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### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

| Name  | of the organization $R$ 15:  | 20  | Minis          | tries, I  | Enc               |   | Employer identification                           | number<br>624361                                      |  |
|-------|--|---|----------------|---|-------------------|---|---|---|--|
| Par   |  |   |                |   |                   | ete this p                                  | art.) See instruction                             | <u> </u>  |  |
| The o | rganization is not a private for   |   |                |   |                   |   |   |   |  |
|       | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).   |   |                |   |                   |   |   |   |  |
|       | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  |   |                |   |                   |   |   |   |  |
|       | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  |   |                |   |                   |   |   |   |  |
|       | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  |   |                |   |                   |   |   |   |  |
|       | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  |   |                |   |                   |   |   |   |  |
|       | <ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>  |   |                |   |                   |   |   |   |  |
| 8     | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)   |   |                |   |                   |   |   |   |  |
| 9     | An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gros  |   |                |   |                   |   |   |   |  |
|       | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)   |   |                |   |                   |   |   |   |  |
| 10    | An organization organized and operated exclusively to test for public safety. See section 509(a)(4).   |   |                |   |                   |   |   |   |  |
| 11    | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. |   |                |   |                   |   |   |   |  |
| а     | ☐ <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <b>You must complete Part IV, Sections A and B.</b>   |   |                |   |                   |   |   |   |  |
| b     |  | I. A supporting organization supervised or controlled in connection with its supported organization(s), by having |                |   |                   |   |   |   |  |
|       | control or management of the supporting organization vested in the same persons that control or manage the support organization(s). You must complete Part IV, Sections A and C.   |   |                |   |                   |   |   |   |  |
| С     | Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  |   |                |   |                   |   |   |   |  |
| d     | Type III non-functionally integrated. A supporting organization operated in connection with its supported branization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.   |   |                |   |                   |   |   |   |  |
| е     | Check this box if the organization received a written determination from the IRS that it is a Type I, Type II Type III functionally integrated, or Type III non-functionally integrated supporting organization.   |   |                |   |                   |   |   |   |  |
| f     | Enter the number of suppor   |   | •              |   |                   |   |   |   |  |
| g     |  | nation  | about the supp | oorted organizatio  | n(s).             |   |   |   |  |
|       | (i) Name of supported organization   |   | (ii) EIN       | (iii) Type of organiza<br>(described on lines<br>above (see instruction | 1–9   listed in : | e organization<br>your governing<br>cument? | (v) Amount of monetary support (see instructions) | (vi) Amount of<br>other support (see<br>instructions) |  |
|       |  |   |                |   | Yes               | No  |   |   |  |
| (A)   |  |   |                |   |                   |   |   |   |  |
| (B)   |  | -   |                |   |                   |   |   |   |  |
| (C)   |  |   |                |   |                   |   |   |   |  |
| (D)   |  |   |                |   |                   |   |   |   |  |
| (E)   |  |   |                |   |                   |   |   |   |  |
| Tota  |  |   |                |   |                   |   |   |   |  |

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R 15:20 MINISTRIES INC PO BOX 733 CONCORD NH 03302



#### 036377

#### DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

8-19-60

Date

mez

Title



Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.