

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury

HTA

		nent of the Treasury Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.									
A		r the 2017 calendar year, or tax year beginning , and ending									
В		if applicable:	C Name of organization D Employer identification number								
	Addres	s change	Community of St. Martin M	linistries				1			
靣	Name o	change	Number and street (or P.O. box, it		o street address)		Room/suite		41-1	506252	
而	Initial re	eturn	2720 East 22nd Street]	E Te	lephone num		
Ħ	Final retu	ım/terminated	City or town		State	ZIP ∞	de	-(
置	l I	led return	Minneapolis	1	MN	5540	6-1315	I	612.3	325,8860	
퓜		tion pending	Foreign country name	Foreign province			n postal code	7 F G	oup Exemp		
لـــا	, фрос	.com ponome	, , , , , , , , , , , , , , , , , , , ,	· - · · · · · · · · · · · · · · · · · ·				7 i	ımber ▶		
_											
		nting Method:	Cash X Accrual	Other (specify)						he organization is	
1	Websi	ite: ► <u>www.c</u>	ommunityofstmartin.org							tach Schedule B	
J	Tax-exe	mpt status (che	ck only one) — X 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1)	or527	(Form	990, 990-6	Z, or 990-PF)	
ĸ	Form of	f organization:	X Corporation	Trust	Associatio	, Do	ther				
		•									
			7b to line 9 to determine grosselow) are \$500,000 or more, fil		-		re, or ii total	assets	. ► \$	47 502	
								in other rat		47,583	
F	art i		e, Expenses, and Chang the organization used So								
							in uns Fai				
ı	1		ns, gifts, grants, and similar						11	47,401	
ŀ	2		rvice revenue including gov						2		
- 1	3		p dues and assessments.						3		
	4		income			1 - 1			4	182	
1	5a		unt from sale of assets othe	_		5a					
ĺ	b		r other basis and sales expenses								
Ì	C	•		rthan inventory (S	Subtract line (ob from line	:5a)		5c	0	
	6		d fundraising events								
ø	а		ne from gaming (attach Scl		rthan	اما					
Revenue		\$15,000) .				6a			-		
8	D		ne from fundraising events		\$ dula C is the	OI CO	ntributions				
ď			ising events reported on lin			Laul					
	_		n gross income and contribu			6b 6c					
- 1			expenses from gaming and								
ļ	d		or (loss) from gaming and	-	s (add lines o	a and op a	no subtract			•	
- 1	70		of inventory, less returns a			7a			6d	0	
ľ	b					7b					
ļ			or (loss) from sales of inve						7c	0	
1	8	-	iue (describe in Schedule C	• •		•		• •	8		
	9		iue. Add lines 1, 2, 3, 4, 5c	•	· · · · · ·				9	47,583	
ᅥ	10		similar amounts paid (list in		 				10	11,812	
ļ	11		id to or for members	•	· .	ECEIV	ED		11	11,012	
g		Salaries of	her compensation, and emi	nlovee henefits	· · · · · · · · · · · · · · · · · · ·	CULIV	·EU		12		
Se	13	Professiona	I fees and other navments	to independent co	ntracting				13	11,349	
팋	14	Occupancy	her compensation, and emp of fees and other payments rent, utilities, and mainten	ance		SEP 17	2018.		14	5,220	
Expenses	15	Printing put	blications, postage, and shi	nnina	I co l	· · · · ·	<u>``</u>		15	25	
ات	16		nses (describe in Schedule			GDEN	LIT		16	10,502	
]	17	•	nses. Add lines 10 through	•		CULN	<u>, U </u>	, ▶	17	38,908	
_	18		deficit) for the year (Subtract					· · · ·	18	8,675	
ets	19									0,070	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	113,141				
Net Assets	20		ges in net assets or fund ba						20	110,141	
ž	21		or fund balances at end of	• •					21	121,816	
For			on Act Notice, see the senar					· · · ·		Form 990-F7 (2017)	

