efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492130015067 **Short Form** OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 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. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 B Check if applicable D Employer identification number C Name of organization EVANGELISMESTABLISHING & EQUIPPINGINC ☐ Address change 81-0584917 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 2400 KEISER CT ☐ Final return/terminated (321) 268-2075 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return TITÚSVILLE, FL 32780 F Group Exemption ☐ Application pending Number Check ▶ ☐ If the organization is not ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www e3MINISTRIES COM J Tax-exempt status(check only one) - ☑ 501(c)(3) ☑ □ 501(c)( ) ◀(insert no ) □ 4947(a)(1) or □ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 110,000 Contributions, gifts, grants, and similar amounts received . . . . . . . 2 2 Program service revenue including government fees and contracts . . . . . . . . . . . . 3 3 Membership dues and assessments . . . . . 4 4 Investment income . . . . . . 5a Gross amount from sale of assets other than inventory . . . . . b Less cost or other basis and sales expenses . . . . . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 60 Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . 9 110,000 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 79,568 Expenses 13 13 1,001 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . 14 15 Printing, publications, postage, and shipping 15 446 16 16 34,131 Other expenses (describe in Schedule O) 17 17 Total expenses. Add lines 10 through 16 115,146 18 Excess or (deficit) for the year (Subtract line 17 from line 9) -5,146Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 44,897 20 Other changes in net assets or fund balances (explain in Schedule O) 21 39.751 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2016)

Part II	Balance Sheets (see the instructions					_
	Check if the organization used Schedule	O to respond to any o		Beginning of year	· · ·	(B) End of year
<b>22</b> Cash, sa	ivings, and investments			44,897	22	39,751
23 Land and	d buildings			·	23	
24 Other as	ssets (describe in Schedule O)				24	
	ssets			44,897		39,751
	abilities (describe in Schedule O)			0		0
27 Net ass Part IIII	ets or fund balances (line 27 of column  Statement of Program Service A	<u> </u>		44,897	27	39,751 Expenses
Part III	Check if the organization used Schedule	•	•		(Rec	uired for section 501(c)
THE PURPOS ACCOMPLIS SERVICES I OPORTUNIT	organization's primary exempt purpose? SE OF E3 IS TO CONNECT THE HEART OF HES THIS THROUGH SPEAKING ENGAGEN E3 REMAINS CONVINCED THAT WE HAVE Y TO HEAR AND RESPOND TO GOD'S SOL THEREFORE, WE HAVE COMMITTED OUR I HRIST	1ENTS AND SEMINARS A MANDATE FROM GC .UTION TO THE SIN PF	S TO PROMOTE EVANGE DD EVERY PERSON MU: ROBLEM IN THEIR LIVE:	ELISM TO YOUTH ST HAVE THE S (MATTHEW	orga othe	and 501(c)(4) inizations, optional for irs )
measured b benefited, a <b>28</b>	e organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pro	r, describe the service				
See Addition	nal Data Table					
(Grants \$ )	If this amoun	t includes foreign gran	nts, check here	. ▶ 🗆	28a	
29					29a	
(Grants \$ )	If this amoun	t includes foreign gran	nts, check here	. • 🗆		
30			,		30a	
(Grants \$ )			nts, check here	. ▶ □		
•	ogram services (describe in Schedule O)					
(Grants \$ )		t includes foreign gran		. ▶ ⊔	31a 32	41.44
Part IV	ogram service expenses (add lines 28a List of Officers, Directors, Trustees,		(list each one even if not o			41,449 cions for Part IV)
	Check if the organization used Schedule	O to respond to any o	question in this Part IV.	·		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to er benefit plans, deferred compen	nployee and	(e) Estimated amount of other compensation
MIKE DIMAF	RIA	5 00	0		0	0
BOARD MEM	IBER					
CHARLOTTE		5 00	0		0	0
SECRETARY						
LINDA BALL		5 00	0		0	0
					_	
BOARD MEM ERIC G BALI		40 00	37,700		5,868	36,000
ERIC G BALI	- JK	40 00	37,700		3,000	30,000
PRESIDENT						

