42 3263449 SEP 0 5 2019

Return of Organization Exempt From Income Tax

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

OMB No_1545-0047						
(0010)						
<u> </u>						
Open to Public						
Inspection						

► Do not enter social security numbers on this form as it may be made public. Department of the Treasury ■ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2018 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number X Address ABLAZE MINISTRIES, INC. Name change 45-3645077 Doing business as E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 201 W. WM J. BRYAN PKWY #831 979-485-9910 termin-ated 753.821City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ X Amended BRYAN, ТX 77803 H(a) Is this a group return F Name and address of principal officer MATTHEW RICE for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.ABLAZEYOUTH.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Year of formation: 2011 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities TO IMPLEMENT THE U.S. BISHOPS' VISION OF COMPREHENSIVE YOUTH MINISTRY, BY ENGAGING, NURTURING, SCANNED OCT 1 5 2019 Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Parti-VI Number of independent voting members of the governing both 0 4 28 Total number of individuals employed in calendar year 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, colu b Net unrelated business taxable income from Form 9 7b **Prior Year Current Year** 228,479. 299,974. Contributions and grants (Part VIII, line 1h) 229,673. 261,642. Program service revenue (Part VIII, line 2g) 119. 64. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 70,226. 163,951 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 528,442. 725,686. 12 0. 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 385,599. 472,485 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 198,223. 141,142. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 526,741. 670,708. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,701. 54,978. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 225,414. 161,180. 20 Total assets (Part X, line 16) 76,886. 68,871. Total liabilities (Part X, line 26) 92,309. 148,528 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepares (other than officer) is based on all information of which preparer has any knowledge.

	Mall	8-14-19
Sign	Signature of officer	Date
Here	MATTHEW RICE, PRESIDENT	
	Type or print name and title	
		7 / 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1

Preparer's signature (Print/Type preparer's name 07/02/19 P01695805 DUANE MUEHLÉRAD Paid DUANE MUEHLBRAD Firm's name SEIDEL SCHROEDER 74-2052353 Firm's EIN Preparer Firm's address > 1575 CRESCENT POINTE PARKWAY Use Only Phone no. (979) 846-8980 COLLEGE STATION, TX 77845

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2018)

X Yes

Form	990 (2018) ABLAZE MINIS'		45-3645077 Page 2
Pa	rt III Statement of Program Service Ac	complishments	
	Check if Schedule O contains a response or	note to any line in this Part III	
1	Briefly describe the organization's mission.	note to arry into in taile? are in	
•		OPS' VISION OF COMPREHENSIVE YO	OUTH MINISTRY
		ND EMPOWERING DISCIPLESHIP IN YOU	
			JUNG PEOPLE,
	MINISTERS AND VOLUNTEERS,	AS WELL AS WITHIN FAMILIES.	
2		ram services during the year which were not listed on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule	0	
3	Did the organization cease conducting, or make sig	inificant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O		
4	_	plishments for each of its three largest program services, as i	measured by expenses
-		quired to report the amount of grants and allocations to other	The state of the s
	revenue, if any, for each program service reported	quired to report the amount of grants and allocations to other	o, the total expendes, and
4-	12 17 6	97. Including grants of \$) (Revenue)	260,483.)
48		97. including grants of \$) (Revenue S-SERVES AS A RESOURCE FOR MISS	
			TONIARIES
	SHARING THE SAME VISION AS	S ABLAZE.	
			<u></u>
41-	7.5	25 • Including grants of \$) (Revenu	1,159.)
4b		25. including grants of \$) (Revenue LLY FOR HIGH SCHOOL AND MIDDLE	
	KEVIVE-A DAI LONG TOOTH KE	THE FOR HIGH SCHOOL AND MIDDLE	SCHOOL TOOTH.
		P	
		· · · · · · · · · · · · · · · · · · ·	
_		\ \frac{1}{2}	
4c	(Code) (Expenses \$	including grants of \$) (Revenue	ie\$)
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including gra	nts of \$) (Revenue \$	
4e	Total program service expenses	525,222.	
			Form 990 (2018)

Part IV Checklist of Required Sc

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in 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			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	• • • • • • • • • • • • • • • • • • • •	<u> </u>		 -
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
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?			l
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		l	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
Ü	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	-	446		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	·	4-		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ł		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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
			000	(2010)

Га	Checkist of Required Schedules (continued)			
22	Did the ergopyration report more than \$5,000 of grants or other applicance to exfer demostic individuals on		Yes	No
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	-22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		il	
	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	\longrightarrow	<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			**
	complete Schedule L, Part II	26		<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			v
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	\longrightarrow	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			j
9	instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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		
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	.	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		П	
	Schedule N, Part II	32	[X
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		<u>X</u>
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	\longrightarrow	<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	4	Х
b	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	\longrightarrow	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			47
	If "Yes," complete Schedule R, Part V, line 2	36	 ∤	<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\longrightarrow	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	x	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38_		
<u></u> ن	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	- I	ŀ	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
832004	12-31-18	Form	990 (2	2018)