	Check if the organization used Schedule O to r	espond to any question	in this Part II.		<u> </u>		<u></u>	<u>X</u>
	<u> </u>			(A)	Beginning of			(B) End of year
22	Cash, savings, and investments	· · · · · · · · · · · · · · · · · · ·			100	5,441	23	119,929
23 24	Other assets (describe in Schedule O)			<u> </u>		7,600		4,637
25	Total assets		• •			1,041	_	124,566
26	Total liabilities (describe in Schedule O)					900		2,750
27	Net assets or fund balances (line 27 of column (113	3,141	Ì	121,816
Pa	rt III Statement of Program Service Accomplis	shments (see the instru	ctions for Part	((1)				
_	Check if the organization used Schedule O	to respond to any quest	on in this Part	Ш		X		Expenses
Wha	at is the organization's primary exempt purpose?	See Sch O						uired for section c)(3) and 501(c)(4)
Des	cribe the organization's program service accomplish	ments for each of its the	ee largest pro	gram ser	vices,			nizations, optional
	neasured by expenses. In a clear and concise mann		s provided, the	number	of		for o	thers.)
	ons benefited, and other relevant information for ea			·				T
28	Internship Program - Provided paid internship to on Institute of Agriculture and Policy. Two internships							
	community organizations.	also lulided iti						
		t includes foreign grants	check here		>	ΠÏ	28a	6,000
29	CSM – provided monthly meals to families in inner			<u></u>	· · · ·		Zoa	6,000
20	education forums (9 months/year) on social justice,							
	nonviolence, annual retreat for members, monthly t							
		t includes foreign grants					29a	18,489
30	Common Harvest - Implemented partnership to dis							,,,,,,
	city food shelves and community centers for low-inc	come individuals and						
	families							
		includes foreign grants		• • •	<u> Þ</u>	Ш	30a	9,762
31	Other program services (describe in Schedule O) .					_		
		t includes foreign grants				Ц	31a	
	Total program service expenses. (add lines 28a						32	34,251
-								
	IT IV List of Officers, Directors, Trustees, and I				sated—see	the in	struct	
	Check if the organization used Schedule O t		on in this Part	IV .				ions for Part IV)
		o respond to any questi	(c) Report	table	(d) Health			
		o respond to any questi	(c) Report compenss (Forms W-2/10	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	<u>X</u>
	Check if the organization used Schedule O t	o respond to any questi (b) Average hours per week	(c) Report	table ation 199 MISC)	(d) Health	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sar	Check if the organization used Schedule O t (a) Name and title Nelson-Pallmeyer	(b) Average hours per week devoted to position	(c) Report compens (Forms W-2/10 (if not paid, e	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sar	Check if the organization used Schedule O t (a) Name and title a Nelson-Pallmeyer sident	(b) Average hours per week devoted to position	(c) Report compenss (Forms W-2/10	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pres	Check if the organization used Schedule O t (a) Name and title a Nelson-Pallmeyer sident para Pilling (officer March-December 2017)	(b) Average hours per week devoted to position	(c) Report compens (Forms W-2/10 (if not paid, e	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pre: Bari	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident para Pilling (officer March-December 2017) President	(b) Average hours per week devoted to position	(c) Report compens (Forms W-2/10 (if not paid, e	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pres Bari Vice Win	Check if the organization used Schedule O t (a) Name and title a Nelson-Pallmeyer sident para Pilling (officer March-December 2017)	(b) Average hours per week devoted to position Hr/WK	(c) Report compens (Forms W-2/10 (if not paid, e	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sard Pres Bard Vice Win	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident para Pilling (officer March-December 2017) President ston Cavert	(b) Average hours per week devoted to position Hr/WK	(c) Report compens (Forms W-2/10 (if not paid, e	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pres Barl Vice Win Tres	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident para Pilling (officer March-December 2017) President ston Cavert asurer	(b) Average hours per week devoted to position Hr/WK Hr/WK	(c) Report compens (Forms W-2/10 (if not paid, e	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pres Bari Vice Win Tres Lisa Sec	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident para Pilling (officer March-December 2017) President ston Cavert asurer Rudolph	(b) Average hours per week devoted to position Hr/WK Hr/WK	(c) Report compens (Forms W-2/10 (if not paid, e	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sara Pres Barl Vice Win Tres Lisa Sec And	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident bara Pilling (officer March-December 2017) President ston Cavert asurer Rudolph retary	(b) Average hours per week devoted to position Hr/WK Hr/WK	(c) Report compens (Forms W-2/10 (if not paid, e	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pres Bari Vice Win Tres Lisa Sec And Mer	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident para Pilling (officer March-December 2017) President ston Cavert asurer Rudolph retary I Kuenning	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	(c) Report compens (Forms W-2/10 (if not paid, e)	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pres Bari Vice Win Tres Lisa Sec And Mer Rya Mer	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident