Form **990**

EXTENDED TO NOVEMBER 15, 2017 949325806211

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

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

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A	For the	e 2016 calendar year, or tax year beginning and e	ending		
В	Check if applicab	C Name of organization		D Employer identifica	ation number
٢	Addre	ALONG SIDE MINISTRIES, INC.			
Ë	Name			86-07	30454
Ē	Initial		Room/suite	E Telephone number	
	Final	2020 W NODWIEDN AVE		•	95-9484
	termir ated			G Gross receipts \$	764,974.
	Amen	PHOENIX, AZ 85051		H(a) Is this a group ret	urn
	Application	F Name and address of principal officer:KENNETH SHEETS		for subordinates?	Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates inc	tuded? Yes No
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a li	st. (see instructions)
		te: ► WWW.ASMAZ.COM		H(c) Group exemption	
	Form o	organization: X Corporation	L Year	of formation: 1993 M	State of legal domicile: AZ
0	1	Briefly describe the organization's mission or most significant activities HELPI	ING TH	E INCARCERAT	ED
Governance		CHRISTIAN COMMUNITY LEARN HOW TO WALK WIT	CH JES	US, AS THEY	TRANSITION_
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
≪	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	<u>5</u> 9
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	رسسه ا	5	
Ξ	6	Total number of volunteers (estimate if necessary)		6	206
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		Contributions and manta (Doub VIII) has the	-	Prior Year	Current Year
Jue	8	Contributions and grants (Part VIII, line 1h)		2,176,710. 141,239.	564,027. 156,548.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		55.	8.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,806.	44,391.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	2,359,810.	764,974.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		203,679.	312,955.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		301,623.	283,819.
Expenses	16a	Professional fundraising fees (Part IX, column (AD) INTERTIES (IV)		0.	0.
Š	b	Total fundraising expenses (Part IX, column (P), line 25/ 25, 48 Other expenses (Part IX, column (A), lines & a-11d, 11f-24e)	35.		
ú	17			290,981.	289,970.
		Total expenses. Add lines 13-17 (must equal Part) Column (A) life 25		796,283.	<u>886,744.</u>
	19	Revenue less expenses Subtract line 18 from line 12		1,563,527.	-121,770.
507	3	Table and (Bary Inc. 16) OGDEN, UT	Be	ginning of Current Year	End of Year
SSet	20	Total assets (Part X, line To)	<u> </u>	1,900,153.	1,767,874.
Net Assets or	21	Total liabilities (Part X, line 26)	<u> </u>	22,348.	11,839.
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	1,877,805.	<u>1,756,035.</u>
	art II	Signature Block		anta and to the bast of mi	leader and halafishes
		ilties of perjury, I declare that I have examined this return, including accompanying schedules et, and complete. Declaration of prepa <u>rer (o</u> ther than officer) is based on all information of wh			knowledge and bellet, it is
<u>u u </u>	s, corre	st, and complete. Declaration of preparer (when that officer) is based on an information of with	iicii preparei	9-10	-18
Sig	10	Signature of officer		Date	
He		KENNETH SHEETS, EXECUTIVE DIRECTOR	Λ		•
' 10	16	Type or print name and title	4		
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Pai	d	MONICA J. STERN, CPA	¥ 0	8/22/18 self-employed	P00295294
Pre	parer	Firm's name MONICA J. STERN, CPA, PLLC		Firm's EIN	77-0602105
	Only	Firm's address 11225 NORTH 28TH DRIVE, SUITE A1	L00		
		PHOENIX, AZ 85029-5608		Phone no. (6 0	
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
632	001 11-	11-16 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2016) ALONG SIDE MINISTRIES, INC. 86-0730454	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	\mathbf{x}
1	Bnefly describe the organization's mission:	
	TO REACH OUT TO INCARCERATED MEN AND WOMEN IN LOCAL JAILS & PRISONS	TO
	SHARE THE LOVE OF CHRIST & HELP THEM LEARN HOW TO LIVE PRODUCTIVE,	
	SUCCESSFUL CHRISTIAN LIVES UPON RETURN TO THE COMMUNITY & TO REDUC	F.
	THE RECIDIVISM RATE FROM AN AVERAGE OF 70% TO UNDER 10% BY PROVIDIN	
		G A
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	pnor Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$199,989. including grants of \$2,640.) (Revenue \$1,	651.)
-	AFTERCARE PROGRAM - THROUGH A NETWORK OF OVER 206 VOLUNTEERS, ASM	<u> </u>
		