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	· · ·	Ī	
22	Did the eventuation energy in any graphicant activities and accounting the state of TDC2 TS IIV.		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No No
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a	)		
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	]		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization $\bullet$			
e 41	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	The organization's books are in care of ERIC G BALL JR  Telephone no	(321) 2	68-2075	5
	Located at ▶ 2400 KEISER COURT TITUSVILLE, FL ZIP + 4 ▶	3278	30	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ſ	1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
c	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114</b> , <b>Report of Foreign Bank and Financial Accounts (FBAR)</b> At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
42 '	If "Yes," enter the name of the foreign country   Section 4947(a)(1) papers and the private filing form 990 F7 in liquid Form 1941. Check here		▶ □	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here	•	▶ □	
	43	ſ	V	B1 -
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44.1		
1F-	explanation in Schedule O	44d 45a		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	$\vdash$		140
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form	990-EZ (2	016)							Page 4
						_		Yes	No
46		ganization engage, directly or indir s for public office? If "Yes," comple							
Pari		<u> </u>	·				46		No
Par	All	ction <b>501(c)(3) organizatio</b> section 501(c)(3) organization	ns must answer questi	ions 47-49b and 52,	and complete the	tables f	or lin	es 50	and 51
	Ch	eck if the organization used Schedu	lle O to respond to any q	juestion in this Part VI		<u> </u>	<del></del>	Yes	
						_	_	res	No
		ganization engage in lobbying activ omplete Schedule C, Part II		01(h) election in effect			47		No
	,	•				-	48		No
	_	anization a school as described in s	. , , , , , ,		equie E .	•  -	49a		No
		ganization make any transfers to a	•	related organization?		· F	49b		
		vas the related organization a secti	-			• L			
50		this table for the organization's five received more than \$100,000 of co				tees and	l key	employ	ees)
	<b>(a)</b> Nar	ne and title of each employee	<b>(b)</b> Average hours per week	(c) Reportable compensation	(d) Health beneficontributions to emp	, I.			amount
			devoted to position	(Forms W-2/1099-	benefit plans, an	id	otne	Comp	ensation
				MISC)	deferred compensa	tion			
NONE	i .								
					<u> </u>				
f 		mber of other employees paid over			· · · · · · ·	<b>-</b>			
51		this table for the organization's five tion from the organization. If there		ndependent contractors	who each received m	ore than	; \$10C	),000 oi	r
		(a) Name and business address of	each independent contr	actor	(b) Type of service	(c) C	ompe	nsation	
NONE						İ			
									_
						İ			
						İ			
d	Total nu	mber of other independent contrac	tors each receiving over						
52	Dıd the	organization complete Schedule A3	NOTE. All Section 501(						
		ted Schedule A							
		of perjury, I declare that I have ex							
	ledge and l ny knowled	pelief, it is true, correct, and compl ige	ete Declaration of prepa						
	Ik	1							
Sign	Sı	gnature of officer							
Here		RIC G BALL JR DIRECTOR							
	Ty	pe or print name and title							
Paid	1	Print/Type preparer's name THERESA A BURDINE CPA	Preparer's signature						
	a parer	Firm's name ► RSM US LLP							
-	Only	Firm's address ▶ 7351 OFFICE PARK	PL						
	-	MELBOURNE, FL 3:							
May t	he IRS disc	cuss this return with the preparer s	hown above? See instrud						
,		' '							

## **Additional Data**

(Grants \$ 0)

Software ID:

Software Version: EIN: 81-0584917

Name: EVANGELISMESTABLISHING & EQUIPPINGINC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	` (c	Expenses quired for section 501 )(3) and 501(c)(4) anizations; optional for others.)
28 CONDUCT TRAINING SEMINARS AND SPEAKING ENGAGEMENTS RELATED TO VOLTH SERVICES	282	41 446

If this amount includes foreign grants, check here . . .