bara Pilling (officer March-December 2017) President ston Cavert asurer Rudolph retary I Kuenning nber n Karis	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	(c) Report compens (Forms W-2/10 (if not paid, e	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pres Barl Vice Win Tres Lisa Sec And Mer Rya Day	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident para Pilling (officer March-December 2017) President ston Cavert asurer Rudolph retary I Kuenning nber n Karis nber Id Gagne	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	(c) Report compens. (Forms W-2/10 (if not paid, e)	IV table ation 199-MISC) enter -0-)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pres Barl Vice Win Tres Lisa Sec And Mer Rya Mer Day Mer	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident bara Pilling (officer March-December 2017) President ston Cavert asurer Rudolph retary I Kuenning nber n Karis nber id Gagne nber	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	(c) Report compens (Forms W-2/10 (if not paid, e)	table ation 199 MISC)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pre Barl Vice Win Trea Lisa Seco And Mer Rya Mer Day Mar	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident bara Pilling (officer March-December 2017) e President ston Cavert asurer Rudolph retary i Kuenning nber n Karis nber id Gagne nber y Preus	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	(c) Report compens (Forms W-2/10 (if not paid, e)	table atton 199 MISC) enter -0-)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
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Sari Pres Bari Vice Win Tres Lisa Sec And Mer Rya Mer Day Mer Mar Mer Deb	Check if the organization used Schedule O t (a) Name and little a Nelson-Pallmeyer Sident Dara Pilling (officer March-December 2017) President Ston Cavert Basurer Rudolph Tetary I Kuenning Inber In Karis Inber In Gagne Inber In Gagne Inber In Preus Inber In Wuerfel (Jan-February 2017)	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	on in this Part (c) Report compens (Forms W-2/10 (if not paid, e) 0 0 0 0 0	table atton 199 MISC) enter -0-)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pres Bari Vice Win Tres Lisa Sec And Mer Rya Mer Day Mer Mer Deb Vice	Check if the organization used Schedule O t (a) Name and little a Nelson-Pallmeyer Sident Dara Pilling (officer March-December 2017) President Ston Cavert Budolph Tetary I Kuenning Inber In Karis Inber Ind Gagne Inber Ind Gagne Inber Ind Preus Inber	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	(c) Report compens (Forms W-2/10 (if not paid, e)	table atton 199 MISC) enter -0-)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pres Bari Vice Win Tres Sec And Mer Rya Mer Day Vice Mer Day Vice Objective	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident bara Pilling (officer March-December 2017) President ston Cavert asurer Rudolph retary I Kuenning Inber In Karis Inber In Gagne Inber In Y Preus Inber In President In Wuerfel (Jan-February 2017) President Ind Moseman	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	on in this Part (c) Report compens (Forms W-2/10 (if not paid, e) 0 0 0 0 0 0 0	table atton 199 MISC) enter -0-)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pres Bari Vice Win Tres Lisa Sec And Mer Day Mer Mer Day Vice Mer Day Mer Mer Day Mer Mer Mer Mer Mer	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident bara Pilling (officer March-December 2017) President ston Cavert asurer Rudolph retary I Kuenning nber In Karis nber Id Gagne nber y Preus nber bie Wuerfel (Jan-February 2017) President Id Moseman nber	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	on in this Part (c) Report compens (Forms W-2/10 (if not paid, e) 0 0 0 0 0	table atton 199 MISC) enter -0-)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pree Barl Vice Win Tree Lisa Seco And Mer Rya Mer Day Vice Mer Day Mer Kris	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident bara Pilling (officer March-December 2017) President ston Cavert asurer Rudolph retary I Kuenning Inber In Karis Inber Ind Gagne Inber Ind Gagne Inber Inder Inde	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	on in this Part (c) Report compens (Forms W-2/10 (if not paid, e) 0 0 0 0 0 0 0 0 0	table atton 199 MISC) enter -0-)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pree Barl Vice Win Tree Lisa Seco And Mer Rya Mer Day Vice Mer Day Mer Kris	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident bara Pilling (officer March-December 2017) President ston Cavert asurer Rudolph retary I Kuenning nber In Karis nber Id Gagne nber y Preus nber bie Wuerfel (Jan-February 2017) President Id Moseman nber	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	on in this Part (c) Report compens (Forms W-2/10 (if not paid, e) 0 0 0 0 0 0 0	table atton 199 MISC) enter -0-)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of
Sari Pree Bari Vice Win Tree Lisa Seco And Mer Rya Mer Day Vice Mer Day Mer Kris	Check if the organization used Schedule O t (a) Name and titte a Nelson-Pallmeyer sident bara Pilling (officer March-December 2017) President ston Cavert asurer Rudolph retary I Kuenning Inber In Karis Inber Ind Gagne Inber Ind Gagne Inber Inder Inde	O respond to any questi (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	on in this Part (c) Report compens (Forms W-2/10 (if not paid, e) 0 0 0 0 0 0 0 0 0	table atton 199 MISC) enter -0-)	(d) Health contribut employee b	benefits tons to enefit pla	s, Ins,	(e) Estimated amount of