	PROVIDES SUPPORT AND ASSISTANCE TO ENCOURAGE, EQUIP AND COUNSEL	
	EX-OFFENDERS IN THEIR SUCCESSFUL REINTEGRATION INTO THE COMMUNITY.	
	THIS INCLUDES CLOTHING, FOOD, PERSONAL NECESSITIES, TRANSPORTATION,	JOB
	INTERVIEW TRAINING, JOB SEARCH ASSISTANCE AND PRACTICAL LIFE SKILLS	
	TRAINING.	
	IMINING.	
	400 450	005
4b		<u>897.</u>)
	SAFE HOUSING - A KEY ELEMENT IN A SUCCESSFUL REINTEGRATION IS A SAF	Ε,
	DRUG-FREE, SUPERVISED ENVIRONMENT (DISCIPLESHIP TRAINING CENTER	
	APARTMENTS) WHERE CHRISTIAN LIFE SKILLS ARE TAUGHT AND ENCOURAGED.	
	COUNSELING, SUBSTANCE ABUSE PROGRAMS AND BIBLE STUDIES ARE CONDUCT	ED
		ED
	WEEKLY BY DEDICATED VOLUNTEERS.	
4c	(Code) (Expenses \$134,243 • including grants of \$) (Revenue \$)	
	MENTORSHIP PROGRAM - ASM PARTNERS WITH LOCAL CHURCHES TO TRAIN AND	
	EQUIP MENTORS TO WORK WITH THE EX-OFFENDER BOTH INSIDE AND OUTSIDE	mue
	DESCRIPTION OF THE PROPERTY OF	
	PRISON TO DEVELOP A WORKABLE TRANSITION PLAN. THE MENTORS COME ALO	NG
	SIDE THE EX-OFFENDER TO PROVIDE SOUND COUNSEL IN CRITICAL LIFE	
	DECISIONS AND TO TEACH AND BE AN EXAMPLE ON HOW TO LIVE A CHRIST	
	CENTERED LIFE OUTSIDE THE PRISON WALLS. THERE ARE OVER 70 MENTORS	
	WORKING WITH MEN AND WOMEN IN OUR PROGRAM.	
	WORKING WITH MEN AND WOMEN IN OUR PROGRAM.	
<i>A a</i>	Other program sequence (Describe in Schodule O.)	
4d	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 824,704.	
	Form 9	90 (2016)

Form 990 (2016) ALONG SIDE MINISTRIES, INC.

Part IV Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	<u>x</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		•
_	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		•
	If "Yes," complete Schedule D, Part IV	_9_	_	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		.
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10	_	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			1
_	as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x _
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	[x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1.0		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Ì	х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Ĭ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	↓	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			}
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
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	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
40	1c and 8a? If "Yes," complete Schedule G, Part II	_18_	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		_ v
	complete Schedule G, Part III	19 Form	gan	(2016)
		1.011	,	12010

Form 990 (2016) ALONG SIDE MINISTRIES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	g at any and your.	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
•	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 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,"			77
07	complete Schedule L, Part II	_26_		<u> </u>
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			7.7
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		v
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		Λ
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		_	
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		Х
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		Earm	44(1)	(2016)

