# **Short Form Return of Organization Exempt From Income Tax**

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

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990612

**Open to Public** Inspection

A F	For the 2016 calendar year, or tax year beginning JANUARY 1 , 2016, and ending DE				DEC	EMBER 31	, 20	16
В	Check if ap	of applicable C Name of organization D Emp				oyer identifi	cation numbe	ər
	Address cl	hange	11-3715837					
╡	Name cha	nge	E Telep	hone numbe	ir			
=	Initial retur			863-39	8-4888			
☴	rinai retu <i>ri</i> Amended i	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Grou	up Exemption	on	
=	Application		Lakeland, FL 33807-7931	_	Num	nber 🕨	422	:8
G /	Account	ing Method	✓ Cash	Н	Check I	▶ ☐ if the	organization	ıs not
l V	Vebsite	:▶			required	I to attach (	Schedule B	
JΤ	ax-exem	npt status (che	ck only one) - 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no ) 🔲 4947(a)	(1) or 527	(Form 9	90, 990-EZ	, or 990-PF)	
KF	orm of	organization.	☐ Corporation ☐ Trust ☐ Association ☑ Oth	ner Not For Profit	t			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if total	assets			
(Pai	rt II, colu		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	<b>▶</b> \$		65,937
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bal	ances (see the	ınstruc	ctions for	Part I)	
		Check if	the organization used Schedule O to respond to any quest	ion in this Part I				. V
	1	Contribution	ns, gifts, grants, and similar amounts received			1	1	65,937
	2	Program se	ervice revenue including government fees and contracts .	· ( 🛶 · · ·		2		0
	3	Membersh	ip dues and assessments			3		0
	4	Investment	income		•	4		0
	5a	Gross amo	unt from sale of assets other than inventory	5a	0			
	b			5b	0			
	С	•	ss) from sale of assets other than inventory (Subtract line 5b from	om line 5a)		5c		0
	6	Gaming an						
as.	а		ome from gaming (attach Schedule G if greater than	ı				
Revenue		\$15,000) .		6a	0			
Ķ	b		me from fundraising events (not including \$	of contribution	is :			
æ			aising events reported on line 1) (attach Schedule G if the	1				
			· •	6b	0			
	C			6c	. 0			
	ď		e or (loss) from gaming and fundraising events (add lines 6a	and 6b and sub	otract			
	l _	line 6c) .				6d		0
	7a			7a	0			
	b		g	7b	<u>0</u>			
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a			7c		0
	8		nue (describe in Schedule O)			9		0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		· -	710		65,937
	10		, , ,	RECEIVE	D .	11		28,594
رم	11		the to or for members		7,9	12		<u>0</u> 37,65 <u>7</u>
se	12 13		al fees and other payments to independent contractors	. APR 0 3. 201	g id	13		
Expenses	14		rent, utilities, and maintenance	. All to 0. 201	۱۵ .	14		<u>0</u>
X	15			0005111		15		82
_	16		Inspect (describe in Schedule O)	OGDEN, L	J1 ·	_16		560
	17		nses. Add lines 10 through 16		<b>•</b>	17		66,893
	18		deficit) for the year (Subtract line 17 from line 9)	· · · · · ·		18		-956
ets	19		or fund balances at beginning of year (from line 27, column		with			330
SS	"		r figure reported on prior year's return)			19		18,736
Net Assets	20	=	ges in net assets or fund balances (explain in Schedule O) .			20		0
ž	21		or fund balances at end of year. Combine lines 18 through 20			21		17,780
For			ion Act Notice, see the separate instructions.	Cat No. 10642			m 990-EZ	