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93492130015067 TY 2016 Transfers Personal Benefits **Contracts Declaration** Name: EVANGELISMESTABLISHING & EQUIPPINGINC **EIN:** 81-0584917 **Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

efile	GRA	APHIC prin	<u> 1t - DO NO</u>	T PROCESS	As Filed Data -				3492130015067
(Form 990 or Complete if the of 990EZ)				nplete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form 9	ion 501(c)(3) o mpt charitable 990 or Form 99	organization of trust. 0-EZ.	ort r a section	2016
ternal I	Reveni	the Treasury		ormation abou	ıt Schedule A (Form <u>www.irs.g</u>	990 or 990-EZ ov/form990.	) and its instru		Open to Public Inspection
		e organiza ESTABLISHING	t <b>ion</b> & EQUIPPINGI	INC				Employer identific	ation number
Part	•	Poscon	or Bublic	Charity State	us (All organization:	s must comple	to thic part \ 9	81-0584917	
					it is (For lines 1 thro			see mstructions.	
1	П	A church, c	onvention of	churches, or as	sociation of churches	described in <b>sect</b>	tion 170(b)(1)	(A)(i).	
2	П	A school de	scribed in <b>se</b>	ection 170(b)(	<b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3	<u> </u>	A hospital o	r a cooperat	ive hospital serv	vice organization descr	ıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4			esearch orga and state _	inization operate	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or univer				bed in <b>section 170</b>
6 -		·	·	-	governmental unit de				
7	<b>✓</b>			rmally receives a <b>(vi).</b> (Complete	a substantial part of it: Part II )	s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust desc	rıbed ın <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I )		
9					escribed in <b>170(b)(1)</b> ee instructions Enter f				ege or university or a
0		from activit	ies related to income and	o its exempt fun unrelated busin	(1) more than 331/3% ctions—subject to cert ess taxable income (lemplete Part III)	aın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
1					exclusively to test for	r public safety S	ee section 509	(a)(4).	
2		more public	ly supported	l organizations d	dexclusively for the bed described in <b>section 5</b> the type of supporting	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
а		Type I. A so	upporting or n(s) the pow	ganization oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on	organization sup	ervised or controlled in ation vested in the san				
С		Type III fo	inctionally i	integrated. A s	supporting organization ons) You must comp				ted with, its
d		functionally	integrated	The organization	<b>d.</b> A supporting organi n generally must satist t <b>IV, Sections A and</b>	fy a distribution i	requirement and		
е		Check this	oox if the org	ganization receiv	ed a written determin integrated supporting	ation from the II		vpe I, Type II, Type II	I functionally
f E	Enter			d organizations	micegrated supporting	organizacion			
g F	Provid	de the follow	ıng ınformatı	on about the su	pported organization(	s)			
i)Nar	me of	f supported o	organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
otal		l. D. d	A N		structions for	Cat No 11285	-	 Schedule A (Form 9	

Scl	hedule A (Form 990 or 990-EZ) 2016						Page <b>2</b>
	Support Schedule for C (Complete only if you che III. If the organization fa	ecked the box on	line 5, 7, 8, or 9	of Part I or if t	he organization	failed to qualify	
_:	Section A. Public Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
	(or fiscal year beginning in) ▶	(4)2012	(8)2013	(0)2011	(4)2013	(0)2010	(1)10(01
1							
	membership fees received (Do not	113,842	134,871	141,283	119,227	110,000	619,223
_	include any "unusual grant ")						
2	Tax revenues levied for the organization'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	113,842	134,871	141,283	119,227	110,000	619,223
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						121,448
	supported organization) included on						121,440
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						497,775
_	Section B. Total Support						· · · · · · · · · · · · · · · · · · ·
	Calendar year						
	(or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
7		113,842	134,871	141,283	119,227	110,000	619,223
8		113/012	20.,072	111,200	113/227	110,000	013,220
٥	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10							
	loss from the sale of capital assets						
	(Explain in Part VI )						
11	Total support. Add lines 7 through					<b>I</b>	640.000

	the organization without thange						
4	<b>Total.</b> Add lines 1 through 3	113,842	134,871	141,283	119,227	110,000	619,223
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from						121,448
	line 4						+97,773
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	( <b>d)</b> 2015	(e)2016	(f)Total
7	Amounts from line 4	113,842	134,871	141,283	119,227	110,000	619,223
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business						
9	activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						619,223
12	Gross receipts from related activities, e	etc (see instructio	ns)			12	