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Check if Schedule O contains a response or note to any line in this Part V			
1a Enter the number reported in Box 3 of Form 1096. Enter -0** into applicable 10.0 o o lide the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambing) withing organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambing) withing very payment in the reportable payments to vendors and reportable garning (gambing) withing very payment in the reportable payments to vendors and reportable garning (gambing) withing very payment in a contribution or within the year covered by this return in the reportable payment of the celebration of the reportable payments to vendors and reportable garning (gambing) withing very garning very payment of the reportable payments to report of the reportable payments of the repo		•		Yes	No
b Enter the number of Forms W.26 included in line 1a. Enter 0-if not applicable. Cit dit be reginactanic comply with backing withfolding rules for reportable payments to vendors and reportable gaming (gambling) warnings to prize warnines? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 5 If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 If If wes, his en ord line 1s and 2 is greater than 250, you may be required to e-fife (see instructions). 8 If If wes, his at filed a Form 990 Th for his year? If No. 1 for line 3, provide an explanation in Schedule 0. 8 If If wes, his at filed a Form 990 Th for his year? If No. 1 for line 3, provide an explanation in Schedule 0. 9 If If wes, his at filed a Form 990 Th for his year? If No. 1 for line 3, provide an explanation in Schedule 0. 8 If wes, the organization have outling (such as a bank account, securities account, or other financial account)? 9 If Yes, in one than ame of the foreign country. 9 If Yes, in one 5 or 55, did the organization file Form 8886 T? 10 Obes the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 10 If Yes, in one 5 or 55, did the organization file forms 8886 T? 10 Obes the organization in warring that a contribution an express statement that such contributions or grifs were not tax deductible as charitable contributions? 10 If Yes, in did the organization mickled with every solicitation an express statement that such contributions or grifs were not tax deductible as charitable contributions? 10 If Yes, indicate the number of Forms 8282 filed during the year. 11 If Yes, indicate the number of Forms 8282 filed during the year. 12 If If Yes, indicate the number of Forms 8282 filed during the year. 13 If If Y	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) with mask universe; 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this scale of the search of the se					
gambling) winnings to prize winners? a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b If a least one is reported on line 22, did the organization file all required federal employment tax returns? Note. If If the sum of lines 1 and 2 as greater than 250, you may be required to e-fele (see instructions) b If Yee, "has 1 filed a Form 950T for this year If 1/No, 1 full ness 3 provide an explanation in Schedule 0 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securides account, or other financial accounts (FBAR) b If Yee," after the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) was the organization aparty to a prohibited tax shelter transaction? c If Yee," to line 5 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? b If Yee," and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible for Ent 88617? c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible as charitable contributions? b If Yee," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible is a charitable contribution and partly for goods and services provided? b If Yee," did the organization notify the didnor of the value of the goods or services provided? b If Yee," did the organization receive a payment in excess of \$75 made partly as a contribution of a many provided and the payment of the payment of the payment of the payment of the paym	С				
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.			1c	х	
Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	2a				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have uniellated business gross income of \$1,000 or more during the year? 3 A tan yit med ufring the calendary year, did the organization have an instrest in, or a genature or orbine authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) 5 If "Yes," the retire the name of the foreign country (such as a bank account, securities account, or other financial accountry; 6 If "Yes," to the financial account in a foreign country (such as a bank account, securities account, or other financial accountry; 8 Was the organization a party to a prohibitorial transaction at any time during the tax year? 9 Was the organization aparty to a prohibitorial transaction at any time during the tax year? 10 Pres, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 11 Pres, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 12 Pres, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 13 Pres, "to line 5a or 5b, did the organization in the form 88861? 14 Pres, "to line 5a or 5b, did the organization in child with every solicitation an axpress statement that such contributions or gifts were not tax deductible? 15 Press, "did the organization neceved a pyminin in excess of \$75 made party as a contribution of \$70,000,000,000,000,000,000,000,000,000,		· · · · · · · · · · · · · · · · · · ·			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		2b	X	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advised, or related person? 9 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Inter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b		- · · · · · · · · · · · · · · · · · · ·	_		٠,,
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					<u> </u>
		- , ,	14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	<u> </u>

Form 990 (2016) ALONG SIDE MINISTRIES, INC. 86-0730454 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2		<u>X</u>
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 person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х х х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		<u>X</u>
6	Did the organization have members or stockholders?	6_		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	_13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	'	'	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
_	taxable entity during the year?	16a	_	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NE, AZ Section 5104 requires an ergopyration to make its Forms 1032 (or 1034 if employed). 900 and 900 T (Section 501(a)(3)) and	ا - انجر رج	.lo	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection, indicate bow you made these available. Check all that each	avaliab	ne	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	-1 <i>C</i>		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	g finan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ALONG-SIDE MINISTRIES, INC 602 896-2975			
	2830 W NORTHERN AVE, PHOENIX, AZ 85051			

Form 990	(2016) ALONG SIDE MINISTRIES, INC.	86-0730454	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII								

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

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

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 (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) COLLIS HUNTINGTON	40.00 15.00	v		x				44,443.	0.	42,830.
PRESIDENT	2.00	L.	-		_	├		44,443.	<u></u>	42,030.
(2) JIM RUMPELTES	2.00	x		x				0.	o.	0.
CHAIRMAN	2.00	┢┻	├	┢		╁╌	-			<u> </u>
(3) TERRY ELLIS	2.00	X			l		ļ	0.	0.	0.
BOARD MEMBER (4) TOM MAYER	2.00	^			 	╁╌	 	0.		<u> </u>
VICE CHAIRMAN	2.00	X		х				0.	0.	0.
(5) DAN OLNEY	2.00	<u> </u>	 		-	┢╌	-		<u></u>	<u> </u>
SECRETARY/TREASURER	2.00	X		x				0.	0.	0.
(6) MELISSA SHELLER	2.00	71	<u> </u>			 				•
BOARD MEMBER SINCE 9-2016	2.00	X	١	'	1	1		0.	0.	0.
			_							
		_								
		-								

Form 990 (2016)

0.