					T		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1	, x ,	Yes	No	
2.4	filed for the calendar year ending with or within the year covered by this return	2a	28		141,41,71,00 -		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		X	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					x ₂ *_ *.	
Зa	Did the organization have unrelated business gross income of \$1,000 or more during the year?	٥,		3a	 	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (^		3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over a	- 05	_		
Tu	financial account in a foreign country (such as a bank account, secunties account, or other financial a		-	4a		x	
h	If "Yes," enter the name of the foreign country	200001	icy -	Of Cal	ON THE		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar	CCOUR	ts (FRAR)	**************************************	1.4.1	- 12.3	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5a 5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50000		5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit	"			
	any contributions that were not tax deductible as charitable contributions?	. J. g.		6a	ļ.,	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	aifts				
	were not tax deductible?		5	6b			
7	Organizations that may receive deductible contributions under section 170(c).			1. 10.77	-, -š	1000	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the pavor?	7a		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		, ,	7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ured				
	to file Form 8282?	•		7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		። . ፣ ትረተ	141.15	1 m/z	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	1?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f_			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	Э	ر الم	7 4. L		
	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.			, , r. j.	- 'a'	1000	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter		•				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1922 1922 1923	1-1	ŭ.,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1,15	5.531	ري. ۳ «ينتي ت	
11	Section 501(c)(12) organizations. Enter	ı	ı				
а	Gross income from members or shareholders	11a		ليالا يا الم	\$41-74"	2 ×	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			7	- 1.1	- 5 7 5 7	
	amounts due or received from them)	11b		4 [] []	, ,	1 * 425 -	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	J)	12a	<u></u>	٠٩ 🚚 📜	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1, 6-74 -[. "	*****	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	¥	.A. (ESS)	
	Note. See the instructions for additional information the organization must report on Schedule O					*^_*Z:	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	١	1		and the second	751	
	organization is licensed to issue qualified health plans	13b				7 13 AY	
	Enter the amount of reserves on hand	13c		44-	***	X	
	Did the organization receive any payments for indoor tanning services during the tax year?	_		14a			
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b			
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	auon (וע	4.5		х	
	excess parachute payment(s) during the year?			15 : " -!		A (1)	
	If "Yes," see instructions and file Form 4720, Schedule N	IDOO-	302		-	X	
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	поол	10 f	16	- C - 1	<u> </u>	
	If "Yes," complete Form 4720, Schedule O			1 2 F Tr.	4 4044	ب.¥	

ABLAZE MINISTRIES 45-3645077 INC. Form 990 (2018) Page 6 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 Section A. Governing Body and Management Yes No 7 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 b Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a 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 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

exe	npt	status	with	respect	to	such	arrang	emen	ts?
Section	C.	Disc	OSI	ire					

17	List the states with which a copy of this Form 990 is required to be filed	NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A	(if applicable	, 990, and 990-T (Section 50 ⁻	l(c)(3)s oni	y) avaılab	le

for public inspection.	Indicate how	w you made	these av	vaılable	Check all	that apply

Own website	Another's website	X Upon request	Other (explain in Schedule O)
Docoribo in Schodula O v	whather (and if so, how) the	organization made its gove	arning documents, conflict of interest not

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20	State th	ne na	me, address	, and teleph	one numb	er of the pe	rson who pos	sesses t	he organization's	s books and records	
	THE	OR	GANIZA!	TION -	979-4	<u>485-99</u>	10				
	201	W.	WM J.	BRYAN	PKWY	#831,	BRYAN,	ТX	77803		

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

(A)	(B)		(C)					(D)	(E)	(F)		
Name and Title	Average	l (do	Positio			l than c	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	erson is both an director/trustee)		an	compensation	compensation	amount of		
	week	\vdash	1 1					-	from related	other		
	(list any hours for	direct			İ			the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	0 aa	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 ,00,	organization		
	organizations	Fus	nal fri		loyee	adwo:				and related		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) JIM BECKMAN	1.00	ĮĔ	Ĕ	₽	Ke	£ 5	Fo					
BOARD MEMBER	1.00	x						0.	0.	0		
(2) JODI JONES	1.00	1	-						0.			
BOARD MEMBER		\mathbf{x}						0.	0.	0		
(3) JEFF MCDOUGALL	1.00											
BOARD MEMBER		X						0.	0.	0		
(4) WESLEI RICE	1.00											
BOARD MEMBER		X						0.	0.	0		
(5) ANDREW ROBISON	1.00											
BOARD MEMBER		X						0.	0.	0		
(6) FR. RYAN HIGDON	1.00											
BOARD MEMBER		X				Щ		0.	0.	0		
(7) MATTHEW RICE	40.00							20 50				
PRESIDENT		_	_	X				39,762.	0.	0		
		-				} }						
		\vdash				H	_					
		┨										
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			П									
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			\sqcup			\sqcup						
	<u> </u>											
				i								