S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	<b>(d)</b> 2015	(e)2016	(f)Total
7	Amounts from line 4	113,842	134,871	141,283	119,227	110,000	619,223
3	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the						
)	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through						
•	10						619,223
2	Gross receipts from related activities, e	tc (see instruction	ns)			12	
3	<b>First five years.</b> If the Form 990 is for check this box and <b>stop here</b>	-			•	` ` ` `	, '
S	ection C. Computation of Public						
1	Public support percentage for 2016 (lin	e 6, column (f) dıv	rided by line 11, co	olumn (f))		14	80 390 %
5	Public support percentage for 2015 Sch	nedule A, Part II, li	ne 14			15	85 560 %
5a	<b>33 1/3% support test—2016.</b> If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	юх
b	and <b>stop here.</b> The organization qualif <b>33</b> 1/3% <b>support test—2015.</b> If the				nd line 15 is 33 1/3	3% or more, check	► ✓ k this

▶ 🗆 box and **stop here.** The organization qualifies as a publicly supported organization is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 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

Part III

(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.)

	the organization rans to						
56	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
1	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						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, u	3 received from disqualified persons						
	<u> </u>						
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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
3	from line 6 )						
Se	ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	<b>(d)</b> 2015	(e)2016	(f)Total
			1				
9	Amounts from line 6						
	Amounts from line 6						
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and						
L0a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 L0a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income						
L0a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from						
L0a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,						
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tioa b c 11 12 13 14 Se 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	Support Perce e 8, column (f) d	ntage ivided by line 13,	. , ,	n tax year as a se	15	<u> </u>
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not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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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 )

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes Nο

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose. describe the designation. If historic and continuing relationship, explain

1 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 2

in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) helow the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination

3а Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied 3h 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

3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4h supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c

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 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b 5c 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 (1) 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

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes."

provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

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. 9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Se	ection B. Type I Supporting Organizations			
	call by Type 2 dapporting digamentations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pai VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the			
	organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	_		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ceach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	of		
		1		
Se	ection D. All Type III Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tayyear? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
			<u> </u>	
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	ctions)		
а	The organization satisfied the Activities Test Complete <b>line 2</b> below			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
c	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (so	e instru	ictions)	)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted supported organizations.	32		
h	substantially all of its activities  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	2a		
J	organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	f 3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard			
		3b		<u> </u>

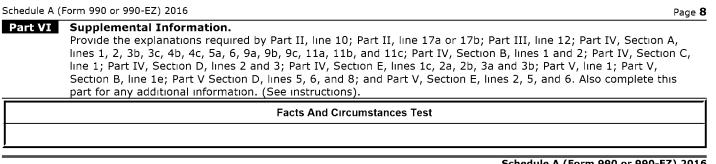
## 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

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

Schedule A (Form 990 or 990-F7) 2016

temporary reduction (see instructions)

instructions)



efile GRAPH	DLN	: 93492130015067				
SCHEDUL	E O Supplemental Information to Form 9	90 or 990-EZ	OMB No 1545-0047			
(Form 990 or EZ)	2016					
► Attach to Form 990 or 990-EZ.  ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  www.irs.gov/form990.						
Internal Revenue Se Name of the org	nization LISHING & EQUIPPINGINC	Employer ident	ification number			
EVANGEEISMESTAL	EISHING & EQUIFFINGING	81-0584917				
990 Schedule	O, Supplemental Information					
Return Reference	Explanation					
FORM 990- EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION TRAVEL EXPENSE AMOUNT 2,925 DESCRIPTION COMP DESCRIPTION MISSIONS AMOUNT 24,407 DESCRIPTION WEBPAGE A CATION AMOUNT 680 DESCRIPTION DONOR SUPPORT AMOUNT 622 IPTIONS AMOUNT 1,116 TOTAL TO FORM 990-EZ, LINE 16 34,131	MOUNT 100 DESCRIPTIO	N EDU			