

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

Δ		e 2017 calendar year, or tax year beginning				, 20				
<u>~</u>		<u> </u>	, 2017, and end			dentification number				
В		of applicable C Name of organization REACHING AVERY MINISTRY								
님		s change Doing business as			6-195					
\Box	Name c	· ·	ess) Room/s		elephone r					
\Box	Initial re				(828)7	33-5127				
	Final retu	urn/terminated City or town, state or province, country, and ZIP or foreign postal co	de		1					
		ed return NEWLAND, NC 28657		G	Gross recei	pts \$ 305,227.				
	Applicat	tion pending F Name and address of principal officer		H(a) Is this a group i	return for subc	rdınates ⁷ 🗌 Yes 🗵 No				
		JACK COFFEY, 9773 LINVILLE FALLS HWY, LINVILLE	FALLS, NC 28	L647 H(b) Are all subc	ordinates inc	cluded? Yes No				
ī,	Tax-exe	empt status 🗵 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947	(a)(1) of 527	If "No," a	attach a list	(see instructions)				
J	Website		0/	H(c) Group exe	mption nur	nber ▶				
K	Form of	organization X Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of form	ation 1997	I State of I	egal domicile: NC				
	art I	Summary								
	1	Briefly describe the organization's mission or most significant ad	tivities: Prov	vide support	to far	nilies in need				
Ф	} -	priority accounts the organization of mission of mission and	TIO	viac supporc	_ <u>co_ra</u>	illies in neca.				
rnance	}	***************************************								
Ĕ	2	Check this box ▶☐ if the organization discontinued its operation	ne or diengeo	l of more than 25	% of ite	not accote				
3	3	Number of voting members of the governing body (Part VI, line			3					
_ელ	4	Number of independent voting members of the governing body		IVED	4	10				
×	l	Total number of independent voting members of the governing body	(Parteviellie it	S		10				
₽Ě	5	Total number of individuals employed in calendar year 2017 (Pa	~ 1 MM 1 2	7 2018 9	5					
<u>₽₹</u>	6		¥		6	30				
JA.	7a	Total unrelated business revenue from Part VIII, column (C), line		- L	7a	0.				
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 34	<u>. 000</u>		7b	0.				
				Prior Year		Current Year				
Revenue TD	8	Contributions and grants (Part VIII, line 1h)			95,776. 1					
	9	Program service revenue (Part VIII, line 2g)								
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .			65.	2,557.				
W.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11e)							
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, colum	n (A), line 12)	291,5	03.	305,227.				
•	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)								
	14	Benefits paid to or for members (Part IX, column (A), line 4) .								
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	162,4	38.	179,057.				
Jse	16a	Professional fundraising fees (Part IX, column (A), line 11e)								
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	N. Oak						
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		128,8	18.	136,731.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A)	line 25)	291,2		315,788.				
	19	Revenue less expenses. Subtract line 18 from line 12			47.	-10,561.				
		Trovolido lodo experiedos cabillados into 10 mentrinto 12		Beginning of Curren		End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		403,0		392,529.				
Asse	21	Total liabilities (Part X, line 26)		403,0	730.	332,323.				
et et	22	Net assets or fund balances. Subtract line 21 from line 20		102	100	202 520				
			· · · · · · · · · · · · · · · · · · ·	403,0	190.	392,529.				
	art II	Signature Block								
		alties of perjury, I declare that I have examined this return, including accompanying act, and complete Declaration of preparer (other than officer) is based on all information				nowledge and belief, it is				
		and an annual of the property (extent that office) to be added on an information		- Tas any knowledge	-11					
c:		Waludh			<u> </u>	δ				
Sig	-	Signature of officer		Date	, ,					
He	ere	JUNIOR SLUDER, CHAIRMAN								
		Type or print name and title				T				
Pa	iid	Print/Type preparer's name Preparer's signature	, ['	Date / / C	Check 🔲	If PTIN				
	epare	Douglas M Tennant / Least 17		5/9/18 3	elf-employ	ed P00076772				
	se On	- : : : : : : : : : : : : : : : : : : :	/ Firm's E	Firm's EIN ► 56-2067992						
		Firm's address ► PO BOX 1098, BOONE, NC 28607	Phone r	o (828	733-0066					
Ma	y the II	RS discuss this return with the preparer shown above? (see instru	ctions)			. 🛛 Yes 🗌 No				
For	Papen	work Reduction Act Notice, see the separate instructions. BAA	F	REV 12/05/17 PRO		Form 990 (2017)				