44,391.

c Net income or (loss) from sales of inventory Miscellaneous Revenue

11 a CHANGE IN TRUST VALUE

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

44,391.

44,391.

156,548.

764,974.

Business Code

525920

Form 990 (2016) ALONG SIDE MINISTRIES, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations are complete.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		· · · · · ·		
	and domestic governments. See Part IV, line 21	311,415.	311,415.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	1,540.	1,540.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	87,273.	74,182.	4,364.	8,727.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	181,814.	160,225.	19,090.	2,499.
7	Other salaries and wages				<u></u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,732.	12,772.	1,476.	484.
11	Fees for services (non-employees):				
а	Management				
b	Legal	457.	448.	9.	
С	Accounting	8,530.	6,500.	1,963.	67.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,468.	1,468.		
12	Advertising and promotion		24 272		
13	Office expenses	37,693.	31,379.	3,475.	2,839.
14	Information technology	16,611.	12,870.	709.	3,032.
15	Royalties .	440 404	405 550	- 4 405	0 455
16	Occupancy	142,121.	137,759.	1,187.	3,175.
17	Travel	20,771.	20,460.	126.	185.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.000	0 000	1 600	000
19	Conferences, conventions, and meetings	9,903.	8,092.	1,608.	203.
20	Interest	239.		239.	<u> </u>
21	Payments to affiliates	10 500	0 050	1 (5)	
22	Depreciation, depletion, and amortization	10,508.	8,858.	1,650.	074
23	Insurance	25,440.	24,680.	486.	274.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	12,229.	12,056.	173.	
b	MARKETING	4,000.			4,000.
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	886,744.	824,704.	36,555.	25,485
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 following SOP 98-2 (ASC 958-720)				

Form 990 (2016)
Part X | Balance Sheet

Part X				
•	Check if Schedule O contains a response or note to any line in this Part X	(A)		<u> </u>
		Beginning of year		End of year
1	Cash - non-interest-bearing	282,639.	1	161,818.
2	Savings and temporary cash investments		2	1,309.
з	Pledges and grants receivable, net	1,561,107.	3	1,496,087
4	Accounts receivable, net	3,014.	4	2,948
5	Loans and other receivables from current and former officers, directors,	•		
	trustees, key employees, and highest compensated employees Complete		ŀ	
1	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under	Ü		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		,	
22	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
ĕ 8	Inventories for sale or use	41.	8	41
9	Prepaid expenses and deferred charges		9	
10				
	basis Complete Part VI of Schedule D 10a 166, 567.			
	b Less: accumulated depreciation 10b 76,501.	53,352.	10c	90,066
11	Investments - publicly traded securities		11	
12	Investments other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	15,605
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,900,153.	16	1,767,874
17	Accounts payable and accrued expenses	15,474.	17	5,305
18	Grants payable		18	
19	Deferred revenue	3,416.	19	3,051
20	Tax-exempt bond liabilities		20	_
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္မ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons			
Liabilities 23	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	<u>.</u>
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D	3,458.	25	3,483
26	Total liabilities, Add lines 17 through 25	22,348.	26	11,839
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Net Assets or Fund Balances	complete lines 27 through 29, and lines 33 and 34.	1 000 000		4 556 005
E 27	Unrestricted net assets	1,877,805.	27	1,756,035
ē 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
돈	Organizations that do not follow SFAS 117 (ASC 958), check here			
0 0	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	·····	30	·
ÿ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	· -
# 32	Retained earnings, endowment, accumulated income, or other funds	1 077 005	32	1 756 025
33	Total net assets or fund balances	1,877,805.	33	1,756,035
34	Total liabilities and net assets/fund balances	1,900,153.	34	1,767,874

	990 (2016) ALONG SIDE MINISTRIES, INC.	36-073	0454	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>74.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>44.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-121	L,7	<u>70.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,877	7,8	05.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	в			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
		0	1,756	5,0	35.
<u>Pa</u>	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	ı a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asıs,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the air	udıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ile O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	i audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ALONG SIDE MINISTRIES, 86-0730454 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I 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). 1 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). 3 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). 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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
 ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
 ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization (s), by having
 ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization (s), by having
 ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization (s), by having
 ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization (s), by having
 ☐ Type II.
 ☐ 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990 EZ) 2016 ALONG SIDE MINISTRIES, INC.