	t II Balance Sheets (see the instructions t					
	Check if the organization used Schedule	O to respond to a	ny question in this			<u>v</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			18,736		17,780
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets		[_	18,736	25	17,780
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column	<u> </u>		18,736	27	17,780
Par	<del>-</del>	•		•		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗹	/n	Expenses
What	is the organization's primary exempt purpose?	Indigenous Pastors	Support / Ministries /	Latin America		quired for section (c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplisions are accomplisions. In a clear and concise mons benefited, and other relevant information for each	anner, describe the				anizations, optional for
28	Bible Training of Indigenous pastors: Terena in Sout		l: Xavantes in Mato C	Prosso Brazil		
	Canaan training center in Rondonia, Brazil touching	5,000 people	·			
	(Grants \$ 35,562) If this amount	includes foreign gra	ints, check here .	🕨 🗹	28a	35,562
29	Support of indigenous pastor and student Bible train	ing in primarily Spar	ish and Portuguese	speaking		
	countries (Paraguay, Brazil, Guionea Bissau, Portuga	al, Spain) reaching or	er 20,000 people			
	(Grants \$ 35,738) If this amount	includes foreign gra	ants, check here .	▶ 🗹	<b>29</b> a	35,739
30	Support of Ticuna radio and recording outreach to th	e indigenous people	s of Letica & Bejamin	, Brazil		
	touching a population of over 30,000; Pastoral training	ng of 30 pastors alon	g the Amazon, Brazil	affecting		
	10,000 people					
	(Grants \$ 29,191) If this amount	includes foreign gra	ants, check here .	▶ 🗹	30a	29,191
31	Other program services (describe in Schedule O)					<u> </u>
	(Grants \$ 28,102) If this amount	includes foreign gra	ants, check here	▶ ☑	31a	28,102
32	Total program service expenses (add lines 28a t				32	
Dad						
u	List of Officers, Directors, Trustoes, and Key	Employees (list eacl			stru	ctions for Part IV)
	List of Officers, Directors, Trustoes, and Key Check if the organization used Schedule		n one even if not comp	oensated see the in	stru	ctions for Part IV)
			n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated see the in Part IV	 ee (e)	🗀
	Check if the organization used Schedule  (a) Name and title	O to respond to a  (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation	pensated see the in Part IV	 ee (e)	Estimated amount of
Dona	Check if the organization used Schedule  (a) Name and title  Id S Laing, Director	O to respond to a  (b) Average hours per week devoted to position	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e)	Estimated amount of
Dona	Check if the organization used Schedule  (a) Name and title  Id S Laing, Director almore Ct, Lakeland, FL	O to respond to a  (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e)	Estimated amount of
Dona 608 P Larry	Check if the organization used Schedule  (a) Name and title  Id S Laing, Director almore Ct, Lakeland, FL & Fay Buckman, Directors, Missionary 1099 MISC	O to respond to a  (b) Average hours per week devoted to position	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e)	Estimated amount of
Dona 608 P Larry 1426	Check if the organization used Schedule  (a) Name and title  Id S Laing, Director almore Ct, Lakeland, FL & Fay Buckman, Directors, Missionary 1099 MISC Lotus Ave., Lakeland, FL	O to respond to a  (b) Average hours per week devoted to position	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e)	Estimated amount of
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Farm 9	90-EZ (2016)		F	age 3
Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	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		,
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		,
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		<i>y</i>
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		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b	٠.٠	,5
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		7
b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0 Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on line 9	] _'	, ,	*
b 40a	Gross receipts, included on line 9, for public use of club facilities			- "7
b	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	•	v
С	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 sections 4912, 4955, and 4958		r riv	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			,
е	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		V
41	List the states with which a copy of this return is filed ► FL			
42a	• • • • • • • • • • • • • • • • • • • •	363) 3		38
h	Located at ► 608 PALMORE CT, LAKELAND, FL ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	331	Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	42b	163	<b>✓</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	•		
С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country: ▶	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	<b>▶</b> □
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 ,
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		<del>,</del>	·
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	6 . [4]	re '0

Page	4

								Yes	s No
		zation engage, directly or in							
_		for public office? If "Yes," of		Part I	• • • •	<u> </u>	· 4	16	
Part \		501(c)(3) organizations		47 401	150	1.4.41			
		on 501(c)(3) organization.	s must answer que	stions 47-49b and	1 52, and co	omplete th	e table	S for III	nes
	50 and 5		andula O ta raanand	to one guartian in	thin Dort \/I				
	Crieck II	the organization used Sch	requie O to respond	to any question in	this Part VI	· · ·	· · · ·	Yes	s No
47	Did the organi	zation engage in lobbying	activities or have a	section 501/h) elect	on in effect	during the	tav [	108	3 140
		complete Schedule C, Part						17	1
	-	tion a school as described in						18	1
		zation make any transfers to						9a	+
		he related organization a se						9b	1
50	Complete this	table for the organization's	five highest compens	sated employees (of	her than offi	cers, direct	ors, trus	tees, a	nd key
	employees) wh	no each received more than	\$100,000 of comper	nsation from the org	anızatıon. If t	here is non	e, enter	"None.	."
	(a) Name and t	itle of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contributions benefit plans	n benefits, s to employee , and deferred ensation		nated amo	
NONE									
					-		-		•
							ļ		
•									
f	Total number of	of other employees paid over	er \$100,000	. ▶0					
51	Complete this	table for the organization'	s five highest compe	ensated independer	t contractor	s who eacl	ı receiv	ed mor	e thar
	\$100,000 of c	ompensation from the orga	nization. If there is no	one, enter "None."					
	(a) Name and t	ousiness address of each independ	lent contractor	(b) Type of se	rvice	(c	) Compen	sation	
		<del></del>							
NONE									
	<del></del>								
		<del></del>					-		
	<del> </del>				····				
	Total number of	of other independent contra	ectors each receiving	Over \$100,000	_	[	0		
		of other independent contra nization complete Schedu	<del>-</del>		anizations n	nuet attac			
	completed Sch	•		· · · · · ·			์. <b>⊳๊</b> ๋ ⁄ ั	'es □	No
	<del></del>								f, it is
true, corr	ect, and complete	declare that I have examined this r Declaration of preparer follows than	officer) is based on all into	mation of which prepare	r has any knowle	edge /	_/.		
						5/1	5//6		
Sign		ture of officer			Da	te /	/*		
Here		LD S. LAING, DIRECTOR		<u>/ '                                   </u>					
		r print name and title	Dranarada		)ata		107	AI .	
Paid	Print/Type	preparer's name	Preparer's signature	'	Date	Check C	] if PTI	14	
Prepa	1		<u> </u>		<del></del>	self-emplo	yeu		
Use C	Inly Firm's name Firm's add		<del> </del>			m's EIN ▶ one no			
May the		this return with the preparer	shown above? See i	nstructions		one no	►   Y	'es □	No