BADO Page 3

art,	Checklist of Required Schedules		Yes	No
4	Is the association described in section E01/o\/2\ or 4047/o\/1\ (ather than a private foundation\2 if "Vee"		res	140
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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
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? <i>If "Yes," complete Schedule C, Part II</i>	١,		١.,
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4_		×
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	[×
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			
7	"Yes," complete Schedule D, Part I	6	ļ	<u>×</u>
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
-	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	' . ''		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	×	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
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		×
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
h	Schedule D, Parts XI and XII	12a		×
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
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 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 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, 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 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X



Part,	Checklist of Required Schedules (continued)			,
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	00	Yes	No
zu a b		20a		×
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		×
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1	3 Nys.	1,1,2
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
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 Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		_^_ _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,			
38	Part VI	37	×	_×
			000	/a = . = .

Part,	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> .		_ 🗆
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	, ,		7,5 '
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		. 14	量子に
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		' i, ii,	
_	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		141 H	H a
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1 - 1		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	<u> </u>
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u></u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.	l	١
		4a		X
b	If "Yes," enter the name of the foreign country:		1 1	٠, ,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		,	1 ' , ' '
Ea		F-		
5a ს	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	 	×
b	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	30		-
ou.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	l	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		^
-	gifts were not tax deductible?	6b	[
7	Organizations that may receive deductible contributions under section 170(c).	32	*****	3 0
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		5 14 35	N.
	and services provided to the payor?	7a	المعاشد المعاشد	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
	sponsoring organization have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.		1	, '
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	,	1	, ,
а	Initiation fees and capital contributions included on Part VIII, line 12	~ .	1 13	71 38
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1,37%	ia bala	7 gard
11	Section 501(c)(12) organizations. Enter:	5. 7	3 (4.7) (4.7)	ié.
a	Gross income from members or shareholders	رائي (''ا پيدران را		10 1 30 5
þ	Gross income from other sources (Do not net amounts due or paid to other sources	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		50
	against amounts due or received from them.)		1111	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	4	6, 1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			14
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.0	્રી ક્ષીર કર્જ	16.5
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	الله المراجعين	
b	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		14 her?	Tops & .
Ŋ	About non-model on the form and Abote on one models and bounded in the many	100	概式	15 to 1
^			9 14	, 1
C 140		44-	1 1 1 1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	×

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O



Pari					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change. Check if Schedule O contains a response or note to any line in this Part VI				ions.
Secti	on 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	1a 10	,	11.5	
	If there are material differences in voting rights among members of the governing body, or		1,14	60 3	1
	if the governing body delegated broad authority to an executive committee or similar		(20)	45.1	,
h	committee, explain in Schedule O.	4b 10	21.1	36 . 3 36 . 3	۸.
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business in	1b 10		• ,	
_	any other officer, director, trustee, or key employee?	•	2		×
3	Did the organization delegate control over management duties customarily performed by or	under the direct			 -
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person? .	3	_	×
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		×
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		×
6 7a	Did the organization have members or stockholders?	oloot or appoint	6	_×_	
10	one or more members of the governing body?		7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval				ļ
	stockholders, or persons other than the governing body?		7b	×	
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			`
	the year by the following:				
a	The governing body?		8a	×	
ь 9	Each committee with authority to act on behalf of the governing body?		8b	×	ļ
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		×
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue Co	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor		11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	'	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the particle in Schedule O how this was done		40-		
13	Did the organization have a written whistleblower policy?		12c		×
14	Did the organization have a written document retention and destruction policy?		14		×
15	Did the process for determining compensation of the following persons include a review a			ا ب	; ;
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				,
a	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b	×	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	ar arrangement	1	* ,	
	with a taxable entity during the year?		16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		(× ,	14 m	* *
	participation in joint venture arrangements under applicable federal tax law, and take steps t		, ,		
Cooti	organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16b		
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	,	- (., ,-	3,
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Scl				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of inte	erest p	oolicy	, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization	mla harde e			
	- Συστο του τιστικό στο τέρες στο περιουρίου συμπρος στ του ρυζέδο Μολ ολέξλος του Αναδοίζος			_	