Part II | Support Schedule for Organizations Described in Section 1

<u> 36-0730454 Page 2</u>

<u> </u>	(Complete only if you checke						
	fails to qualify under the tests	s listed below ples	ise complete Part	r ii trie Organizatio III I	ir railed to quality t	inder Part III. II the	organization
Se	ction A. Public Support		acc complete rare	··· <i>,</i>	7.112		_
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(a) 2016	(f) Total
	Gifts, grants, contributions, and	(4) 2012	(0) 2013	(6) 2014	(d) 2015	(e) 2016	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	497.227.	562 213	523 476	476,910.	564 027	2623853.
2	Tax revenues levied for the organ-		302,213.	323,2100	470,510.	304,027	20230331
	ization's benefit and either paid to						
	or expended on its behalf	!				•	
3	The value of services or facilities		-	·			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	497,227.	562,213.	523,476.	476,910.	564,027.	2623853.
5	The portion of total contributions					•	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1					
	on line 1 that exceeds 2% of the	1					
	amount shown on line 11,						
	column (f)						366,851.
_6	Public support. Subtract line 5 from line 4						2257002.
_	ction B. Total Support					.,	
	ndar year (or fiscal year beginning in)		(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	497,227.	562,213.	523,476.	476,910.	564,027.	2623853.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	10 550	24			4 0.50	
_	and income from similar sources	18,770.	31.	11.	55.	1,260.	20,127.
9	Net income from unrelated business						
	activities, whether or not the			1 500		0 054	11 544
40	business is regularly carried on			1,590.		9,954.	11,544.
10	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				·		2655524.
	Gross receipts from related activities.	etc (see instruction	ne)			12	861,637.
	First five years. If the Form 990 is for		-··- /	d fourth or fifth ta	ly vear as a section		001,037.
	organization, check this box and stor		inist, scoona, triin	a, routin, or marte	ix year as a section	1 30 1 (0)(3)	▶□
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2016 (I	line 6, column (f) di	vided by line 11. c	olumn (fl)		14	84.99 %
	Public support percentage from 2015			\ <i>''</i>		15	84.70 %
16a	33 1/3% support test - 2016. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m		
	stop here. The organization qualifies					,	▶ X
b	33 1/3% support test - 2015. If the c		•		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a j	publicly supported	lorganization		ightharpoons
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(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.)

Section A. Public Support	now, please com	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Gifts, 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 activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
, , , , , , , , , , , , , , , , , , ,				 		
6 Total. Add lines 1 through 5 7a 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. (Subtract line 7c from line 6)		<u> </u>				
Section B. Total Support		·γ·= · -		T		
Calendar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>	la finat 1 ::		<u> </u>		
14 First five years. If the Form 990 is for	tne organization	s tirst, second, thi	ra, rourtn, or titth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Publi	c Support Pe	ercentage			·····	
15 Public support percentage for 2016 (li			column (f)		15	9
16 Public support percentage from 2015			55.3iiii (i))		16	9
Section D. Computation of Inves			1			
17 Investment income percentage for 20					17	Ç
18 Investment income percentage from 2	•	•	.,		18	
19a 33 1/3% support tests - 2016. If the			on line 14, and lin	e 15 is more than		17 is not
more than 33 1/3%, check this box ar	_					▶□
b 33 1/3% support tests - 2015. If the		-				and
line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anızatıon qualıfies	as a publicly sup	ported organization	▶□
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	this box and see in	nstructions	
				S-I	hadula A (Form 90)	000 E7) 00

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	_3b		
	3c		
	4a		
	4b		
	4c		
			,
	5 5		
	5a		
	5b 5c		
	•		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
_	00 ar 00	V E7	2016

	dule A (Form 990 or 990-EZ) 2016 ALONG SIDE MINISTRIES,	<u>INC.</u>		86-0730 454 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2_	Recovenes of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4_	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Pnor 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)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
_ c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
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		
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		
<u>6</u> _	Multiply line 5 by 035	6		
<u> </u>	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	_ 8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
<u></u>	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting or	ganization (see