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a Х b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a 37b 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?... 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved . 39 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 9 39a b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ : section 4912 **>** ; section 4955 🟲 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I... c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e List the states with which a copy of this return is filed. 41 ► MN 42 a The organization's books are in care of ▶ Dave Gagne Telephone no. ▶ (612) 338-1230 Located at ► 2720 East 22nd Street City Minneapolis ST MN 55406 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over No Yes a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . 43 Yes 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

Form 99	90-EZ (2017)	Community of St. Martin	Ministries			41-15062	52	Page 4
•	*						Yes	No
		anization engage, directly or indirec						
		es for public office? If "Yes," comple		 		. 46		X
Part		ion 501(c)(3) organizations on						
		ection 501(c)(3) organizations m	ust answer questions 4	7-49b and 52, and	complete the table	es for lines	5	
		nd 51. ck if the organization used Sched	tule O to respond to an	v augstion in this D	ort V/I			
		ok ii the organization used oche	die O to respond to an	y question in this re				<u></u> _
							Yes	No
47	-	anization engage in lobbying activitie	•	•	_			
		s," complete Schedule C, Part II.						X
48	•	ization a school as described in sec		•			ļ	X
49 a	_	anization make any transfers to an e	-	_			-	X
		s the related organization a section is table for the organization's five h				. 49ь		L
50		who each received more than \$100					еу	
	employees/	Willo each received filore than \$100			(d) Health benefits.	None.	·	
	(a) Nan	ne and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee	(e) Estima		
	(4)	no and this of open on poyer	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other co	ompens	ation
Name	None					+		
Title			Hr/WK .00		ł	Ì		
Name				·		-}		
Title			Hr/WK .00	:		1		
Name								
Title			Hr/MK .00			1		
Name								
Ti <u>tle</u>			Hr/WK .00			<u> </u>		
Name								
Title			Hr/WK .00					
f.		er of other employees paid over \$10	-	. >				
51	•	nis table for the organization's five h	,		vho each received m	ore than		
	\$100,000 of	f compensation from the organization	on. If there is none, enter	"None."				
	(a) N	lame and business address of each independ	ent contractor	(b) Type of servi	ice (c) Compensa	tion	
	None	<u> </u>						
	None	Str ST	ZIP					
City		Str		 				
Name City		ST	ZIP					
Name		Str						
City		ST	ZIP					
Name		Str						
City		ST	ZiP					
Name		Str						_
City		ST	ZIP					
d		er of other independent contractors	•		-			
52		nization complete Schedule A? No	te: All section 501(c)(3) o	rganizations must atta	ach a	<u></u>		ا مد ا
	completed S	Schedule A		· · · · · · · · ·		►X Ye	s	No
		rry, I declare that I have examined this return,				nd belief, it is		
true, co	rrect, and compl	lete. Declaration of preparer (other than office	r) is based on all information of wi	hich preparer has any know				
		Ise Chudolph			3-8-1	<u> </u>		
Sign		Signature of officer	70- 01-		Date			
Here		- Cisa C Kudolph	Secretary					
	10-	Type or print name and title // int/Type preparer's name	Preparer's signature	Date		PTIN		
Paid		im the higherers traile	l i		Check	ð [
Prep	arer 📙		SELF-PREPARED	KETUKN L	self-employe	<u>d 1</u>		
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						Form 99	フリーヒム	. (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 201

Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public

	the organization					Employer kuentincauoi	ii fiumber	
	Community of St. Martin Ministries 41-1506252							
Part I								
The org	anization is not a private founda A church, convention of church			•	•	•		
2	A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	rm 990 oı	990-EZ).)	<i>"</i>)	
3	A hospital or a cooperative hos						,	
4	A medical research organization hospital's name, city, and state	on operated in conj					. Enter the	
5	An organization operated for the section 170(b)(1)(A)(iv). (Con	ne benefit of a colle	ge or university owne	d or opera	ated by a	governmental unit d	escribed in	
6	A federal, state, or local govern	•	ental unit described in	section	170(Ь)(1)	(A)(v).		
7	An organization that normally indescribed in section 170(b)(1)	eceives a substant	ial part of its support f		. ,		eneral public	
8 [A community trust described in		•	art II)				
9	An agricultural research organ or university or a non-land-grauniversity:	ization described in	section 170(b)(1)(A)	(ix) opera	ated in con e name, o	njunction with a land city, and state of the	l-grant college college or	
10 X	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt functi income and unrela	ions—subject to certainted business taxable	in excepti income (k	ons, and (ess sectio	(2) no more than 33 on 511 tax) from bus	1/3% of its	
11	An organization organized and	operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).		
12								
	Check the box in lines 12a thro	-	•••			•	• •	2g
а	Type I. A supporting organithe supported organization(organization You must co	s) the power to reg	ularly appoint or elect)
b	Type II. A supporting organ control or management of the organization(s). You must be	ne supporting organ	nization vested in the s	ction with same per	its suppo sons that	rted organization(s), control or manage t	by having he supported	
С	Type III functionally integr	rated. A supporting	organization operate	d in conne	ection with	n, and functionally in	tegrated with,	
	its supported organization(s							
d	Type III non-functionally integree that is not functionally integree requirement (see instruction	rated. The organiza	ation generally must sa	atisfy a dis	stribution	requirement and an	organization(s) attentiveness	
e	Check this box if the organiz						vpe III	
	functionally integrated, or T	ype III non-function				<i>y</i> , , <i>y</i> , ,		
f	Enter the number of supported							0
<u> </u>	Provide the following information Name of supported organization	n about the suppor (ii) EIN	ted organization(s). (iii) Type of organization	L (hu) In the	organization	(v) Amount of monetary	full Amount of	
	Thank of Supported Organization	(11) 2.114	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	[' '	(vi) Amount of other support (so instructions)	
				Yes	No			
(A)				1.55				
				<u> </u>				
(B)								
(C)								
(D)								
(E)								
Total	· · · · · · · · · · · · · · · · · · ·					C		0

