3b			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

REID SAUNDERS EVANGELISTIC

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ASSOCIATION INC 43-1964291 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	1720002.	1554124.	1996464.	1460526.	2497946.	9229062.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1720002.	1554124.	1996464.	1460526.	2497946.	9229062.
	The portion of total contributions						
·	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						814,025.
6	Public support. Subtract line 5 from line 4.						8415037.
	ction B. Total Support						01200071
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1720002.	1554124.	1996464.	1460526.	2497946.	9229062.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		2,045.	1,324.	5,633.	14,722.	23,724.
9	Net income from unrelated business					,	
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						9252786.
	Gross receipts from related activities,	etc (see instructio	ne)			12	7,471.
	First 5 years. If the Form 990 is for the			ourth or fifth tax v	ا year as a section 50		.,
	organization, check this box and stor	· ·		•			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	90.95 %
	Public support percentage from 2022					15	96.64 %
	33 1/3% support test - 2023. If the o	,					
	stop here. The organization qualifies						₹
b	33 1/3% support test - 2022. If the o		•				
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	•	_	
h	10% -facts-and-circumstances test	-				7a and line 15 is 1	
J	more, and if the organization meets the						. 5/0 01
	organization meets the facts-and-circu		•		•		
12	Private foundation. If the organization						
10	Trivate roundation. If the organization	and not oncor a t	201 OIT III IC 10, 100	4, 100, 17a, 01 17D	, oricon triis box ai		(Form 990) 2023

Scriedule A (Form 990) 2023

ASSOCIATION INC 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

Section	qualify under the tests listed be n A. Public Support	elow, please comp	olete Part II.)				
	year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	s, grants, contributions, and	(4) 2010	(5) 2020	(0) 2021	(4) 2022	(6) 2020	(i) rotar
	mbership fees received. (Do not						
	ude any "unusual grants.")						
2 Gro mer form any	iss receipts from admissions, rechandise sold or services per- ned, or facilities furnished in activity that is related to the anization's tax-exempt purpose						
•	ss receipts from activities that						
are	not an unrelated trade or bus- ss under section 513						
izat	revenues levied for the organ- ion's benefit and either paid to expended on its behalf						
furn	value of services or facilities iished by a governmental unit to organization without charge						
6 Tot	al. Add lines 1 through 5						
	ounts included on lines 1, 2, and eceived from disqualified persons						
from exce	unts included on lines 2 and 3 received other than disqualified persons that ed the greater of \$5,000 or 1% of the unt on line 13 for the year						
	d lines 7a and 7b						
	plic support. (Subtract line 7c from line 6.) n B. Total Support						
Calendar	year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	ounts from line 6	(4,) = 0.10	(2) 2020	(0) = 0 = 1	(4) = 3 = 2	(0) = 0 = 0	(1) 1 3 10.
10a Gro divi	ss income from interest, dends, payments received on urities loans, rents, royalties, I income from similar sources						
b Unre	elated business taxable income s section 511 taxes) from businesses uired after June 30, 1975						
11 Net acti	d lines 10a and 10b						
or lo	er income. Do not include gain oss from the sale of capital ets (Explain in Part VI.)						
	Il support. (Add lines 9, 10c, 11, and 12.)						
14 Firs	st 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
	ck this box and stop here						
Section	n C. Computation of Publi	c Support Per	rcentage				
15 Pub	olic support percentage for 2023 (l	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16 Pub	olic support percentage from 2022	Schedule A, Part	III, line 15			16	97 . 17 %
Section	n D. Computation of Inves	tment Income	e Percentage				
17 Inve	estment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Inve	estment income percentage from	2022 Schedule A,	Part III, line 17			18	.11 %
	1/3% support tests - 2023. If the					33 1/3%, and line 1	
mor	re than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	
	1/3% support tests - 2022. If the						
	18 is not more than 33 1/3%, che						
20 Pri\	vate foundation. If the organization	<u>in did not check a</u>	box on line 14, 19	<u>a, or 19b, check th</u>	nis box and see ins	structions	