Sche Par	dule A (Form 990 or 990-EZ) 2016 ALONG SIDE MI Type III Non-Functionally Integrated 509			16-0730454 Page 7
		(a)(a) Supporting Orga	ginzations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		}
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u> </u>	
	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			
	Total annual distributions. Add lines 1 through 6	·		
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
<u>10</u>	Line 8 amount divided by Line 9 amount			
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D.			
	line 7· \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			-
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
-	and 4c			
8	Breakdown of line 7.			
_ <u></u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

e Excess from 2016

Schedule A	Form 990 or 990-E	-Z) 2016 ALC	NG SIDE	<u>MINISTRI</u>	<u>.ES, INC.</u>		86-0/304:	04. Page 8
Part VI	line 1, Part IV, Sec	ction D, lines 2	and 3; Part IV, 8	Section E, lines 10	c, 2a, 2b, 3a, and 3b	10; Part II, line 17a or IV, Section B, lines 1 a; Part V, line 1, Part V, s part for any addition	Section B, line 16	2, ction C, e, Part V,
	(See instructions)						
						<u></u>		
		· · · · · · · · · · · · · · · · · · ·	·					·
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990) .

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

	ALONG SIDE MINISTR		<u>86-0730454</u>
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, III	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funde
3	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor		,
0	for charitable purposes and not for the benefit of the donor		-
	impermissible private benefit?	or donor advisor, or for any other purpose co	
Pai		reconstant and was a Farm 200. Be	Yes No
	· · · · · · · · · · · · · · · · · · ·		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· —'' ''	. H
	Preservation of land for public use (e.g., recreation or	· —	ncally important land area
	Protection of natural habitat	Preservation of a certification	ed historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	` ,	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes th	ne organization's accounting for
Γ <mark>D</mark> Δ.	conservation easements	of Art Historical Traceurs or Oth	nor Cimilar Acasta
Га	t III Organizations Maintaining Collections of	-	ier Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	,	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		➤ \$ ➤ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial (gaın, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		> \$
L-	Accets included in Form 900. Bort Y		N A

		IDE MINIST								Page 2
Pai	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	<u>r Other</u>	Similar A	<u>Asset</u>	S (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	are a sign	ııficant use	of its c	ollection	rtems
	(check all that apply):									
а	Public exhibition	d			hange prograr	ทร				
b	Scholarly research	е	. []	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how t	hey further t	he organizatio	n's exemp	t purpose	ın Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or othe	r sımılar a:	ssets			
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered "\	Yes" on Fo	orm 990, Pa	art IV, li	ne 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other ass	ets not in	cluded			_
	on Form 990, Part X?			, , ,					Yes	L∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								_	Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or co	ustodial accou	ınt liability	?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo						
		(a) Current year	(b) F	Prior year	(c) Two years	back (d) Three year:	s back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses		<u> </u>							
ď	Grants or scholarships									
е	Other expenditures for facilities		!					1		
	and programs	·								
f	Administrative expenses				Ļ <u></u>					
g	End of year balance		-		<u> </u>					
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	lg, column (a	a)) held as [.]					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organization	ation th	at are held a	ınd admınıster	ed for the	organization	on	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	•			1				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o		1	t or other		umulated		(d) Book	value
		basis (investr	nent)	basis	(other)	aepre	eciation			
	Land				000		10 110			- 020
	Buildings			4 4	7,286.]	LO,448	•		5,838.
	Leasehold improvements			 			 -			
	Equipment	ļ			0 004					200
	Other				9,281.		<u>56,053</u>	-		3,228.

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

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

3,483.

	dule D (Form 990) 2016 ALONG SIDE MINISTRIES, INC		86-0/30454 Pag	<u>e 4</u>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue	oer Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part VIII.)	4b		
c	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses		
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	por riotarii	
	Total expenses and losses per audited financial statements			
1	•		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	10-1		
a	Donated services and use of facilities	2a	 	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	_2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pai	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines 1b and 2b; Part \	V, line 4, Part X, line 2, Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add	itional information.		
				