#### 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.

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

Department of the Treasury Internal Revenue Service

Employer identification number

PAS	TORAL	SUPPORT SERVICE					11-37	15837
Pa	rt I	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The	organi	zation is not a private founda	ation because it i	s: (For lines 1 through	12, che	ck only or	ne box.)	
1	_	church, convention of churc		•		-	•	
2		school described in section						
3		hospital or a cooperative ho						
4		medical research organization						(iii). Enter the
7	_	ospital's name, city, and stat		onjunouon mun a nooj	D.1.G. G.000			(iii). Enter the
5		n organization operated for		college or university	owned o	r operate	od by a government	tal unit described in
J		ection 170(b)(1)(A)(iv). (Com		college of drilversity	Owned	operate	so by a government	iai unit described in
_					<b>.</b> :	470(h)	MAMAMA	
6		federal, state, or local gover						- 46
7	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.)							
_				•				
8		community trust described i			-			
9		n agricultural research organ						
		runiversity or a non-land-gra	nt college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
		niversity						
10	Al ك	n organization that normally i sceipts from activities related	receives. (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	p fees, and gross
	SL	upport from gross investmen	t income and uni	related business taxal	ble incom	ne (less s	ection 511 tax) from	businesses
	ac	cquired by the organization a	fter June 30, 197	75. See <b>section 509(</b> a	a)(2). (Co	mplete Pa	art III.)	
11	☐ Ar	n organization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
12		n organization organized and						
		one or more publicly support						
	C	heck the box in lines 12a thro	ough 12d that des	scribes the type of sur	oporting o	organizati	on and complete line	es 12e, 12f, and 12g.
2		Type I. A supporting organ	ization oporatod	l, suporvisod, or contr	ollod by	its suppo	rted organization(s),	typically by giving
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	yority of t	he directors or trust	ees of the
		supporting organization. Y	ou must comple	ete Part IV, Sections	A and B			
ŀ.		Type II. A supporting organ	nization supervis	ed or controlled in co	nnoction	with its o	supported organizati	on(s), by having
		control or management of						
		organization(s). You must	complete Part I	V, Sections A and C.	•			•
c	. 🗆	Type III functionally integ	rated. A support	ting organization opei	rated in c	onnectio	n with, and functions	ally integrated with,
		its supported organization(	s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	
d	ι П	Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conn	oction with its suppo	orted organization(s)
_		that is not functionally integ						
		requirement (see instructio						
е		Check this box if the organ	•	•		-		all Type III
		functionally integrated, or 1						en, Typem
f	Ente	er the number of supported of				g		
g		vide the following information	-					• •
		ne of supported organization	(ii) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(1) 1401	ne of supported organization	(11) 2.114	(described on lines 1–10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
					- :			
(A)								
(B)					ĺ			
					<del>                                     </del>			
(C)								
/D:								
(D)								
(E)								
( <b>-</b> /					ļ			