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

332024 12-21-23

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
566	tion 6. Type it 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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the erganization provide to each of its supported erganizations, by the last day of the fifth month of the		162	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	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 year (see instructions).			
a	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 governmental entity (see ins	truction	l' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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 on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

ASSOCIATION INC

Part	V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organi	zations	
1 [Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations m	ust complete S	Sections A through E.	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 R	Recoveries of prior-year distributions	2		
3 C	Other gross income (see instructions)	3		
4 A	add lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
6 P	Portion of operating expenses paid or incurred for production or			
С	ollection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 C	Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	aggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	werage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
(6	explain in detail in Part VI):			
2 A	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d.	3		
4 C	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Multiply line 5 by 0.035.	6		
7 R	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	adjusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
	//inimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Organization type (check one):

(Form 990)

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

Name of the organization

REID SAUNDERS EVANGELISTIC

ASSOCIATION INC

Employer identification number

43-1964291

Filers of:		Section:				
Form 990 or 9	990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Only a	section 501(c)(7	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ne contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules	S					
secti cont	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, is ch purp	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
answer "No" o	on Part IV, line 2	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990)				

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization
REID SAUNDERS EVANGELISTIC
ASSOCIATION INC

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$05,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization
REID SAUNDERS EVANGELISTIC
ASSOCIATION INC

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 393,249.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>125,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	- Trume, dudices, dild En 1 1	\$301,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
REID SAUNDERS EVANGELISTIC
ASSOCIATION INC

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	350 SHARES OF AVGO	202 240	12/22/22
(a) No.	(5)	\$\$(c)	12/22/23
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
202452 40.00		\$	Cahadula B (Farm 000) (0002)

Name of organization REID SAUNDERS EVANGELISTIC Employer identification number

SOCI	ATION INC			43-1964291			
art III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a						
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	r less for the yea	r. (Enter this info. once.)			
	Use duplicate copies of Part III if additional	space is needed.	•				
No. om	(h) Down and off	(-) 11 (-)(1		(a) Description of house of the held			
rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of g	.:44				
		(e) Transier or g	iii t				
	Transferos's name address a		Doloti	anakin of transferor to transfero			
_	Transferee's name, address, a	IIIu ZIF + 4	neiati	onship of transferor to transferee			
	_						
No.		1					
om l	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
rt I	(1,7** 1,4** 3,4**	(,,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			_				
<u> </u>			_				
L							
	(e) Transfer of gift						
L	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee			
No. om	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
rt I	(b) Full pose of gift	(c) Ose of gift		(a) Description of now girt is field			
			_				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee			
No. om ert I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
rt I	(b) Full pose of glit	(c) use of gift		(a) Description of now grit is field			
			_				
		(e) Transfer of g	ift				
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee			
	,, -			•			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

REID SAUNDERS EVANGELISTIC ASSOCIATION INC

Employer identification number 43-1964291

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
		and the body of the Co	
C	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included on line 2c acqu		
2	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the c	organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
J	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
			.
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemer	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	·	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in furt	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	•	gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		\$
		- for Form 000	
LHA	For Paperwork Reduction Act Notice, see the Instructions	S IUI FORM 99U.	Schedule D (Form 990) 2023

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

5	During the year, did the organization solicit or	receive donations of	of art, historical tre	asures, or other simi	lar asset	s	_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Pa	rt IV Escrow and Custodial Arrang		te if the organization	on answered "Yes" o	n Form 9	990, Part IV, lii	ne 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for contribution	ons or other assets r	ot includ	led	_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		_	<u> </u>			
							Amoun ⁻	t	
С	Beginning balance				🍱	lc			
d	Additions during the year				🗀	ld			
е	Distributions during the year				1_1	le			
f	Ending balance				L	1f	_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or o	custodial account lia	bility?		Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								
Pa	rt V Endowment Funds Complete if	the organization and	swered "Yes" on Fo	orm 990, Part IV, line	10.				
	_	(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree years back	(e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
С	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 curre	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment9	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	and administered for	the		_		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requir	ed on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the	organization's endo							
Pa	rt VI Land, Buildings, and Equipme	ent							
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Part	X, line 10	O			
	Description of property	(a) Cost or o	ther (b) Co	st or other (c) Accumi	ulated	(d) Boo	k valu	_ <u></u>

286,589. Schedule D (Form 990) 2023

284,900.