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047	2016

Open to Public Inspection

2 Employer identification number TO PROVIDE FOR THE FUTURE ACQUISITION OF ADDITIONAL 86-0730454 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SAFE HOUSING. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance : (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part il can be duplicated if additional space is needed 310,315 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) INC 501(C)(3) ALONG SIDE MINISTRIES, Enter total number of other organizations listed in the line 1 table 20-4073073 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government I.H.S.MINISTRIES, INC. 2830 W NORTHERN AVE Name of the organization PHOENIX AZ 85051 Part I Part II N

Schedule I (Form 990) (2016)

ო

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

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. GRANT FUNDS ARE PROVIDED TO SPECIFIC ORGANIZATIONS THAT FULFILL OR (d) Amount of non-cash assistance COMPLEMENT THE MISSION OF ALONG SIDE MINISTRIES, INC. 30 (c) Amount of cash grant ALONG SIDE MINISTRIES, INC. (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: Schedule I (Form 990) (2016) Part III

632102 11-01-16

86-0730454

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.

2016 Open to Public

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

ALONG SIDE MINISTRIES, INC. 86-0730454 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FROM PRISON TO SOCIETY. TO REACH OUT TO INCARCERATED MEN AND WOMEN IN LOCAL JAILS & PRISONS TO SHARE THE LOVE OF CHRIST & HELP THEM LEARN HOW TO LIVE PRODUCTIVE SUCCESSFUL CHRISTIAN LIVES UPON RETURN TO THE COMMUNITY & TO REDUCE THE RECIDIVISM RATE FROM AN AVERAGE OF 70% TO UNDER 10% BY PROVIDING A SUCCESSFUL TRANSITION. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUCCESSFUL TRANSITION. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WILL BE REVIEWED BY THE ORGANIZATION'S PRESIDENT BEFORE FILING THE FORM AND THE BOARD IN ITS ENTIRETY WILL REVIEW THE FORM 990 SHORTLY AFTER FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY; AND UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES.

Name of the organization

ALONG SIDE MINISTRIES, INC.

Employer identification number 86-0730454

THE ORGANIZATION'S PROCESS FORM DETERMINING COMPENSATION INCLUDES A REVIEW

AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA FROM MINISTER'S

SALARY, AND RECORDING OF THE DISCUSSION AND DECISION. COMPENSATED BOARD

MEMBERS ARE NOT PRESENT DURING THE DISCUSSION.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION WILL MAKE THEIR APPLICATION FOR RECOGNITION OF EXEMPTION,

CURRENT FINANCIAL STATEMENTS, AND ANNUAL INFORMATION RETURNS AVAILABLE UPON

REQUEST WITHOUT CHARGE EXCEPT FOR A NOMINAL FEE FOR REPRODUCTION AND ACTUAL

POSTAGE COSTS. ANNUAL INFORMATION RETURNS WILL BE AVAILABLE FOR THREE

YEARS AFTER FILING.

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

IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF THE

ORGANIZATION ARE SUBJECT TO FEDERAL OR STATE PUBLIC DISCLOSURE RULES,

THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY

REQUIRE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT.

FORM 990 AND 990-T - AMENDED RETURNS

THE 990 AND 990-T ARE BEING AMENDED TO CORRECT INCOME ERRANTLY REPORTED

ON AN ORIGINAL K-1. AN AMENDED K-1 WAS RECEIVED IN 2018 FOR THE 2016

TAX YEAR. SCHEDULE R PART II WAS ALSO AMENDED TO ACURATELY IDENTIFY

ALONG SIDE MINISTRIES, INC AS THE DIRECT CONTROLLING ENTITY OF I.H.S.

MINISTRIES, INC. PART X LINE 3(B) WAS AMENDED TO REFLECT ACCURATE

PLEDGES AND GRANTS RECEIVABLE. PART XI LINE 8 WAS AMENDED TO CORRECT

MISSTATED PRIOR PERIOD ADJUSTMENT.