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do			nore	1 than c	ne	Reportable	Reportable		E	stimate	ed
	hours per	box,	, unles	ss pe	rson ı	s both	an	compensation	compensatio		ar	nount	
	week (list any	. 1						from the	from related organizations			other pensa	
	hours for	dırec				9		organization	(W-2/1099-MIS			rom th	
	related	tee or	ustee			ensate		(W-2/1099-MISC)	•	•	org	anızat	ion
	organizations	al trus	onal tr		loyee	gE 03						and related	
	below line)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anızatı	ons
		≐	_=	ō	<u>공</u>	포히	- 32						
	<u> </u>						_		<u> </u>				
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		_	1			Н							
		-				\vdash							
										ļ			
1b Sub-total		1	1	(<u> </u>		39,762.		0.			0.
c Total from continuation sheets to Part VII	Section A							0.		0.			0.
d Total (add lines 1b and 1c)	Coulon					ľ		39,762.		0.			0.
Total number of individuals (including but no	ot limited to the	ose I	isted	d ab	ove) who	o re		000 of reportable		_		
compensation from the organization						•		· · · · · · · · · · · · · · · · · · ·					0
								· · · · · · · · · · · · · · · · · · ·				Yes	No
3 Did the organization list any former officer,	director, or tru	stee	, ke	y em	olqr	yee,	or h	nighest compensated en	nployee on				
line 1a? If "Yes," complete Schedule J for su	ich individual									- 1	3		X
4 For any individual listed on line 1a, is the sur	•		•						ne organization				
and related organizations greater than \$150	,000? If "Yes,"	cor	nple	te S	Sche	dule	J fo	or such individual			4		X
5 Did any person listed on line 1a receive or a	•				•		late	d organization or individ	ual for services				
rendered to the organization? If "Yes," comi	olete Schedule	J fo	r su	ch c	erso	on .					_5	1	X
Section B. Independent Contractors							- 41-		100,000 - 6				
Complete this table for your five highest cor the organization Report compensation for the organization of the compensation for the compensation for the compensation of the compensa										ensat	ion tro	om	
(A)	ie calendar ye	ai ei	nam	<u>g wi</u>	uro	ir wit	1	(B)	sar		(0	٠,	
Name and business	address	NO	NE	!			1	Description of se	ervices	С	ompei		n
							1						
							\neg						
			_										
							4		-				
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							+						
O Table and a standard and a standard a standard as the standa	مانية مانوران	4 1		40.4	he-	a 1:=4		ahayal who recover	ro than				
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	_	L IIII	iilea	נט נ	nosi 0		o u à	above, who received mo	ie triair				