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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er an	Pos neck ss pe	rson	than of the state	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Junior Sluder Chairman	2.00			×				0.	0.	0.
(2) Phillip Shomaker Secretary	2.00			×		 		0.	0.	0.
(3) Katrina Wright Treasurer	2.00			×				0.	0.	0.
(4) Rita Bentley Vice-Chair	2.00			×				0.	0.	0.
(5) Janet Millsaps Director	40.00					×		34,689.	0.	0.
(6)										
<u>(7)</u>										<u> </u>
(8)		l 								
(9)										l
(10)										
(11)							<u> </u>			
(12)										
(13)										
(14)										



Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	· (A)	(B)	(do n	ot ch	Pos	C) ition	than	ano	(D)	(E)		(F)	
	Name and title	Average hours per week (list any	box, office	unles er and	s pe	rson irect	than on the than of the than of the than of the than of the the than of the the than of the the than of the	an tee)	Reportable compensation from	Reportation compensation related	n from	Estimated amount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio		compensatio from the organization and related organizations	1
(15)							ă						
(16)										l <u> </u>			
(17)								-		i <u></u>			
(18)			 			-	,						
(19)			. '										
(20)													
(21)													
(22)												· · · · · · · · · · · · · · · · · · ·	
(23)												·	
(24)								-					
(25)													
1b c	Sub-total	VII, Section					•	* * *	34,689.		0.		0.
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w		ore than \$1		O of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct						mp	loyee, or high	est compe	nsate	Yes d	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortab	ole d	com	per	satio					e 📑 ,	,
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc			×
Section	on B. Independent Contractors		<u>-</u> -						<u>-</u>				
1	Complete this table for your five highest compensation from the organization. Repyear.												ıx
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation		
				_		_							
2	Total number of independent contractor received more than \$100,000 of compens.							th	ose listed abo	ve) who			

Part	: VIII	Statement of Reversible Check if Schedule C		esponse ar note t	o any line in this	s Part VIII		
r					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a b	Federated campaigns Membership dues	1	b			The second secon	The state of the s
ıs, Gifts, imilar An	c d e	Fundraising events. Related organizations Government grants (cor	s 1	d				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g and similar amounts not inc Noncash contributions include	cluded above 1	f 111,572.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	g h	Total. Add lines 1a-1			111,572.			
Program Service Revenue	2a b c	Ram's donated merc		Business Code s 448140	191,098.	191,098.	0.	0.
ogram Se	d e f	All other program ser						
<u> </u>	g	Total. Add lines 2a-2			191,098.	det E	I I Garage	, in the 1 to
	3	Investment income and other similar amount income from investmen	ounts)	►	57.	57.	0.	0.
1	5	Royalties	•	· ·			The state of the s	The state of the s
	6a b c	Gross rents Less. rental expenses Rental income or (loss)						
	d 7a	Net rental income or Gross amount from sales of	(loss)	(II) Other				
	b	assets other than inventory Less: cost or other basis and sales expenses .		2,500.				
	c d	Gain or (loss) Net gain or (loss) .		2,500.	2,500.	2,500.	0.	The second of th
Other Revenue	8a	Gross income from fuevents (not including \$						
her Re		•	<i>.</i>	a				
Б	b c 9a	Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19	rom fundraisır	i.				
	b c 10a		rom gaming anventory, les					Manufacture and the second of
	b c	returns and allowance Less: cost of goods s Net income or (loss) f	sold	b				
		Miscellaneous F	Revenue	Business Code	SECTION SECTION		The same of the sa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11a b c d	All other revenue .						
	е	Total. Add lines 11a-		🟲	305 227	103 655	ļ	ļ <u>.</u>