1,689

e Other

basis (other)

284,900.

20,945.

basis (investment)

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c

depreciation

19,256.

	RS EVANGELIST		1064201 - 3
Schedule D (Form 990) 2023 ASSOCIATION Part VII Investments - Other Securities	INC	43	-1964291 Page 3
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11h 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	d-of-vear market value
(d) Financial desirations	(b) Book value	(c) metred of valuations over or one	a or your market value
(O) Ole a de la della socita della secta			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	n 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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS			1,742,170.
(2) RTU LEASE ASSET			11,619.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		1,753,789.
Part X Other Liabilities			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	<u>. </u>
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) RTU LEASE LIABILITY			11,469.

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	RTU LEASE LIABILITY	11,469.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	11,469.

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 ... X

Schedule D (Form 990) 2023

Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue	e 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
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	
Pa	rt XII Reconciliation of Expenses per Audited Financial S		ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	, ,		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С				
d	Other (Describe in Part XIII.)	2d		
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	
Ра	rt XIII Supplemental Information			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		art 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.		
	DM W T TND 0			
PAI	RT X, LINE 2:			
3.0	DECLIEBED DV AGG 740 MANAGEMENT HAG T		TETONIC ENVENTAND	
AS	REQUIRED BY ASC 740, MANAGEMENT HAS E	VALUATED TAX POS	SITIONS TAKEN AND	
	C DEMEDMINED MILL AND INCORDED THEY IN M	HOGE BOGEETONG I	10111 D 210m 11211m 2	
HA	S DETERMINED THAT ANY UNCERTAINTY IN T	HOSE POSITIONS V	OULD NOT HAVE A	
3636	DEDIAL DEDECT ON MUE EINANGIAL CHAMENE	мша		
MA.	FERIAL EFFECT ON THE FINANCIAL STATEME	NTS.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Employer identification number

Inspection

Name of the organization REID SAUNDERS EVANGELISTIC ASSOCIATION INC

43-1964291

Bart I General Infor	mation on A	otivition O:-t	side the United States	43-19642	
Part I General Infor		cuvides Out	side the United States. Comple	ete if the organization answered "	'Yes" on
		maintain recor	ds to substantiate the amount of its gra	ants and other assistance	
=	-		the selection criteria used to award the		Yes No
2 For grantmakers. Desc	rihe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
United States.	indo in i dit v tilo	organization o	procedures for mornioning the doc of its	granto and other abbietarioe out	Side tile
	ne following Part	I line 3 table ca	an be duplicated if additional space is n	needed)	
(a) Region	(b) Number of	r ·	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
(=)	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a program service,	expenditures for and investments in the region
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	OUTREACH	23,762.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	PROGRAM SERVICES	OUTREACH	176,676.
EUROPE (INCLUDING					,
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	OUTREACH	39,172.
MIDDLE EAST AND					<u>'</u>
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	OUTREACH	31,667,
SOUTH AMERICA -					<i>'</i>
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	OUTREACH	11,674.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	OUTREACH	85,732.
	-				
3 a Subtotal	0	0			368,683
b Total from continuation					
sheets to Part I	0	0			0
c Totals (add lines 3a					
and 3b)	0	0			368,683.

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

Schedule F (Form 990) 2023

43-1964291

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
(h) Description of noncash assistance					Sched
(g) Amount of noncash assistance					
(f) Manner of cash disbursement					ecognized as a tax ivalency letter
(e) Amount of cash grant					oreign country, r ion 501(c)(3) equ
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities
(c) Region					s listed above that are re r for which the grantee or entities
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, or other organizations or
1 (a) Name of organization					 2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which 3 Enter total number of other organizations or entities

31

43-1964291

Page 3

ASSOCIATION INC Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
(g) Description of noncash assistance					Schedi
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
ionional space is needer (b) Region					
(a) Type of grant or assistance (b) Region					