		Check if Schedule O cont	ains a response	or note to any lir	e in this Part VIII	e .		
					(A) Total revenue	4 (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	-11-	a Federated campaigns	1a					
irai Dur	١.	b Membership dues	1b					Kan ding to be a factor of the
E C		c Fundraising events	1c			Land Comment of the C	British Martin San San San San San San San San San Sa	the state of the s
a it		d Related organizations	1d -					
S,E		e Government grants (contributi	ons) 1e					
5 Z		f All other contributions, gifts, gran	ts, and					
T a		similar amounts not included above	/6 1f	299,974;	ស្រីការប្រការប្រការបានការបានប្រការប្រការបានបានបានបានបានបានបានបានបានបានបានបានបានប	្រុកព្រឹក្សិត ការក្រុកព្រះបញ្ជាប់ការពាធិបតី ការក្រុកព្រះបានការប្រាក្សិត ការពាធិបតី ការក្រុកព្រះបានការបានប្រាក្ ក្រុកព្រះបានការបានប្រាក្សិត ការបានបានបានបានបានបានបានបានបានបានបានបានបានប	inniggijulipudugaaapijulijuliggija gests inniggijulipudugaaapijulijuliggija	
i i		g Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f			299,974.		SALE FRANCIS	Haller Berger
			, ,		CONSTRUCTION SON			
ė	2			624100	261,642.	261,642.		
Program Service Revenue		b						
am Se evenu		c ·						
e A		d ,						
go E	٠ ,	e		-	·	<u>'</u>		
₫,	1	f All other program service reve	nue	-				
		Total. Add lines 2a-2f			261,642.			
	3	 Investment income (including) 	dıvıdends, ıntere	st, and	`			
		other similar amounts)		.▶	<u>119.</u>			119.
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties	<u> </u>	· <u> </u>	1 ar alastr 20 1.00 20al 2.81 1	T. T. T. II. IFF T. T. S P. W. T	18. 7 6 1 8	
		-	(ı) Real	(II) Personal				
	6 8	a Gross rents		1.1				
	۱, ۰	c, Less rental expenses						
	•	Rental income or (loss)			PRESTATION.	Carlo Marina Carlo		1400 14
		d Net rental income or (loss)		<u>_</u>		k stel 5 P *** * 4 Laury St. Fd *** ***	2 1 1 2 176.047	
	7 :	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
4		Less cost or other basis		,				
•	٠	and sales expenses	-					
		Gain or (loss)	<u> </u>	1,		William Son Salah		
		d . Net gain or (loss)	u .		HATTER THE TO THE MUNICIPAL OF THE CO	MANAGOR TRESULTABLES OF THE	THE STANKE FOR THE STANKE	3. 40 dt mt 42 4 53
e l	8 8	Gross income from fundraising	events (not					
e l		ıncluding \$	of .	,		Wmaminyage Military and Mary Military		
Other Reven	^	contributions reported on line		100 000				
<u>-</u>		Part IV, line 18		192,086.				
튑		Less direct expenses	b	28,135.	162 051		. 'H' and " a partition of a	162 051
-		Net income or (loss) from fund		<u> </u>	163,951.	The Branch of as a to		163,951.
, .	9 8	Gross income from gaming ac						
٠.	_	Part IV, line 19	а	` .				
		Less direct expenses	b		Transport politically " My and and and	- I will the state of the state	it is the Company of the second of the secon	Landing To the Times To
		Net income or (loss) from game			14 compression		e menge " a let al l'alle	t talen gragger of property and
	10 a	Gross sales of inventory, less r	_	*				
1		and allowances	a					
, l		Less cost of goods sold	b		Charles and has the relative method that	h. 15.50 2 15.20 5 10.00 mil 2 5.4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[대하철도 및 시간됩니다]은 교육으로 [lest Alaka, John and Brandson line
,		Net income or (loss) from sales		Business Carla		to the same of	'indexa in se B'obboll' de l'eta	martinire (Si man matinisa sa s
ŀ	14	Miscellaneous Hevenue	·	Dusiness Code	The section with the section of the	Totaling da mana Milan da da Line High	ner of Land and Charles of the land of the	Kilder Jath J. Marchar C. Jagging T. Jary P.
	11 a	·		· · ·				` , ·
, ·	·, k							
		All other revenue	-					
	, ,	Total. Add lines 11a-11d	, .	•			ir Koleje produ	Try (4337 [277]-11
ļ	12	Total revenue See instructions.	,	•	725,686.	261,642.	0.	164,070.