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all column

Secuc	Charle of School of Charles of School of Schoo				
Do no	 Check if Schedule O contains a responst include amounts reported on lines 6b, 7b, 			(c)	
	o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	34,689.	34,689.	0.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	116,140.	116,140.	0.	0.
9	Other employee benefits	19,045.	19,045.	0.	0.
10	Payroll taxes	9,183.	9,183.	0.	0.
11	Fees for services (non-employees)				
a	Management				
b	Legal				
С	Accounting	700.	0.	700.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		Miles Color State Party		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	·			
12	Advertising and promotion	1,058.	1,058.	0.	0.
13	Office expenses	20,188.	20,188.	0.	0.
14	Information technology				
15	Royalties				
16	Occupancy	10,609.	8,487.	2,122.	0.
17	Travel	299.	299.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	<u> </u>			
20	Interest	ļ			
21	•	12,259.	12,259.	0.	0.
22 23	Depreciation, depletion, and amortization . Insurance	10,010.	10,010.	0.	0.
24	Other expenses. Itemize expenses not covered	TOPOLO.		1 7 1 2 2 2 2 1	0.
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				Post
	(A) amount, list line 24e expenses on Schedule O.)	12.35数数据25年	學學學學		· · ·
а	SPECIAL MINISTRY	266.	266.	0.	0.
b	POSTAGE	561.	449.	112.	0.
C	SALES TAX	11,900.	11,900.	0.	0.
d	EMERGENCY SERVICES	58,931.	58,931.	0.	0.
е	All other expenses	9,950.	9,950.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	315,788.	312,854.	2,934.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Savings and temporary cash investments 2 199,114. 2 182,116. 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 4ssets 7 7 8 8 Prepaid expenses and deferred charges . . . 9 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 123,562. 203,976. b 10c 210,413. Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 403,090. 16 392,529. 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other pavables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 💢 and **Balances** complete lines 27 through 29, and lines 33 and 34. 392,529. 27 403,090. 28 28 29 Net Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 403,090. 33 392,529. 392,529. 34 Total liabilities and net assets/fund balances 403,090.

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		305,2	227.
2	Total expenses (must equal Part IX, column (A), line 25)	2		315,7	788.
3	Revenue less expenses. Subtract line 2 from line 1	3		-10,5	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		103,0	90.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		392 , 5	29.
Part	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: X Cash Accrual Other		_	1	1 2
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	n lati		
_	Schedule O.				
2a				· · · · · · · · ·	X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	illed c	ir Jan		13
	reviewed on a separate basis, consolidated basis, or both:		17		, ,
	Separate basis Consolidated basis Both consolidated and separate basis				
b			. 2b	1.0	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	a on	1 .		(
	·		E 2		1 () () ()
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	orolah			<u> </u>
С	of the audit, review, or compilation of its financial statements and selection of an independent account			İ	1
	If the organization changed either its oversight process or selection process during the tax year, exp			7. 1 t	, , , , , , , , , , , , , , , , , , ,
	Schedule O.	Jani		77.	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set t	orth i	n	-	<u> </u>
Ja	the Single Audit Act and OMB Circular A-133?		. 3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	an th	1	+	 ^
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3ь		1
				m 990	(2017)
			1 01		(2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(D)

(E)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number REACHING AVERY MINISTRY 56-1959018 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 or 990-EZ).) 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.) 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 university: An organization that normally receives. (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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) d 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iı) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1~10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C)