Part IV Foreign Forms

ASSOCIATION INC

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

332075 11-29-23 Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

REID SAUNDERS EVANGELISTIC **Employer identification number** Name of the organization ASSOCIATION INC 43-1964291 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

		-	-	
ASSOC	CIA	T	ION	INC

Pa	rt I		e organization answered	"Yes" on Form 990, Part	IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1 SPRING BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	156,222.			156,222.
	2	Less: Contributions	156,222.			156,222.
	3	Gross income (line 1 minus line 2)				
		Cook wines				
		Cash prizes Noncash prizes				
es	3	Noncash prizes				
(pens	6	Rent/facility costs	1,750.			1,750.
Direct Expenses	7	Food and beverages	5,275.			5,275.
	8	Entertainment				
	9					7,241.
	10	,				14,266.
	<u>11</u> rt l	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		990 Part IV line 19 or r	enorted more than	-14,266.
		\$15,000 on Form 990-EZ, line 6a.	answered res on romi	990, 1 art 10, iiile 19, 0i 1	eported more than	
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
-	_1	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Voluntary Johan	Yes %	Yes %	Yes %	
	0	Volunteer labor	No No	NO	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities			
а	ls t	the organization licensed to conduct gaming ac No," explain:		states?		Yes No
_	_	, I				
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
	_					

332082 09-13-23

REID SAUNDERS EVANGELISTIC

Sch	edule G (Form 990) 2023 ASSOCIATION INC	43-1	<u>964</u>	<u> 291</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
-	to administer charitable gaming?			Yes	□ No
40			ш	163	140
	Indicate the percentage of gaming activity conducted in:	ļ	40		0.4
	ı The organization's facility		13a		<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:			
	Name				
	Address				
45-				Yes	□ No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			162	
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the am	ount			
	of gaming revenue retained by the third party \$				
c	: If "Yes," enter name and address of the third party:				
	Name				
	- Tallo				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Calling Hartager compensation				
	Description of particle provided				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	s the organization required under state law to make charitable distributions from the gaming proceeds to				
٠	retain the state gaming license?			Yes	☐ No
			ш	163	NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	1 the			
Б.	organization's own exempt activities during the tax year \$				
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	: III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

REID SAUNDERS EVANGELISTIC

Schedule G (Form 990)	ASSOCIATION INC	43-1964291 Page 4
Part IV Suppleme	ASSOCIATION INC ental Information (continued)	
	100	
1		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

REID SAUNDERS EVANGELISTIC ASSOCIATION INC

Employer identification number 43-1964291

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Mousing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	☐ Independent compensation consultant ☐ Independent compensation consultant ☐ Independent compensation consultant ☐ Independent compensation consultant			
	X Form 990 of other organizations X Approval by the board or compensation committee			
ŀ	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
3	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
3	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

ASSOCIATION INC Schedule J (Form 990) 2023 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REID SAUNDERS	(i)	130,694.	0	0	11,721.	44,079.	186,494.	0.
PRESIDENT	Œ	.0	• 0	• 0	• 0	• 0	0.	0.
(2) DOUG TERPENING	(i)	147,625.	• 0	• 0	4,474.	10,579.	162,678.	0.
EXECUTIVE DIRECTOR	(ii)	.0	• 0	• 0	• 0	• 0	0.	0.
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Schedule J (Form 990) 2023 ASSOC
Part III Supplemental Information

	he information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
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Schedule J (Form 990) 202

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

<u>2023</u>

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 43-1964291

ASSOCIATION INC

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 442,813. MARKET VALUE Х 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? **b** If "Yes," describe in Part II. 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

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

Schedule M (Form 990) 2023

REID SAUNDERS EVANGELISTIC

Schedule M	(Form 990) 2023 ASSOCIATION INC		43-1964291	Page 2
Part II	Supplemental Information. Provide the information is reporting in Part I, column (b), the number of contribution	a required by Part Llines 30h, 32h, and 33, a	and whother the organizati	on
1 0.110 1.1	is reporting in Port Lealumn (b) the number of contribution	the number of items received, or a combin	action of both Also compl	oto
	this part for any additional information.	is, the number of items received, or a combin	lation of both. Also compl	ete
	this part for any additional information.			
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Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