832009 12-31-18

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (D) Fundraising Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members *Compensation of current officers, directors, 39,762. 39,762 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 44,554. 393,264. 348,710. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,221 4,977. 1,244. Other employee benefits 33,238. 26,591. 6,647. Payroll taxes 10 Fees for services (non-employees): 11 Management Legal h 9,742. 9,742. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 23,133. 23,133. column (A) amount, list line 11g expenses on Sch O.) 7,502. 9,493. 1.991. Advertising and promotion 12 1,835. 1,376. 459. Office expenses 13 10,473. 7,645. 2,828. 14 Information technology 15 Royalties 11,771. 5,885. 5,886. Occupancy 16 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,552. 3,104. 1,552. Interest 20 Payments to affiliates 21: 4,694. 347 2,347 Depreciation, depletion, and amortization 22 3,081 3.081 23 Other expenses. Itemize expenses not covered 24 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.) STAFF DEVELOPMENT 55,977. 55;977. PROGRAM EXPENSES 42,478. 42,478. 16,412. 16,412. c NEXT LEVEL MINISTRY EXP 816. 2,447. d SHIPPING, PRINTING, DEL 3,263. 2,767. 1,323. 1,444. e All other expenses 670,708. 525,222. 145,486. Total functional expenses. Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
	,				(A) Beginning of year		(B) End of year
	, 1	Cash - non-interest-bearing			41,744.	1	108,729.
	2	Savings and temporary cash investments			28,664.	2	29,904.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	103.
	5	Loans and other receivables from current and fo	rmer o	fficers, directors.		7. Tu	
	-	trustees, key employees, and highest compensa		•			
		Part II of Schedule L		pioyece complete	No of the state of	5	1 PC 2010 2 N ml - 1 T mu-5 12
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined under		7. A.S.	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of secti				ه و آن في چيون ا	
ı,		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net	•			7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	600.
	10a	Land, buildings, and equipment cost or other			10 44 4 3 4 5 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
		basis Complete Part VI of Schedule D	10a	111,709.			
	ь	Less accumulated depreciation	10b	25,631.	90,772.	10c	86,078.
	11	Investments - publicly traded securities			<u> </u>	11	
	12	Investments - other securities See Part IV, line 1	1			12	
	13	Investments · program-related See Part IV, line 1	1			13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			<u> </u>	15	
	16	Total assets. Add lines 1 through 15 (must equa	<u>ll line 3</u>		161,180.	16	225,414.
	17	Accounts payable and accrued expenses		4,323.	17	14,455.	
	18	Grants payable			<u> </u>	18	
	ູ19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F			No. 10 and 10 an	21	
es	22	Loans and other payables to current and former				-, -, -, -, -, -, -, -, -, -, -, -, -, -	
liti		key employees, highest compensated employees	s, and	disqualified persons	<u>ही सिं</u> के ई क्षेत्र हेर्स हैं, है, क्षेत्र हैं		A CONTRACT TO SERVICE STATE OF THE PROPERTY OF
Liabilities		Complete Part II of Schedule L			CO 576	22	60.020
	23	Secured mortgages and notes payable to unrelat			62,576.	23	60,038.
	24	Unsecured notes and loans payable to unrelated	•		<u> </u>	24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	1,972.	١	2,393.
		Schedule D Total liabilities. Add lines 17 through 25			68,871.	25 26	76,886.
	26	Organizations that follow SFAS 117 (ASC 958)	-chas	k here 🕨 🔲 and		_ ∠0 ,_,_,_	70,000.
		complete lines 27 through 29, and lines 33 and		Kitere 📂 🔛 Jihu	First Andrews (1994)		A CHARLES OF THE CHAR
Ses	27	Unrestricted net assets			PATER TO AND THE PATER TO A STATE OF THE PATER TO A ST	27	-60 114 0464 051 5 0 K-84
<u>ā</u>	28	Temporarily restricted net assets				28	
Ba	29	Permanently restricted net assets				29	
Fund Balances		Organizations that do not follow SFAS 117 (AS	SC 958), check here		1,5	
		and complete lines 30 through 34.	-	,,, ee.		** (1825)	
ts o	30	Capital stock or trust principal, or current funds			0.	30	0.
Net Assets or	31	Paid-in or capital surplus, or land, building, or equ	Jipmer	nt fund	0.	31	0.
کے	32	Retained earnings, endowment, accumulated inc	-		92,309.	32	148,528.
ž	33	Total net assets or fund balances			92,309.	33	148,528.
]	34	Total liabilities and net assets/fund balances			161,180.	34	225,414.
							Form 990 (2018)

225,414. Form **990** (2018)

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

_			ZE MINISTR						4	<u> 5-3645077</u>	
Pa	rt I	Reason for Public	Charity Status	All organizations	must co	mplete th	ıs part) S	ee instructions			
The	organ	ization is not a private found	dation because it is (For lines 1 through	gh 12, cl	heck only	one box)				
1		A church, convention of ch				-	-				
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule	E (Form	1 990 or 9	90-EZ))				
3	$\overline{\Box}$	A hospital or a cooperative						ii).			
4	一	A medical research organiz	,					•	iii). Enter	the hospital's name	1
•		city, and state	amon operated in oc	nganouon war a	юорна	4000	in decin	311 17 O(D)(1)(74)(the hoopital o harrie,	'
5	\Box	An organization operated for	or the benefit of a co	illege or university	v owned	or operat	ed by a gr	overnmental uni	t describ		
3	ш	section 170(b)(1)(A)(iv). (mege or university	y Owned	or operat	ed by a go	overmientai um	t describ	eu III	
					استا		70/5//4// 4	v. a			
6	片	A federal, state, or local go	•				/ . / .	· ·		1.1 1 1 1.	
7	ш	An organization that norma		ıntıaı part of its si	ipport ir	om a gove	ernmentai	unit or from the	general	public described in	
_		section 170(b)(1)(A)(vi). (C	· ·								
8	\vdash	A community trust describe	· -			-					
9	Ш	An agricultural research org					-		-	•	
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university									
10	X	An organization that norma									
		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 busin	ness taxable income	(less section 511	tax) fro	m busines	sses acqu	red by the orga	nızatıon a	after June 30, 1975	
		See section 509(a)(2). (Co	mplete Part III.)								
11	\sqsubseteq	An organization organized	and operated exclus	ively to test for p	ublic saf	ety See	section 5	09(a)(4).			
12		An organization organized	and operated exclusi	ively for the bene	fit of, to	perform t	he functio	ns of, or to carr	y out the	purposes of one or	
		more publicly supported or	ganızatıons describe	ed in section 509	9(a)(1) o	r section :	509(a)(2)	See section 50	9(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type o	f supporting orga	nızatıon	and com	plete lines	12e, 12f, and 1	2g		
а	L	Type I. A supporting orga	anization operated, s	supervised, or cor	ntrolled b	oy its supp	oorted org	anızatıon(s), typ	ically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or	r elect a	majority o	of the direc	ctors or trustees	of the su	pporting	
		organization You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in	connect	ion with its	s supporte	ed organization(s), by hav	ving	
		control or management of	of the supporting orga	anization vested	n the sa	me perso	ns that co	ntrol or manage	the sup	oorted	
		organization(s) You mus	t complete Part IV,	Sections A and	C.						
С		Type III functionally inte	grated. A supportin	g organization of	erated i	n connect	tion with, a	and functionally	integrate	ed with,	
		its supported organization	n(s) (see instructions) You must con	nplete P	art IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organizati	on opera	ated in coi	nnection v	vith its supporte	d organi	zation(s)	
		that is not functionally int	egrated The organiz	ation generally m	nust sati	sfy a distri	bution red	quirement and a	n attentiv	veness	
		requirement (see instructi	ions) You must con	nplete Part IV, S	ections	A and D,	and Part	v.			
е		Check this box if the orga	anization received a v	written determina	ition fror	n the IRS	that it is a	Type I, Type II,	Type III		
		functionally integrated, or	Type III non-function	nally integrated s	upportin	ıq organiz	ation				
f	Ente	r the number of supported o		, ,	• •						
q		ide the following information	-	d organization(s)							
	(ı) Name of supported	(II) EIN	(iii) Type of organ		(iv) is the orga in your governi	nization listed	(v) Amount of m	onetary	(vi) Amount of other	r
		organization		(described on line above (see instruc		Yes	No	support (see inst	ructions)	support (see instructio	ıns)
					İ						
					l						
		· · · · · · · · · · · · · · · · · · ·									
				•							
	_					.,					
_											
Total											