Schedu	le A (Form 990 or-990-EZ) 2017						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Secti	on A. Public Support	quality unde	a the tests is	ited below, p	lease comple	ete Fart III.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	68,032.	84,932.	90,359.	95,776.		450,671.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	00,032.	04, 932.	90,339.	93,776.	111,572.	430,071.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	68,032.	84,932.	90,359.	95,776.	111,572.	450,671.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						-
6	Public support. Subtract line 5 from line 4	· (1)	1 3 45 16 7 25 17	111111111111111111111111111111111111111	* *** * * * * * * * * * * * * * * * *	955, 75 6	450,671.
Secti	on B. Total Support					·	
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	68,032.	84,932.	90,359.	95,776.	111,572.	450,671.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	182.	76.	70.	65.	57.	450.
J	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ı					
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organization	,			12 ear as a section	451,121. n 501(c)(3)
	organization, check this box and stop he			<u></u>	<u> </u>	<u> </u>	▶ □
	on C. Computation of Public Suppor	<u>~</u>					
14 15 16a b	Public support percentage for 2017 (line of Public support percentage from 2016 Scl 33 ¹ / ₃ % support test—2017. If the organ box and stop here. The organization qua 33 ¹ / ₃ % support test—2016. If the organization	nedule A, Part ization did not lifies as a publ zation did not	II, line 14 . check the box icly supported check a box o				► 🔀 ore, check
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "organization	eets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organi	ieck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization respectively.	ation meets th	e "facts-and-c	ircumstances'	' test, check t	this box and s	top here.

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 Organiza	ations Desci	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	ınızatıon faile	d to qualify u	nder Part II.
	 If the organization fails to qualify 	under the te	sts listed bel	ow, please c	omplete Part	11.)	A
Secti	on A. Public Support						
Caler	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")			ļ	ļ		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1			/	1
	furnished in any activity that is related to the	1	1		1		
_	organization's tax-exempt purpose			<u> </u>			
3	Gross receipts from activities that are not an				İ		
_	unrelated trade or business under section 513		<u> </u>	ļ	 		
4	Tax revenues levied for the	l	1		1		
	organization's benefit and either paid to or expended on its behalf				/	1	
_	•	 				 	
5	The value of services or facilities		\	1			1
	furnished by a governmental unit to the organization without charge		[
6	Total. Add lines 1 through 5		 	 	+ <i>-//</i>	 	
7a	Amounts included on lines 1, 2, and 3			-		 	
, .	received from disqualified persons .					ļ	
b	Amounts included on lines 2 and 3						
,	received from other than disqualified		1		1		
	persons that exceed the greater of \$5,000		Į.			1	}
	or 1% of the amount on line 13 for the year						ľ
С	Add lines 7a and 7b			1/	 		
8	Public support. (Subtract line 7c from	· The state of	1000	1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*	
	line 6.)	rth in this with	1 State Sales of			南的南西南西	·L
Secti	on B. Total Support		1				
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 201⁄4	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		./				
10a	Gross income from interest, dividends,			1			
	payments received on securities loans, rents,				ľ		Ì
	royalties, and income from similar sources.		/	ļ	ļ		
b	Unrelated business taxable income (less		[/	l		1	ļ
	section 511 taxes) from businesses acquired after June 30, 1975	/					
	·	4			 		
C	Add lines 10a and 10b				ļ		
11	Net income from unrelated business activities not included in line 10b, whether			1			
	or not the business is regularly carried on		l	1			1
12	Other income. Do not include gain or			 			
12	loss from the sale of capital assets						1
	(Explain in Part VI.)					1	
13	Total support. (Add lines 9, 10c, 11,//				 	 	
	and 12.)			l	ļ		1
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re					`▶ 🖂
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8	3, column (f) d	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2016 Sci	nedule A, Part	III, line 15	,	<u> </u>	16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2017 (%
18	Investment income percentage from 2016						%
19a	331/3% support tests 2017. If the organ	ization did not	check the box	x on line 14, a	nd line 15 is m	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/3%, check this l		-				_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🗌

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.)

Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		, ,
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).	2	1, 1,	î.
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	<u> </u>	1
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.	3b	j. 1) r
С	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.	3c	4 4	
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.	4a	¥.,*	14.
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.	4b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	The state of the s	
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?	5b		5
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		$\overline{}$
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 .	6		
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).	7	400	
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).	8	Carrier S	
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 .	9a	大. 新. 题.	To the same
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 .	9b	4 41. 1	*/j.
С	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 .	9c	tyrane, is \$1 sec	· Far
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.	10a		14.50 m
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.)	10b	45	

Scriedu	ile A (Porm 990 or 990-EZ) 2017			Page 3
Part	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		<u></u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	15 11	4.	1,17
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Sec.	2 1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	controlled the organization's activities. If the organization had more than one supported organization,	1 1	14, 16, 18	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	Fig. 447	rain i e	r'nt"
	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	47	^	, ,
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	A 1 - 1	, ,	,
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	14 c	10,00	'
	supervised, or controlled the supporting organization.			<u> </u>
Coati		2		L
Secu	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	m 3°	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	()	7	
	or management of the supporting organization was vested in the same persons that controlled or managed	5]]
	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			4
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	11.00		1965
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	· · · · · · · · · · · · · · · · · · ·	1988	it pu
	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	17 4,	, J. 1-	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 (1)	1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	10,74	13 - 13	
•	significant voice in the organization's investment policies and in directing the use of the organization's	(4)		;'
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	1 15	`
	supported organizations played in this regard.	3		<u> </u>
Socti	on E. Type III Functionally Integrated Supporting Organizations		L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
G	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	2, 4,	13	()
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1, 551	14.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	153	100	, ^{*al}
	how the organization was responsive to those supported organizations, and how the organization determined	100	1,34	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1.17	3 , 51	* , ,
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	w -
	reasons for the organization's position that its supported organization(s) would have engaged in these		, 10 F	155 L
	activities but for the organization's involvement.	2b		لنتنا
2		20	3 30 2	1
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pud the organization have the power to regularly appears or elect a majority of the officers, directors or	110	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لــــا
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	 -		لــــا
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	ı tru iizat	st on Nov. 20, 1970 (explai ions must complete Section	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	ا او د د د		
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		
e Discount claimed for blockage or other factors (explain in detail in Part VI).	11/1/1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		-
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	The state of the s	
2 Enter 85% of line 1.	2	THE USE WAR LIGHT	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	从数据的第三人称单数	
4 Enter greater of line 2 or line 3.	4	THE STATE OF THE STATE OF	
5 Income tax imposed in prior year	5	· 阿里拉拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	v in	tegrated Type III supporting	organization (see
instructions)	,		,

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	on D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	orted				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive			
	(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					
		(i)	(ii)	(iii)		
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable		
		Exocos Distributions	Pre-2017	Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6	The state of the second				
2	Underdistributions, if any, for years prior to 2017	的现在分词 医		400		
	(reasonable cause required - explain in Part VI). See					
	instructions.		l			
3	Excess distributions carryover, if any, to 2017	公司的社会的主义的主义		等級,實際,當主人。		
а	The state of the s	· 1.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
b	From 2013		第八字形式图图	ANT. INC. S.		
С	From 2014	TANDERS OF THE	BPAG ATTRIBUTED			
d	From 2015	APPENDING AND APPENDING	STATE AND A STATE OF THE STATE	ATTENDED TO STATE		
e	From 2016	TELEBOOK STARS	THE WASHINGTON	THE WAY THE PARTY OF		
f	Total of lines 3a through e		AND THE ADMINISTRA			
9	Applied to underdistributions of prior years	CHARLES AND THE		WHITE PARTY OF		
h	Applied to 2017 distributable amount	1. 建物造物的	ALEXIO COLLABORATION			
i	Carryover from 2012 not applied (see instructions)	Service Service	は対けが対対的を置			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		THE PROPERTY OF THE PARTY OF TH	The state of the s		
4	Distributions for 2017 from	1. 自然を発送され		W 3. 1 12 1		
	Section D, line 7: \$		EN HALL NA			
а	Applied to underdistributions of prior years	THE PROPERTY OF				
b	Applied to 2017 distributable amount	HANDARINA NO				
	Remainder, Subtract lines 4a and 4b from 4.	, , , , , , , , , , , , , , , , , , ,	The second of the second	,		
5	Remaining underdistributions for years prior to 2017, if	43334447446-53				
•	any. Subtract lines 3g and 4a from line 2. For result			4.76		
	greater than zero, explain in Part VI. See instructions.			1 (y w h) 1 (y 3,1)		
6	Remaining underdistributions for 2017. Subtract lines 3h		建筑是1980年,1980年			
·	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3]	A TO STAND OF WAR SIN LESS SERVICES		, , ,		
·	and 4c.			A Company		
8	Breakdown of line 7:	建筑的建筑的建筑	BOULDE A LIST THE			
_ _a	Excess from 2013					
<u>u</u>	Excess from 2014		The second of th			
_	Excess from 2015					
_ _d	Excess from 2016	PARTATOR	据 的 的 1000 1000 1000 1000 1000 1000 1000 1			
<u>e</u>	Excess from 2017		Market as the same	A Land Control of the		
		The second of the second secon	M 4 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_ · <u>· · · · · · · · · · · · · · · · · ·</u>		