REID SAUNDERS EVANGELISTIC ASSOCIATION INC

Employer identification number 43-1964291

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: WE PARTNERED WITH CHURCH LEADERS IN ROXAS CITY WHERE WE PHILIPPINES HELD SCHOOL ASSEMBLIES AND A 3 NIGHT FESTIVAL. THROUGH ALL OF OUR WE REACHED 41,118 PEOPLE AND 14,441 MADE DECISIONS FOR CHRIST. EVENTS, **EXPENSES \$ 92,665.** INCLUDING GRANTS OF \$ 0. REVENUE \$ AFTER MANY YEARS OF DELAYS, WE WERE ABLE TO JOIN OUR PARTNERS IN ITALY ITALY TO REACH THE CITY OF BERGAMO WITH THE GOSPEL. WE DID A LOT OF STREET OUTREACH AND FOLLOWED UP WITH A FESTIVAL. THROUGH MINISTERING TO THE HOMELESS IN THE CITY WITH A MEAL AND THE FESTIVAL, WE WERE ABLE TO REACH 1,608 AND 253 MADE DECISIONS FOR CHRIST. EXPENSES \$ 56,073. INCLUDING GRANTS OF \$ REVENUE \$ 0. THROUGH A PARTNERSHIP MANY YEARS IN THE MAKING, WE WERE ABLE TO ISRAEL VISIT SEVERAL CHURCHES AND HELP THEM IN THEIR EFFORTS TO REACH THEIR COMMUNITIES WITH THE GOSPEL. WE VISITED PEOPLE IN THEIR HOMES AND WERE ABLE TO SPEAK TO MANY ON THE STREET. THROUGH THESE EFFORTS, WE REACHED 581 PEOPLE AND 229 MADE DECISIONS FOR CHRIST. EXPENSES \$ 47,130. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. WE HAD THE PRIVILEGE OF PARTNERING WITH ANOTHER EVANGELIST TO REACH A VERY UNREACHED AREA OF EL SALVADOR. WE HELD SCHOOL ASSEMBLIES AND HAD A FESTIVAL. THROUGH OUR EFFORTS, WE REACHED 2,837 AND 145 MADE DECISIONS FOR CHRIST. INCLUDING GRANTS OF \$ 500. **EXPENSES \$ 35,366.** REVENUE

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization REID SAUNDERS EVANGELISTIC ASSOCIATION INC

Employer identification number 43-1964291

RSA IS TAKING THE GOSPEL TO THE ENDS OF THE EARTH. BUT WE START IN OUR
OWN COMMUNITY. WE OFFER LOCAL OPPORTUNITIES FOR ANYONE TO BE INVOLVED
IN EVANGELISM. WE HAVE BOOKS, TOOLS & THE FRIENDSHIP EVANGELISM
TRAINING PROGRAM TO EQUIP & PREPARE BELIEVERS TO SHARE THE GOOD NEWS

EXPENSES \$ 85,387. INCLUDING GRANTS OF \$ 3,017. REVENUE \$ 36.

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

WITH OTHERS.

THE FORM 990 IS REVIEWED AT A BOARD MEETING. THE BOARD VOTES AND THEN, UPON APPROVAL, GIVES NOTICE TO THE CPA TO FILE THE RETURN.

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

EACH BOARD MEMBER SIGNS A CONFLICT OF INTEREST FORM AT THE BEGINNING OF THE
YEAR, WHICH IS KEPT ON FILE. WHEN A POTENTIAL CONFLICT ARISES, THE BOARD
MEMBER BRINGS IT UP TO THE REST OF THE BOARD.

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

BOARD COMPENSATION COMMITTEE RESEARCHES COMPARABLE COMPENSATION AND REVIEWS

PERFORMANCE. SALARY RECOMMENDATIONS ARE MADE AND BOARD APPROVES

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

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PREPAID EXPENSES -1,500.

RECOMMENDATION.