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.) Section A. Public Support (a) 2013 (b) 2014 (c) 2015 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (d) 2016 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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). Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2015 (a) 2013 (b) 2014 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) 0 7 Amounts from line 4 . . . 0 0 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sımılar sources 0 9 Net income from unrelated business activities, whether or not the business is regularly carned on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 . . . 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 0.00% 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

1 Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. 3 Gross receipts from admities that are not an unrelated trade or business under section 513. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7 Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. 8 Public support 52,982 45,742 37,872 32,390 47,401 52,982 45,742 37,872 32,390 47,401 54,844 45,828 37,872 32,390 47,401 54,894 45,828 37,872 32,390 47,401 54,894 45,828 37,872 32,390 47,401 54,894 54,894 54,742 55,982 45,742 37,872 32,390 47,401	Sec	tion A. Public Support						
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tumahed an any activity that is related to the organizations to exempt purpose . 3. Gross reception from admitises that are not an unmetted trains or to trainers under section 5.1. 4. Tark revenues level of for the organization's benefit and either paid to or expended on its behalf. 5. The value of services or fracilities tumahed by a governmental unit to the organization without change . 6. Total, Add lines 1 through 5. 5.4,894. 45,828. 37,872. 32,390. 47,401. 7.a. Announts included on lines 1, 2, and 3. received from disqualified persons. 5. 40,894. 45,828. 37,872. 32,390. 47,401. 7.a. Announts included on lines 1, 2, and 3. received from disqualified persons in the organization persons. 5. 40,894. 45,828. 37,872. 32,390. 47,401. 7.a. Announts included on lines 2 and 3. received from disqualified persons in the organization of the first disqualified persons first ownself be graited at \$5,000. or 1% of the annount on line 13 for the year. 21,000. 10,000. 20,730. 9,970. 13,685. 8. Public support (Subtract line 7c from line 6.) 8. Calcidor lines 1, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	2		ı					
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this behalf The value of services or facilities furnished by a governmental unit to the organization without charge For Total, Add lines 1 through 5 Anounts included on lines 1, 2, and 3 received from disqualified persons Anounts included on lines 1, 2, and 3 received from disqualified persons Anounts included on lines 1, 2, and 3 received from disqualified persons Anounts included on lines 1, 2, and 3 received from disqualified persons Anounts included on lines 1, 2, and 3 received from disqualified persons Anounts included on lines 1, 2, and 3 received from the fact disqualified persons line disqual	4	Tax revenues levied for the organization's	1					
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21,000 10,000 20,730 9,970 13,685	6	Total. Add lines 1 through 5	54,894	45,828	37,872	32,390	47,401	218,385
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b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b		payments received on securities loans, rents,						
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .						-		▶ 🗓
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Part IV. Supporting Organizations

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

Section	A. All	Sup	porting	Organ	nizations

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

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	IN Supporting Organizations (continued) 41-150	5252	F	Page 5
raii	Supporting Organizations (continued)		Yes	No
11 ` a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	_	
	ion B. Type I Supporting Organizations			<u></u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Sect	ion D. All Type III Supporting Organizations			
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 tayear, (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?	x 1	Yes	No
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 had the organization maintained a close and continuous working relationship with the supported organization(s).	w2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instruc	tions)
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity. 	lity (see in		
2	Activities Test. Answer (a) and (b) below.	7.7	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,		30°	,,(3) ₄ 4
b	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2 a		4
	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 a	Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI.	3a		7 . 43 12 132
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			POMP BABL