45-3645077 Page 2

Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		,							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Gifts, grants, contributions, and						9			
	membership fees received (Do not									
	include any "unusual grants ")	•		_						
2	Tax revenues levied for the organ-						·			
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to				•					
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions			· · · · · · · · · · · · · · · · · · ·		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-			
	by each person (other than a						1			
	governmental unit or publicly			اَ أُورِ أُنْ إِنْ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ الل اللَّهُ وَاللَّهُ إِنَّا اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّ			; •			
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4		Security and the	Silvani, id	Partial President Contraction	Marie Control of the control of the				
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,			-						
	and income from similar sources									
9	Net income from unrelated business	,					•			
	activities, whether or not the					i				
	business is regularly carried on									
10	Other income Do not include gain		9							
	or loss from the sale of capital				•		,			
	assets (Explain in Part VI)									
11	Total support. Add lines 7 through 10		1	77.75 37.35		다음 마마스 시간 : [- 12 3 4 2] 등 사람 마마스 위치 : [12 2 4 2] 등 사람				
	Gross receipts from related activities,	etc (see instruction	ens)			12				
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a section	501(c)(3)				
	organization, check this box and stor	here		4		,				
Sec	tion C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, co	olumn (f)) (14	%			
15	Public support percentage from 2017	Schedule A, Part I	II, line 14			15	%			
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or mi	ore, check this box	and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				. ▶□			
b	33 1/3% support test - 2017. If the o	i i		ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box			
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion	•					
17a	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more, .			
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
b	10% -facts-and-circumstances test					7a, and line 15 is 1	 0% or			
-	more, and if the organization meets the									
	organization meets the "facts-and-circ						ightharpoons			
18	Private foundation. If the organization						▶□			
						dule A (Form 990	or 990-F7) 2018			

(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

Se	ction A. Public Support	elow, please comp	nete Part II)				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not	178,450.			549,179.	1	2128718.
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	22,563.	26,379.	29,548.		43,599.	
•	organization's tax-exempt purpose	22,303.	20,313.	23,340.	21,920.	43,333.	144,003.
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						
	The value of services or facilities furnished by a governmental unit to the organization without charge	201 012		425 205	571 000	751 042	0050505
	Total. Add lines 1 through 5	201,013.	322,977.	426,395.	571,099.	751,243.	2272727.
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	3 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						. 0.
c	Add lines 7a and 7b		-				0.
_8	Public support. (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	201,013.	322,977.	426,395.	571,099.	751,243.	2272727.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		20.	32.	64.	119.	235.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		20.	32.	64.	119.	235.
12	Other income Do not include gain or loss from the sale of capital				1,077.	2,459.	3,536.
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)	201,013.	322,997.	426,427.	572,240.	753,821.	2276498.
	First five years. If the Form 990 is for						
	check this box and stop here		. <u> </u>				
Sec	ction C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2018 (III	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	99.83 %
	Public support percentage from 2017			<u> </u>		16	95.15 <u>%</u>
	ction D. Computation of Inves						01
	Investment income percentage for 20	•	•	ne 13, column (f))		17	.01 %
	Investment income percentage from 2			un line 14 and line	15 to more than 20	18	.01 %
	33 1/3% support tests - 2018. If the more than 33 1/3%, check this box an	nd stop here. The	organization qualif	ies as a publicly su	upported organizat	ion	$\triangleright X$
	33 1/3% support tests - 2017. If the						nd
	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						
	3 10-11-18	I GIO HOL CHECK A L	OA OII IIIIE 14, 19a	, or rob, check tri		edule A (Form 990	or 990-EZ) 2018
-9202	3 10-11-10		4.5		00110		,,,,