FORM 990 PART I (SUMMARY), PART VIII (STATEMENT OF REVENUE), PART IX

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization ALONG SIDE MINISTRIES, INC.	Employer identification number 86-0730454
(STATEMENT OF FUNCTIONAL EXPENSES), PART X (BALANCE SHEET	r), PART XI
(RECONCILIATION OF NET ASSETS), SCHEDULE D, AND SCHEDULE	R WERE
AMENDED. UBI WAS AMENDED ON THE 990-T.	
	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

2016 Open to Public

OMB No 1545-0047

► Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

ALONG SIDE MINISTRIES,

Name of the organization

Part

Open to Public Inspection Employer identification number

86-0730454

(g) Section 512(b)(13) controlled ş × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling INC. entity MINISTRIES. ALONG SIDE End-of-year assets e status (if section Public charity 501(c)(3)) 509(A)2 Total income Exempt Code **1** section 501(C)3 Legal domicile (state or Legal domicile (state or foreign country) foreign country) ARIZONA SUPPORT ORGANIZATION FOR ALONG SIDE MINISTRIES, Primary activity Primary activity INC. Name, address, and EIN (if applicable) I.H.S. MINISTRIES, INC. - 20-4073073 Name, address, and EiN of related organization of disregarded entity 2830 W NORTHERN AVE PHOENIX, AZ 85051 Part II

Schedule R (Form 990) 2016

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

86-0730454 Page 2

Schedule R (Form 990) 2016 ALONG SIDE MINISTRIES, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

organizations treated as a partnership during the tax year	Irtnersnip during the ta	y year						-			
(a) Name, address, and EIN	(b) Primary activity	(c)	(d) Direct controlling	Predomina		(f) Share of total	(g) Share of	(h) Disproportionate		(j) General or Pe	(k) ercentage
of related organization		(state or foreign country)	entity	(related, reschoded fro	-	псоте	end-of-year assets	aflocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing ownership partner? Yes No	wnership
				-							
	-				-						
	•										
	.							,			
				_							
										+	
	•••										
								+		+	
								_			
			_		-						
								_			
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable a	is a Corpo	oration or Trust. Co	omplete if th	e organization	answered "Yes	on Form 990,	Part IV, line	on or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	one or more	related
(a)			(a)	9	9	(e)		€	(6)	3	8
Name, address, and EIN of related organization	Zc	Prim	activity	Legal domicile (state or	Direct controlling entity	Ing Type of entity (C corp, S corp,		Share of total income	a, a,	Percentage ownership	Section 512(b)(13) controlled
				foreign country)		or tru			assets	<u> </u>	Yes No
											—
			_								
									_		
				_							
								<u> </u>			
					ļ						4
							-				
632162 09-06-16				35					Schedu	Schedule R (Form 990) 2016	990) 2016

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Schedule R (Form 990) 2016 ALONG SIDE MINISTRIES, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			S. C.	Yes, No
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity	s will old of more re	naisachois win one or more relateu organizations listeu in Parts II-1979 rolled entity	III Paris II-10 S	Ta X
b Gift, grant, or capital contribution to related organization(s)				×
c Gift, grant, or capital contribution from related organization(s)			· :	1 0
d Loans or loan guarantees to or for related organization(s)			:	1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				*
g Sale of assets to related organization(s)			:	
h Purchase of assets from related organization(s)			: : :	th X
i Exchange of assets with related organization(s)				<u>-</u>
j Lease of facilities, equipment, or other assets to related organization(s)			:	;- ×
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)		:::::::::::::::::::::::::::::::::::::::	=
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			T X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			± ;
				}-
p Reimbursement paid to related organization(s) for expenses				1p X
q Reimbursement paid by related organization(s) for expenses				1g X
r Other transfer of cash or property to related organization(s)				1- 1- X-
If the answer to any of the above is "Yes," see the instructions for inform	who must complete the	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	ınvolved
(1) I.H.S. MINISTRIES, INC.	В	310,315.	315. ACTUAL VALUE	
(2) I.H.S. MINISTRIES, INC.	υ	87,500.	500. ACTUAL VALUE	
(3)				
(4)				
(5)				
(9)				
632163 09-06-16	36		Schedu	Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) (d) Name, address, and EiN Primary activity (related, unrelated, of entity of entity sections 512-514)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Areal Predominant income partiess sec (related, unrelated, 00103) excluded from tax under sections 512-514) (ves No	Share of total	(g) Share of end-of-year assets	Orsproportional allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
								,	
							į	<u>-</u> -	
							Schedule	R (Forn	Schedule R (Form 990) 2016

Schedule F	R (Form 990) 2016	ALONG	<u>SIDE</u>	MINISTRIES,	INC.	86-0730454 Page 5
Part VII	R (Form 990) 2016 Supplemental Info	rmation.				
	Provide additional inform	ation for resp	onses to	questions on Schedule F	R See instructions.	
•						
	<u>.</u>					
-	,,					
						
						====
	 					
						
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		<u> </u>				
	-				<u> </u>	