Schedule A (Form 990 or 990-EZ) 2017

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

### **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

Open to Public Inspection

Name o	f the organization		Employer identification number
	CHING AVERY MINISTRY		56-1959018
Par			ds or Accounts.
	Complete if the organization answered '		
		(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 5	Aggregate value at end of year	advisors in writing that the assets h	ald in donor advised
•	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?	and donor advisors in writing that gran	nt funds can be used or any other purpose
Par	Conservation Easements.		
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat Protection of natural habitat		r a historically important land area f a certified historic structure
	Preservation of open space	Preservation of	a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
C	Number of conservation easements on a certified h	, ,	
d	Number of conservation easements included in		1 1
_	•		
3	Number of conservation easements modified, transtax year ►	sterred, released, extinguished, or tern	ninated by the organization during the
4	Number of states where property subject to conser	vation eacoment is located	
5	Does the organization have a written policy reg		nection handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing o	
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Par			Other Similar Assets.
	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFA	<del></del>	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the for		
b	If the organization elected, as permitted under Si works of art, historical treasures, or other similar public service, provide the following amounts relationships to the similar public service.	assets held for public exhibition, ed ng to these items.	lucation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X		🕨 \$
2	following amounts required to be reported under S	historical treasures, or other similar FAS 116 (ASC 958) relating to these it	assets for financial gain, provide the ems:
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		• \$
b	Assets included in Form 990. Part X		<b>&gt;</b> .\$

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	Treasures,	or Ot	her Similar As	ssets (	conti	nued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth								
а	☐ Public exhibition		d	☐ Loan	or exchange	progr	rams			
b	☐ Scholarly research									
С	☐ Preservation for future generations	S								
4	Provide a description of the organization XIII.	tion's collections a	ınd expl	ain how t	hey further t	he org	anization's exer	npt pu	rpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather							_	Yes	□ No
Part	IV Escrow and Custodial Arra	angements.								_ <del></del>
	Complete if the organization 990, Part X, line 21.								on Fo	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?	<i></i> .							Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing t	able:					
							A	mount		
С	Beginning balance					1c	<del></del>			
đ	Additions during the year					1d	ļ			
е	Distributions during the year					1e	<del></del>			
f	Ending balance					_1f				
<b>2</b> a	Did the organization include an amoun						-			☐ No
	If "Yes," explain the arrangement in P	art XIII. Check here	if the e	xplanatio	n has been p	rovide	ed on Part XIII .	<u> </u>		<u> </u>
Par			_							
	Complete if the organization									
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	k (e) F	our yea	rs back
1a	Beginning of year balance				ļ			<del></del> -		
b	Contributions	<b></b>			ļ					
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 t		d balanc	e (line 1g	ı, column (a))	held a	as:			
а	Board designated or quasi-endowment	nt <b>&gt;</b>	_%							
b	Permanent endowment >	. <u>.   </u> %								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and									
3a	Are there endowment funds not in the	e possession of the	e organi	zation tha	at are held a	nd adı	ministered for th	ne		
	organization by:								Ye	s No
	(i) unrelated organizations							3a		
	• • •							3a(	ii)	
b	If "Yes" on line 3a(ii), are the related of							_3Ł		
4	Describe in Part XIII the intended uses		n's endo	wment fo	unds.					
Part	, , , , ,									
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	<u>11a. S</u>	See Form 990	Part >	<, line	10.
	Description of property	(a) Cost or oth			or other basis ther)		Accumulated epreciation	(d) E	Book va	lue 
1a	Land	. 51	1,141.				, 1, (41)			141.
b	Buildings	. 193	3,137.				69,531.			606.
С	Leasehold improvements	. 68	3,903.				43,927.		24,	976.
d	Equipment		7,623.				7,470.			153.
e	Other	. 13	3,171.				2,634.			537.
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	00, Part	K, columr	(B), line 10c	;)	▶		210,	413.