Rart IV Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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_	90 or 99	n-F7)	2018

Schedule A (Form 990 or 990-EZ) 2018

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

instructions)

Schedule A (Form 990 or 990-EZ) 2018

Part VI See instructions

and 4c

8 Breakdown of line 7
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

7 Excess distributions carryover to 2019. Add lines 3

832028 10-11-18

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

ABLAZE MINISTRIES, INC.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 45-3645077

<u>ت</u>	organization answered "Yes" on Form 990, Part IV, lin		0. 7.0.	Complete it the
	organization answered tes on Form 990, Fait IV, iii	(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 (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	•	used on	
	for charitable purposes and not for the benefit of the donor o	• •		•
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	art IV, I	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e		orically i	mportant land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of	of a cons	servation easement on the last
	day of the tax year		Γ	Held at the End of the Tax Year
а	Total number of conservation easements		ľ	2a
b	Total acreage restricted by conservation easements		F	2b
c	Number of conservation easements on a certified historic stru	acture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	• •	re	
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organiza	
_	year ►		o.g	2
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ervation	<u> </u>
	>	33		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	on ease	ments during the year
	▶ \$			3 . 7.
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	, , ,	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	stateme	nt, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	he orgar	nization's accounting for
	conservation easements			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and	balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtheran	ice of pu	iblic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and bala	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	lic servi	ce, 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 trea	sures, or other similar assets for financial	gain, pr	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
b	Assets included in Form 990, Part X		<u> </u>	▶ \$

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

Schedule D (Form 990) 2018

Sche		MINISTRIES							4507		age 2
Pa	rt III Organizations Maintaining C	ollections of A	t, Hist	torical Tre	easures, o	r Other	Similar	Asset	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	t are a sigr	ificant us	se of its	collection	items	3
	(check all that apply)										
а	Public exhibition	•	d	Loan or exc	change progr	ams					
b	Scholarly research	•	e 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	on's exemp	ot purpos	e in Part	XIII		
5	During the year, did the organization solicit o	•		•	-	•					
	to be sold to raise funds rather than to be ma							Г	Yes		No
Pa	rt IV Escrow and Custodial Arran					"Yes" on F	orm 990.	Part IV.			
	reported an amount on Form 990, Pai			3				,			
	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?		,						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table							
~	Tes, explain the arrangement in that Ami	and complete the le	own.ig	labio					Amoun	+	
^	Beginning balance						1c	-	Amoun		
q							—				
d	•						1d				
4	Distributions during the year						1e				
f O-	Ending balance	000 D-d V I	01 (_ <u>1f</u> _		7		7
2a	Did the organization include an amount on Fo					-	77		_ Yes	H	∐ No
Pai	If "Yes," explain the arrangement in Part XIII							***			
Га	Tt V Endowment Funds. Complete		1								
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	1) Three ye	ears back	(e) Fou	r years	back
1a	Beginning of year balance		ļ 						ļ <u>.</u>		
b	Contributions		ļ		ļ				ļ		
С	Net investment earnings, gains, and losses				<u> </u>			<u>.</u> .			
d	Grants or scholarships				<u> </u>						
е	Other expenditures for facilities		ŀ						1		
	and programs		ļ		<u> </u>						
f	Administrative expenses										
g	End of year balance		<u> </u>		<u></u>				l		
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a))) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are held ar	nd administer	ed for the	organizat	tion			
	by									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990). Part IV	/, line 11a. S	See Form 990	, Part X, Iır	ne 10				
	Description of property	(a) Cost or o			or other		umulated	,	(d) Boo	k valu	е
	Description of property	basis (investr			(other)		eciation		(0, 500	ii vaia	•
12	Land				7,000.				2	7,0	00.
	Buildings				4,900.		16,02	7.		8,8	
р	_			 	_,,,,,,,,,		, _ 4	 		-, -	
ن س	Leasehold improvements	 	• •	 -	9,809.		9,60	4		2	05.
	Equipment			 	<u> </u>		2,00				
<u>е</u>	Other			(2) 4 4					Ω	5 N	7.8