Schedule A (Form 990 or 990-EZ) 2017 Community of St. Martin Ministries		41-	1506252 Page (
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualif	ying tr	rust on Nov. 20, 1970 (exp	olain in Part VI) See
instructions. All other Type III non-functionally integrated supporting or	ganiza	ations must complete Sect	tions A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	T ₁		\openone \op
2 Recoveries of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	
5 Depreciation and depletion	5		· · · · · · · · ·
6 Portion of operating expenses paid or incurred for production or	Ť		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	1	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	Ö	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	建		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	O	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	,		
see instructions).	4		<u> </u>
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 035	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	
		A TURN I TO COMPANY TO SERVE STORY OF THE PARTY OF THE PA	

emergency temporary reduction (see instructions)

6
Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5

Section C - Distributable Amount

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

2 Enter 85% of line 1

1 Adjusted net income for prior year (from Section A, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Current Year

0

0

0

0

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 2 (reasonable cause required—explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2017 a is seed of the seed of t	Part	1 Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ations (continued)	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt—use assets 5 Qualified set-saide amounts (prior (188 approval required) 8 Other distributions (describe in Part VI) See instructions. 7 Total annual distributions. Add lines 3i and 4b from line 7 and 19 inch 2017. If any Subtract lines 3g and 4b from line 2. For result greater than zero, explain in Part VI). See instructions 1 Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount 1 Distributable amount for 2017 from Section C, line 6 1 Underdistributions, if any, for years prior to 2017 2 (reasonable cause required—explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2017 4 Prior 2013 5 Excess distributions carryover, if any, to 2017 6 From 2014 7 From 2015 8 From 2016 9 Applied to underdistributions of prior years 9 Applied to Underdistributions for years ye	Section	on D - Distributions			Current Year
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7 Excess distributions carryover to 2018. Add lines 3j and 4c 0 8 Breakdown of line 7: a Excess from 2013		and 4b from line 1 For result greater than zero, explain in			
and 4c 0 8 Breakdown of line 7: a Excess from 2013 0 b Excess from 2014 0		Part VI. See instructions.			0
8 Breakdown of line 7: a Excess from 2013	7	Excess distributions carryover to 2018. Add lines 3j			
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e Excess from 2017	e	Excess from 2017		接着意义 医骨线管	

Schedule A (F	Form 990 or 990-EZ) 2017 Community of St. Martin Ministries	41-1 <u>50625</u> 2	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1		
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Pa	art IV, Section	
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E,	lines 1c, 2a, 2b,	
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and 9;	art V, Section E,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)		
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Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2017
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

Community of St. Martin Ministries	41-1506252
Form 990-EZ, Part I, Line 10, Grants Paid: Activity: benevolence, Grantee: Common Harvest Fa	ırm
212 280th Street Osceola WI 54020, Cash Grant: 9,762, Relationship:	
Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings: 684	
Form 990-EZ, Part I, Line 16, Other Expenses: Worship/Pastoral Care: 8,400	
Form 990-EZ, Part I, Line 16, Other Expenses. Office Expense: 1,370	
Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 48	
Form 990-EZ, Part II, Line 24, Other Assets. Loans Receivable: Beginning of year: 6,400, End	
of year 4,300	
Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Expense: Beginning of year. 1,200, End of	:
year 337	
Form 990-EZ, Part II, Line 26, Liabilities. Accounts Payable: Beginning of year: 900, End of	
year: 750	
Form 990-EZ, Part II, Line 26, Liabilities: Deferred Revenue: Beginning of year: 0, End of	
year 2,000	
Form 990-EZ, Part III, CSM is an ecumenical, worshipping Christian community with a common	
commitment to nonviolent peacemaking and social justice. Our community is open to all who	
share these values.	
Form 990-EZ, Part IV, Compensation is unrelated to work done as council members, these two	
individuals manage pastoral care and internal bookkeeping.	

Name of the organization	Employer identification number
	41-1506252
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