Par	Support Schedule for Organiza	ations Desci	ribed in Sect	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	<u>/i)</u>
	(Complete only if you checked the						alify under
<del></del>	Part III. If the organization fails to	qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Caler	ndar 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	Tax revenues levied for the organization's benefit and either paid				1		
	to or expended on its behalf		l				ŀ
3	The value of services or facilities			<del> </del>			
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by			- :			1
	each person (other than a						[
	governmental unit or publicly						
	supported organization) included on		[		ļ		
	line 1 that exceeds 2% of the amount		1				
_	shown on line 11, column (f)		-			<del></del>	
6 Soct	Public support. Subtract line 5 from line 4 ion B. Total Support	L	L	<u> </u>	<u> </u>	I	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(a) 2012	(0) 2013	(6) 2014	(u) 2013	(e) 2010	(i) Total
8	Gross income from interest, dividends,						
	payments received on securities loans,		ł	•	ļ		
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructi	ons)	<u> </u>	L	12	1 <u>-</u>
13	First five years. If the Form 990 is for th	•	•		, or fifth tax v	<u> </u>	on 501(c)(3)
	organization, check this box and stop her						▶ □
Sect	ion C. Computation of Public Suppor	<del></del>					
14	Public support percentage for 2016 (line 6		-			14	%
15	Public support percentage from 2015 Sch					15	%
16a	331/3% support test—2016. If the organi						
l.	box and <b>stop here.</b> The organization qual	•		•			
b	331/3% support test—2015. If the organization						
47-	·	•		_			P []
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization			_			
b	10%-facts-and-circumstances test—20						_
_	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
	supported organization						
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Section A. Public Support							
		(-) 0010	(b) 0040	(-) 0014	(4) 0045	(a) 2016	(f) Total
	dar 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				i		
_	received. (Do not include any "unusual grants.")	108391	120104	104718	93583	165937	592733
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				-	ľ	
	furnished in any activity that is related to the			i			
	organization's tax-exempt purpose	0	o	o	o	o	0
3	Gross receipts from activities that are not an				-		
	unrelated trade or business under section 513	o	اه	o	o	0	0
4	Tax revenues levied for the						
7	organization's benefit and either paid			[		[	
	to or expended on its behalf	_	_		_	_	_
_	·	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	. 0	. 0	0	0
6	Total. Add lines 1 through 5	108391	120104	104718	93583	165937	592733
7a	Amounts included on lines 1, 2, and 3		1				
	received from disqualified persons .	o	0	0	0	0	0
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	اه	اه	o	o	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from	*	* ************************************	• .	, ,		
	line 6.)	8	- [	F -	7. 7		592733
Secti	on B. Total Support	<u>-</u>		L			
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	108391	120104	104718	93583	165937	592733
10a	Gross income from interest, dividends,	100331	120104	104710	33303	103337	332733
iva	payments received on securities loans, rents,				ĺ		
	royalties and income from similar sources .	اء					•
	·	0	0	0	0	0	0
a	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		İ	]			
	activities not included in line 10b, whether	İ	l				
	or not the business is regularly carried on	o	0	o	0	0	. 0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	İ					
	(Explain in Part VI.)	o	o	o	o	o	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	108391	120104	104718	93583	165937	592733
14	First five years. If the Form 990 is for the			d, third, fourth,			
	organization, check this box and stop he	_					<b>.</b> –
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8			3, column (f))		15	100 %
16	Public support percentage from 2015 Sch	nedule A, Part II	II, line 15 .			16	100 %
	on D. Computation of Investment In				•	•	
17	Investment income percentage for 2016 (			/ line 13, colun	nn (f))	17	0 %
	Investment income percentage from 2015		•			18	0 %
18						<u> </u>	
18 19a		zation did not	check the hox	on line 14. an	d line 15 is m	ore than 331/39	o. and me
18 19a	331/3% support tests-2016. If the organ						
19a	331/3% support tests—2016. If the organ 17 is not more than 331/3%, check this box	and <b>stop here.</b>	The organization	on qualifies as a	publicly suppo	orted organization	on . ► 🗸
	331/3% support tests—2016. If the organ 17 is not more than 331/3%, check this box 331/3% support tests—2015. If the organize	and <b>stop here.</b> ation did not ch	The organizationeck a box on l	on qualifies as a ine 14 or line 1	publicly suppo 9a, and line 16	orted organizations or the organization of the	on . ► ☑ 3¹/₃%, and
19a	331/3% support tests—2016. If the organ 17 is not more than 331/3%, check this box	and stop here. ation did not choox and stop he	The organization or leck a box on leck a box on lecks. The organization	on qualifies as a ine 14 or line 1 zation qualifies	publicly suppo 9a, and line 16 as a publicly si	orted organization is more than 3 apported organi	on . ► ✓ 3¹/₃%, and zation ► ✓

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

0MB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

PASTORAL SUPPORT SERVICE	11-3/1583/
PART III STATEMENT OF OTHER PROGRAM SERVICE ACCOMPLISHMENTS	
31 SCHEDULE OF OTHER PROGRAM SERVICES	
Support of national indigenous pastors and ministries in La Guajira, Columbia touching the live of 5,00	00 people. \$1,630
Support of indigenous school, Escola Evangelica Lourenco Buckman, Taunay, Brazil, touching the live	es of 60 tribal students who contribute
to the tribes of 3,000 people. \$2,140	
Support of indigenous pastors along the Cayapa River, Ecuador, touching 2,000 people. \$4,990	
Establishment and support of Biblical counseling training for indigenous pastors in Forteleza, Brazil a	nd surrounding areas touching
3,000 people. \$6,742	
Support of indigenous student housing, pastoral leadership training, food and building materials in Fil	adelphia, Amazon, Brazil touching
over 2,000 people. \$12,600	
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<u> </u>	
<u></u>	