Part VII	,Investments-Other Securities.			<del></del>	·
	Complete if the organization answ	vered "Yes" on Forn	n 990, Part IV, line	11b. See Form	990, Part X, line 12.
•	(a) Description of security or category (including name of security)		(b) Book value		nod of valuation of-year market value
(1) Financia	I derivatives				
(2) Closely-	held equity interests	[			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E) (F)			<del></del>	<del></del>	
(G)			<del></del> -	<del></del>	<del></del>
(H)					
	b) must equal Form 990, Part X, col (B) line 12)			· }	1
Part VIII	Investments—Program Related		<del></del>		<u>. '</u>
	Complete if the organization answ		n 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Meth	nod of valuation
				Cost or end-	of-year market value
_(1)					
(2)					
(3)					<del></del>
(4)					<del></del>
(5)					
(6)					
(7) (8)		<del></del>			
(9)	<del></del>				
	b) must equal Form 990, Part X, col (B) line 13) ▶	<del></del>		* \$ f	- 1 1 x 1 x 1
Part IX	Other Assets.				
	Complete if the organization answ	vered "Yes" on Forn	n 990, Part IV, line	11d. See Form	990, Part X, line 15.
	(a	Description			(b) Book value
(1)	······································				
(2)		······			
(3)		<del></del>			
<u>(4)</u>		<del></del>			
(5)					
(6) (7)			<del></del>		
(8)	<del></del>				
(9)					<del></del>
	mn (b) must equal Form 990, Part X, co	l. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization answ	vered "Yes" on Forn	n 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes		———————————————————————————————————————		
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 25.) 🕨			in principal desired in the fill.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

BAA

Part	XI ,Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, I	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	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	<u> </u>
d	,	2d	
е	Add lines 2a through 2d		2e
3			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part		•	er Return.
	Complete if the organization answered "Yes" on Form 990, I	<del></del>	T
1	· · · · · · · · · · · · · · · · · · ·		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	10-1	
a		2a   2b	- ,
b	Prior year adjustments	2c 2c	<del>-</del>   ~ .
c d	Other (Describe in Part XIII.)	2d	-   * · ·
e			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
			-
b	•	4b	1 `, 1
_	Other (Describe in Part XIII.)	<del></del>	4c
b	Other (Describe in Part XIII.)		4c 5
b c 5 Part	Other (Describe in Part XIII.)		5
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line

REV 11/13/17 PRO

#### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number					
REACHING AVERY MINISTRY	56-1959018				
Pt VI, Line 6: THE ORGANIZATION HAS BOARD MEMBERS THAT ARE ELECTED ON AN ANNUAL					
BASIS					
Pt VI, Line 7a: ORGANIZATION ELECTS OFFICERS ON AN ANNUAL BASIS					
Pt VI, Line 7b: DECISIONS ARE APPROVED BY A MAJORITY VOTE OF THE	MEMBERS				
Pt VI, Line 11b: 990 IS REVIEWED BY ELECTED OFFICERS BEFORE TAX R	ETURN IS SIGNED				
Pt VI, Line 15a: COMPENSATION IS REVIEWED BY AN INDEPENDENT BOARD	MEMBER				
Pt VI, Line 15b: COMPENSATION IS REVIEWED BY AN INDEPENDENT BOARD	MEMBER				
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