Schedule D (Form 990) 2018

(6)(7)(8)2,393. Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

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

Schedule D (Form 990) 2018

Schedule D (Fo			45-3645077 Page 4
Part XI F	Reconciliation of Revenue per Audited Financial S	tatements With Revenue p	er Return.
	omplete if the organization answered "Yes" on Form 990, Part IV	, line 12a	
1 Total rev	enue, gains, and other support per audited financial statements		1
2 Amounts	s included on line 1 but not on Form 990, Part VIII, line 12		
a Net unre	alized gains (losses) on investments	2a	
b Donated	services and use of facilities	2b	
c Recoveri	es of prior year grants	2c	
d Other (De	escribe in Part XIII)	2d	
e Add lines	s 2a through 2d		2e
_	line 2e from line 1		3
	sincluded on Form 990, Part VIII, line 12, but not on line 1	1 1	
	ent expenses not included on Form 990, Part VIII, line 7b	4a	
•	escribe in Part XIII)		
	s 4a and 4b		4c
5 Total rev	enue Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)	5
L	econciliation of Expenses per Audited Financial	•	per Return.
	omplete if the organization answered "Yes" on Form 990, Part IV	, line 12a	
	penses and losses per audited financial statements		1
	included on line 1 but not on Form 990, Part IX, line 25	1 - 1	
	services and use of facilities	2a	
	r adjustments	<u>2b</u>	
c Other los		2c	
	escribe in Part XIII)	_2d	
	s 2a through 2d		2e
	line 2e from line 1		3
	included on Form 990, Part IX, line 25, but not on line 1	اما	ļ ļ
	int expenses not included on Form 990, Part VIII, line 7b	4a	
•	escribe in Part XIII)	4b	
c Add lines		- 401	4c
Part XIII S	enses <u>Add lines 3 and 4c. (This must equal Form 990, Part I. line</u> upplemental Information.	2 18.)	1.9
L	scriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b, Part	/, line 4, Part X, line 2, Part XI,
	, and Part XII, lines 2d and 4b Also complete this part to provide		
		<u> </u>	
_			
-		····	
			
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- <u></u>			
			

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	MINISTRIES, INC.					Employer ide 45-3645	ntification number
	Complete if the organization answer	ered "Y	'es" or	n Form 990 Part IV	ine 1		
required to complete this part		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					mers are not
1 Indicate whether the organization raise a	e Solicita f Solicita g Special r oral agreement with any individual art VII) or entity in connection with p iduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover assing fing of onal fi	overnment grants rnment grants events fficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							1511,00
				_			
Total			<u> </u>				
List all states in which the organization or licensing	n is registered or licensed to solicit of	ontrib	utions	or has been notified	ıt ıs e	xempt from reg	gistration
	· · · · · · · · · · · · · · · · · · ·						
							
	· · · · · · · · · · · · · · · · · · ·						<u> </u>
LHA For Paperwork Reduction Act Notice	e, see the Instructions for Form 9	90 or	990-E	Z. \$	Sched	lule G (Form 9	90 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 ABLAZE MINISTRIES, INC.	45-3645077 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	med
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	_13a
b An outside facility	13b %
Enter the name and address of the person who prepares the organization's gaming/special events books and	i records
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenu	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and t	he amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address >	
16 Gaming manager information	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
organization's own exempt activities during the tax year	Spent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v), and Part III, lines 9, 9b, 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	(),
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832083 10-03-18 ScI	hedule G (Form 990 or 990-EZ) 2018
/PEDDU 10 40 10	(555 555) 2010

832083 10-03-18

Schedule G	(Form 990 or 990	·EZ)	ABLAZE M	NISTRIES,	INC.		45-	3645077	Page 4
Part IV	(Form 990 or 990- Supplementa	i Inform	nation _{(continue}	ed)					
									
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization ABLAZE MINISTRIES, 45-3645077 INC. FORM 990, PART I, DESCRIPTION OF ORGANIZATION MISSION: LINE 1, EMPOWERING DISCIPLESHIP IN YOUNG PEOPLE, MINISTERS AND VOLUNTEERS, WELL AS WITHIN FAMILIES. FORM 990, PART VI, SECTION B, LINE 11B: COPIES OF THE TAX RETURN ARE FURNISHED UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: ALL INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST. AMENDED 990 FORM 990 WAS AMENDED TO PROPERLY IDENTIFY PROGRAM EXPENSES ON PART IX STATEMENT OF FUNCTIONAL EXPENSES

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

Schedule O (Form 990 or 990-EZ) (2018)